FIVE WAYS TO SAVE YOUR HOSPITAL MONEY WITH BETTER COMMUNICATIONS
INTRODUCTION

The rising cost of delivering care and shrinking operating margins means that cost reduction is a constant initiative at hospitals and health systems across the U.S. Organizations are looking at everything from tighter supply controls to energy efficiency initiatives. Another avenue that hospitals are evaluating more closely is communications. Research studies have estimated that inefficient communications cost U.S. hospitals up to $12 billion per year, which breaks down to nearly $4 million annually for a 500-bed hospital. Inefficient communication is expensive because it wastes clinician time, delays patient treatment and discharge, and can contribute to costly medical errors. In this eBrief we look at five ways hospitals can save money with better communications.
SAVE TIME

Studies examining how hospitalists spend their time during the day reveal that a quarter of each shift is devoted to communications, nearly half of which is to collaborate with other physicians.3,4 Minutes spent trying to figure out who is on call and the best method to contact that person means valuable attention is taken away from other, more important activities. By reducing the amount of time clinicians spend searching for colleagues’ numbers, hospitals can decrease this administrative task and give doctors more time to treat and interact with patients.

One way to accomplish this type of time savings is to arm staff with better communication tools. Smartphones have been a big step forward for mobile workflows, but the devices alone are simply a platform. The ability to access colleague contact information, up-to-date on-call schedules, and secure messaging channels is key to making these devices efficient. Being able to include actionable information in secure, text-based communications with the correct on-duty clinician is a valuable time saver. This supports fast, meaningful interactions and reduces voicemail tag and even phone conversations.

Faster communications will help save clinical time as well as speed up admissions, treatment, and discharge through better-coordinated information exchange among clinicians, transport, and housekeeping staff.

CASE STUDY

Read how North Mississippi Medical Center sped communications and pleased staff by supporting the ability to access the web directory and on-call schedules from mobile devices, as well as send messages securely to smartphones.

“Having the same information shared among the web directory, on-call scheduling, and operator console solutions has been seamless…and communications are more efficient.”

Mac Stanford
Biomedical/Communication Services
North Mississippi Medical Center

CASE STUDY

Learn how Froedtert Hospital and the Medical College of Wisconsin created better provider communication processes, increased physician satisfaction, and improved care.
Breakdowns in the communication of important information to the right people during the discharge process can lead to significant delays, which in turn increase patient average length of stay.

In a study by Agarwal et al. that sought to quantify the economic impact of inefficient communications, the authors estimated that 53 percent of the wasted cost comes from increased length of stay. The study calculated this to be approximately $2.45 million per year for a 500-bed hospital. Faster communications among care team members, such as secure texting between hospitalists and nursing staff, is one way to recapture some of this wasted time and cost by speeding the discharge process. Faster discharge times also have the potential to increase patient satisfaction scores by providing a positive final impression for the patient.

In addition to shortening the discharge process itself, there are other opportunities during the patient journey to reduce length of stay. Communications play an important role for test results reporting, especially in the emergency department. At many hospitals the current reporting process for both radiology and lab results is a manual one involving phone tag, paper documentation, and EMR (electronic medical record) documentation. The ordering physician might also spend unnecessary time frequently checking the EMR to see if results have been posted. The wasted time in this workflow can range from minutes to hours, and can be especially costly for critical results because of treatment delays that may lead to patient harm, increased length of stay, and reduced reimbursements from preventable complications. In the case of negative or normal results that indicate a patient can be discharged, extra time in the reporting workflow simply keeps a patient longer than necessary, increasing length of stay and potentially reducing patient satisfaction.

One way to improve the test results reporting process is with a critical test results management solution that can deliver results directly from the laboratory information system (LIS) and the picture archiving and communication system (PACS) to an ordering provider’s mobile device. By integrating these systems with the EMR and automatically populating a patient record with test results, hospitals can reduce or eliminate administrative time spent tracking dictations, maintaining a document log, and making phone calls. Further, by automatically triggering messages that notify the ordering provider that results are available, organizations can improve discharge times for negative results and improve patient outcomes for critical findings.

CASE STUDY
Discover how Palmetto Health Tuomey improved ED patient discharge times with a critical test results management solution. LEARN MORE »

“During the three months immediately following implementation, we saw an 11% improvement in patient discharge times.”

José Bennett
PACS Administrator
Palmetto Health Tuomey
Beyond supporting better patient care and helping hospitals improve the average length of stay, a critical test results management solution can also help hospitals reduce litigation costs because it maintains a full audit trail of when notifications were sent, viewed, and acknowledged. This record of communication can help inform the hospital and the provider in the event there is a question about message timing and receipt. And because a robust system also escalates unacknowledged notifications to another provider, there is further assurance that notifications will be received in a timely manner for action, even if the ordering provider is unavailable or is no longer on duty. This escalation feature also helps hospitals comply with The Joint Commission’s National Patient Safety Goal 02.03.01: Report critical results of tests and diagnostic procedures on a timely basis.6

Tracking critical test result notifications and escalations is merely one avenue for reducing litigation costs. Another is to use a clinical alerting solution. This intelligent software can act as the first stage of triage by incorporating the facility’s pre-set priority levels and using built-in logic to pass along the highest level of alerts first, helping patients with urgent medical needs receive faster attention and treatment. And critical alerting software also provides escalation pathways for unacknowledged alerts and allows hospitals to maintain a full audit trail of every notification. The systems logs when each message was received, viewed, and responded to. This makes it easier to comply with Joint Commission guidelines for improving the safety of clinical alarm systems.

Annual medical malpractice payouts for communication breakdowns, including failing to share test results, more than quadrupled nationally between 1991 and 2012, to $91 million.7
We’ve looked at critical test results management and clinical alerting in the context of decreasing patient length of stay and reducing litigation costs, but these solutions were designed first and foremost to give providers better communication tools that support excellent patient care.

Using a clinical alerting solution to integrate a variety of patient care and monitoring systems with staff’s Wi-Fi phones, smartphones, pagers, and/or voice badges speeds notification and response times to important alerts from patient monitoring equipment. The challenge with patient monitoring alarms comes from the sheer volume of noise produced by these devices every day on a hospital floor. A study at Johns Hopkins Hospital found an average of 350 alarms per bed per day, which can cause nurses and caregivers to easily become desensitized. This is referred to as “alarm fatigue,” and the risk is that valid alarms may be missed or disabled, leading to unnecessary complications and even patient death.

Another solution that aims to simplify communications and give patients faster care when needed is emergency notification. During a life-threatening emergency, whether that emergency is detected by a test result, a patient monitor, or an EMT en route to the hospital, quickly coordinating a response is vital because seconds count.

There are two key components of coordinating a care team during an emergency: quickly notifying the right providers, and tracking their acknowledgments to ensure an appropriate level of response. Both of these tasks can be accomplished with a robust emergency notification solution.

Instead of spending valuable time manually working through a calling tree, or sending individual pages to each member of a response team, the entire process can be launched at once. Whether triggering a code blue or calling on-call staff to the hospital to handle a large influx of patients, hospitals can rely on emergency notification software to alert the correct responders on their preferred devices. Text alerts are especially valuable in this situation because responders can immediately acknowledge that a message has been received and whether they are available to attend to the patient(s). One way this solution is being used by hospitals is to facilitate code STEMIIs (ST-elevated myocardial infarctions) and coordinate the 30 or more staff required for successful average door-to-balloon times of 90 minutes or less.

Alarm fatigue was the topic of a Joint Commission sentinel event alert in 2013 and is the driving force behind national patient safety goal 06.01.01: Improve the safety of clinical alarm systems.
CONCLUSION

Hospitals exist to improve the lives of their patients through the care they deliver. But they are also tasked with providing their services in the most efficient and effective ways possible. This means evaluating all of the possible ways to control and reduce costs using the latest technologies and workflow processes. Improved communications are within reach for hospitals able to take a step back and look at how all members of their staff interact to provide care—and how they could do this better at every turn. There are significant efficiencies and cost savings to be had through intuitive solutions that reduce length of stay and improve the handoff of patient information as shifts, staff, and events change.
ABOUT SPOK, INC.

Spok, Inc., a wholly owned subsidiary of Spok Holdings, Inc. (NASDAQ: SPOK), headquartered in Springfield, Va., is proud to be a leader in critical communications for healthcare, government, public safety, and other industries. We deliver smart, reliable solutions to help protect the health, well-being, and safety of people around the globe. Organizations worldwide rely on Spok for workflow improvement, secure texting, paging services, contact center optimization, and public safety response. When communications matter, Spok delivers.

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