A GUIDE TO THE JOINT COMMISSION’S COMMUNICATION GOAL
IMPROVING THE EFFECTIVENESS OF COMMUNICATION AMONG CAREGIVERS
In pursuit of its mission, The Joint Commission audits and accredits more than 21,000 healthcare organizations and programs for clinical excellence and patient safety. The organization also publishes an annual list of National Patient Safety Goals highlighting specific areas of focus for improvement within the healthcare environment. Improving communications is included in the list as a high priority because communication delays and errors can have serious consequences, for patients as well as hospitals.

"To continuously improve healthcare for the public, in collaboration with other stakeholders, by evaluating healthcare organizations and inspiring them to excel in providing safe and effective care of the highest quality and value."

The Joint Commission’s Mission

**National Patient Safety Goal (NPSG) 2**

Improve the effectiveness of communication among caregivers.

**NPSG.02.03.01**

Report critical results of tests and diagnostic procedures on a timely basis.

THE NEED FOR BETTER COMMUNICATION

In the course of evaluating quality and safety performance results over a 10-year period, The Joint Commission consistently found communication to be among the top three leading root causes of sentinel events (unanticipated events resulting in serious injury or death). (Figure 1)

Annual medical malpractice payouts for communication breakdowns, including failing to share test results, more than quadrupled nationally between 1991 and 2012, to $91 million.

*Source: Journal of the American College of Radiology, Volume 8, Issue 11, Pages 776 -779, November 2011*

Communication is the number one root cause of serious injury or death related to delay in treatment.
THE COST OF POOR COMMUNICATION

In addition to potentially delaying critical treatments and causing patient harm, inefficient communications can increase average length of stay, reduce reimbursements, and lead to poor patient satisfaction results. Researchers estimate that U.S. hospitals waste more than $12 billion annually from communication inefficiencies, and a 500-bed hospital is estimated to lose more than $4 million per year. Of that amount, increased length of stay accounts for 53 percent. The study’s concluding remarks mention that, “Information technologies and process redesign may help alleviate some of this burden.”

Information technologies are available to help, and leading hospitals around the globe are already successfully reducing patient length of stay, improving patient satisfaction, and tackling the critical results challenge with the help of modern day technology.

Figure 1. Root causes of sentinel events as reported to The Joint Commission from 2011 through the first half of 2015

U.S. hospitals waste more than $12 billion annually from communication inefficiencies among care providers.4
In pursuit of NPSG 2 and improved clinical communications, enabling mobile workflows is key. Giving mobile providers the ability to send and receive important information such as consult requests, changes in patient vitals, and test results is essential to supporting effective communication. Here are some of the ways technology can help you establish effective mobile workflows for your care providers.

**Providers rely on mobile devices such as smartphones and tablets to access knowledge centers and patient information. These devices also keep providers informed with important patient updates, changes in vitals, and test results.**

Patient monitoring equipment is designed to alert staff when there is a need for intervention. Notifying staff of changes in patient vitals lets clinicians assess the situation faster and be more efficient in planning and coordinating a response.

**Example: Notification Without Missing a Beat**

- **Actionable alert for room 203 sounds in the telemetry room**
- **With one button, telemetry tech forwards alarm to patient’s nurse**
- **Nurse receives alarm on mobile device; accepts alert, immediately triages patient, and launches a Code Blue**
- **Coordinated, life-saving treatment is delivered to the patient quickly**

**CONCERNED ABOUT ALARM FATIGUE?**

Click here for your top two action items.
The availability of patient test results is another valuable piece of information that can improve the effectiveness of mobile workflows and enhance communication among providers. As part of NPSG.02.03.01, The Joint Commission requires hospitals to determine reporting structures and define the acceptable length of time between when a result is available and when the report reaches the right individual. It further requires hospitals to implement and evaluate procedures for managing critical results.

Communicating critical test results to the right person can be a cumbersome process with unnecessary delays such as phone tag and manual documentation.

One solution is a critical test results management (CTRM) system to help manage the process. In addition to helping Lab and Radiology personnel identify the right provider’s contact information, a good solution sends secure texts to providers on their smartphones with notification of the results and contains closed-loop communications and escalation rules. Closed-loop communications provide traceability and accountability, while escalation rules help ensure that a qualified provider receives the message quickly and confirms it.

**Additional Benefits of Critical Test Results Management (CTRM) Systems**

Implementing a good CTRM process saves time, reduces transcriptional errors, and enhances patient safety and satisfaction. A CTRM system can streamline reporting by integrating with the laboratory information system (LIS), picture archiving and communication system (PACS), electronic medical record (EMR) system, and many others. This integration and the ability to automatically populate a patient record with test results reduces or eliminates administrative time spent tracking dictations, maintaining a document log, and making phone calls. Integrated CTRM systems improve incidental findings reporting and maintain a complete audit trail that offers proof of compliance with NPSG.02.03.01.

Properly implemented CTRM systems offer the additional benefit of reducing length of stay by quickly notifying physicians of normal results. Permitting patients with normal test results to go home sooner improves patient satisfaction and emergency department efficiency.
THE RIGHT PERSON: REACHING HOSPITAL STAFF AND ON-CALL PROVIDERS

In addition to information about patients, providers rely on their mobile devices to communicate with specific groups or individuals to coordinate patient care. Providers needing to connect may not be looking for a specific person, but for a position that often rotates, such as the admitting hospitalist or the cardiologist on call. This is where technology really steps forward to offer assistance. Many hospitals are moving staff directories and on-call schedules online in order to give their providers an intuitive method to send, receive, acknowledge, and escalate messages. Seamless integration to the hospital’s employee directory and on-call schedules means all staff, not just call center individuals, can reach the right person quickly, and that means faster coordination of care for patients.

CASE STUDY
Learn the difference web directories and digital on-call schedules have made for UnityPoint Health - Meriter.

THE RIGHT DEVICE: SMARTPHONE, TABLET, PAGER, WI-FI PHONE

There are many different communication tools used throughout a hospital, including smartphones, Wi-Fi phones, tablets, voice badges, pagers, etc. Your goal is to have an underlying communication backbone that brings all these devices together to help staff find the right provider quickly via secure texting and efficient emergency notifications.

Within the physician community, each clinician may carry multiple devices and use different ones at different times. Technology solutions offer an intelligent system to help hospitals manage the diversity of communication devices and support the goal of making communications faster for better patient care.

CASE STUDY
See how The Ottawa Hospital is integrating their communications for secure, easy messaging among staff and more satisfied providers.
All three of the preceding sections contribute to this final piece of the puzzle, the timeliness of communication among providers. Accessing the right information, locating the right person, and reaching that person on the right device are all essential steps that support the speed required for successful healthcare communications.

Time is especially valuable in emergencies, such as code STEMI and disaster situations that require coordinating a large team. The ability to simultaneously notify all required team members on their devices and escalate to additional providers if necessary is vital to excellent patient care. And sometimes that right device is a pager. For situations such as natural disasters or attacks on U.S. soil, paging remains a reliable and affordable method of communicating when cell service may be interrupted or unusable.

CASE STUDY
Learn how Franciscan St. Anthony Health automated their code STEMI alert process to save precious minutes and improve patient care.

A PERSONAL EXPERIENCE
Read how pagers were critical for hospitals in Boston responding to disaster.

CONCLUSION: IMPROVING THE EFFECTIVENESS OF COMMUNICATION AMONG CAREGIVERS

Technologies exist today that can significantly improve communication efficiency throughout a hospital and make giant strides toward The Joint Commission’s goal to improve the effectiveness of communication among caregivers. The ability for staff to connect the right information, to the right person, on the right device, at the right time gives providers a leg up in the fight against the clock in critical situations. Overall, efficient communications increase patient safety and satisfaction, improve provider satisfaction, and support the delivery of excellent care.
References
1 http://www.jointcommission.org/about_us/about_the_joint_commission_main.aspx
2 http://www.jointcommission.org/about/JointCommissionFaqs.aspx#2983
3 Detailed sentinel event data by root cause analysis is no longer publically available from The Joint Commission; overview data can still be found here http://www.jointcommission.org/assets/1/23/jconline_April_29_15.pdf