# MOBILITY STRATEGIES IN HEALTHCARE 2014

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The rise in mobile device usage in hospitals brings the potential for faster communications that can improve patient care. With smartphone and tablet usage, however, come concerns about information security and questions about access to different types of information. These questions are prompting many hospitals to develop mobility strategies detailing how these devices can be leveraged, who pays for them, and more.

In June 2014, Spok surveyed more than 600 healthcare organizations to take a snapshot of this trend and see how far along hospitals are in devising their strategies. Survey participants were from hospitals of all sizes across the globe and included leadership in clinical, IT, and telecommunications departments. Thank you to all who participated - your input is greatly appreciated.

WHICH TYPES OF MOBILE DEVICES DOES YOUR ORGANIZATION SUPPORT?

Smartphones 73%

In-house pagers 63%

Wide-area pagers 54%

Tablets 53%

Wi-Fi phones 44%

Other 7%
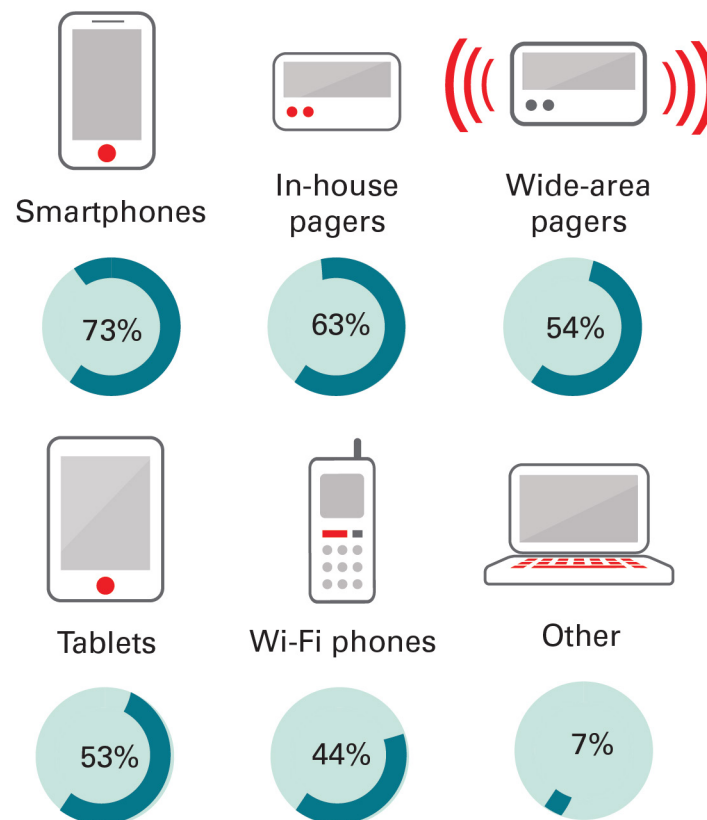
Key take-away: Different devices fit better for different roles, so standardization is highly unlikely. Having a platform with the ability to effectively communicate with a diverse array of devices is essential.

*Many of the survey respondents who stated "other" indicated staff use regular cell phones and laptops as well

THE MAIN DRIVERS OF USING SMARTPHONES AND OTHER MOBILE DEVICES

77% Greater efficiency

73% Facilitate communication with doctors

57% Facilitate communication with nurses

IDENTIFIED BENEFITS OF GOING MOBILE

- Easily view and prioritize patient needs
- Monitor alarms
- Facilitate peer-to-peer communication
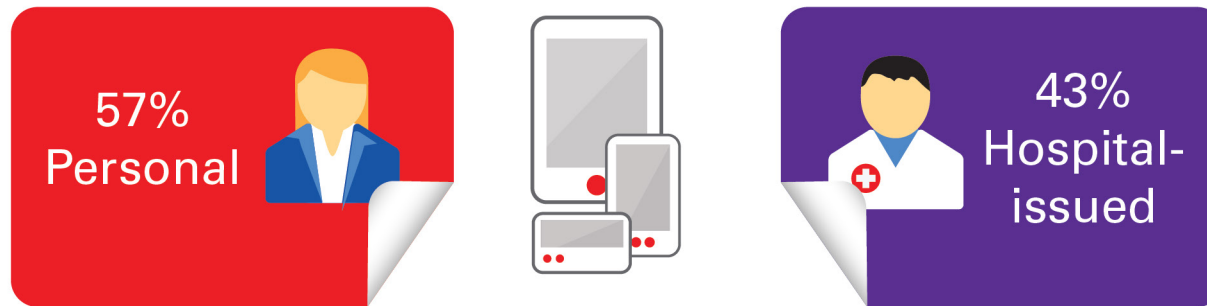- Quickly track people down

"Secondary equipment alarm notification"

"Interface with patient monitoring and nurse call systems"

"Greater communication"

BYOD VS. HOSPITAL-ISSUED DEVICES, THE AVERAGE PICTURE:
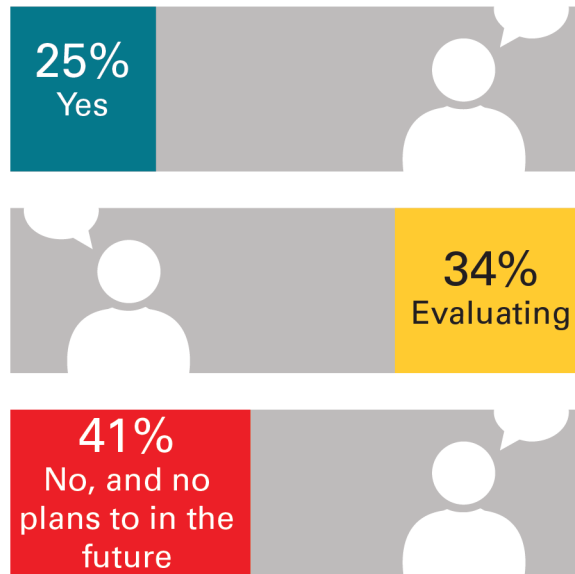
57% Personal

43% Hospital-issued

# BYOD VS. HOSPITAL-ISSUED DEVICES, A DETAILED LOOK:
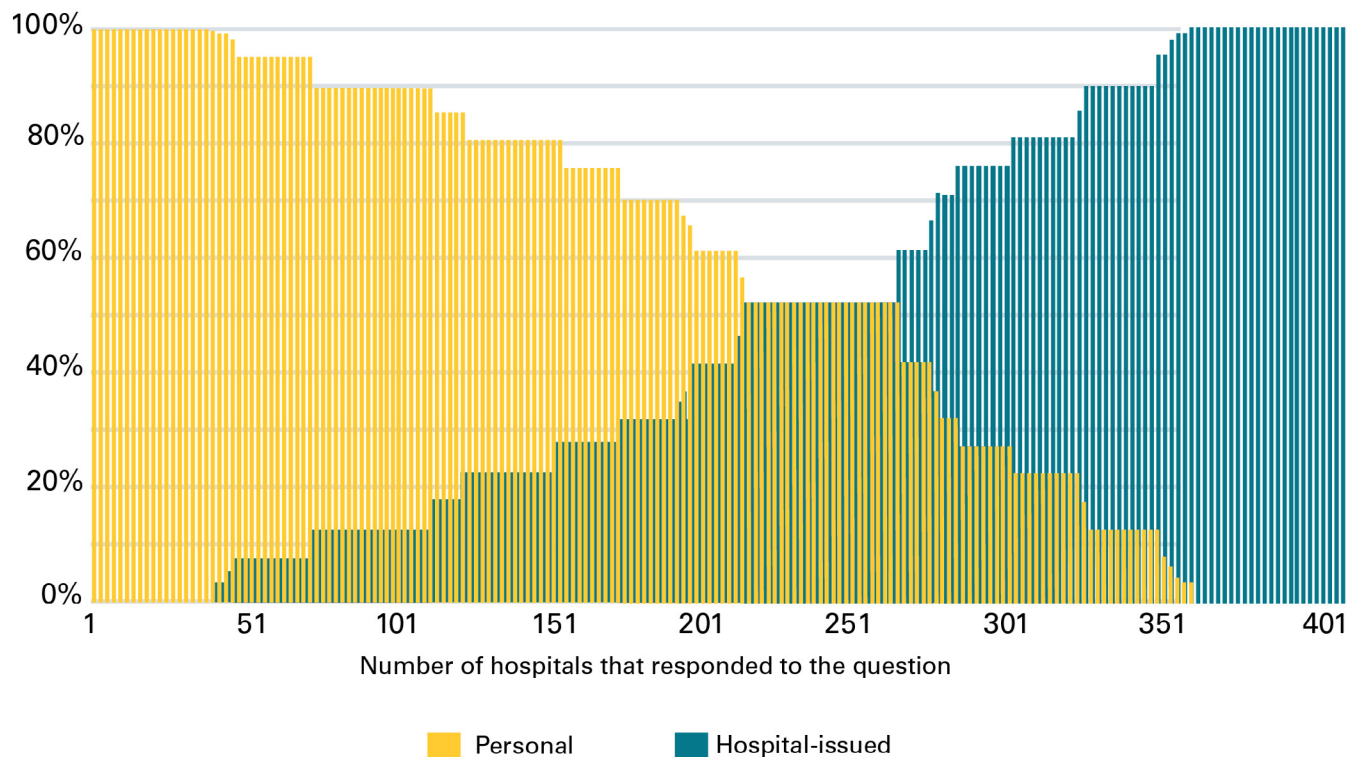
There is no industry standard regarding the choice to allow personal devices under a bring-your-own-device (BYOD) plan. Some facilities reported having 100 percent hospital-issued devices, some are 100 percent BYOD, and there is wide variation in between.

Number of hospitals that responded to the question

Personal   Hospital-issued

ARE YOU USING A MOBILE DEVICE MANAGEMENT (MDM) SOLUTION IN YOUR ORGANIZATION?

25% Yes

34% Evaluating

41% No, and no plans to in the future

Some organizations are looking at Mobile Device Management (MDM) options to address challenges associated with the diversity of devices. An MDM solution can give organizations the ability to view and manage all devices from a central admin console. Survey respondents said the most important features they were looking for in an MDM solution were **device encryption** and **enforcing device passwords.**

WHAT TYPES OF SMARTPHONES DOES YOUR ORGANIZATION SUPPORT?

82%

52%

20%

25%

iPhone   Android   BlackBerry 10   Older BlackBerry models
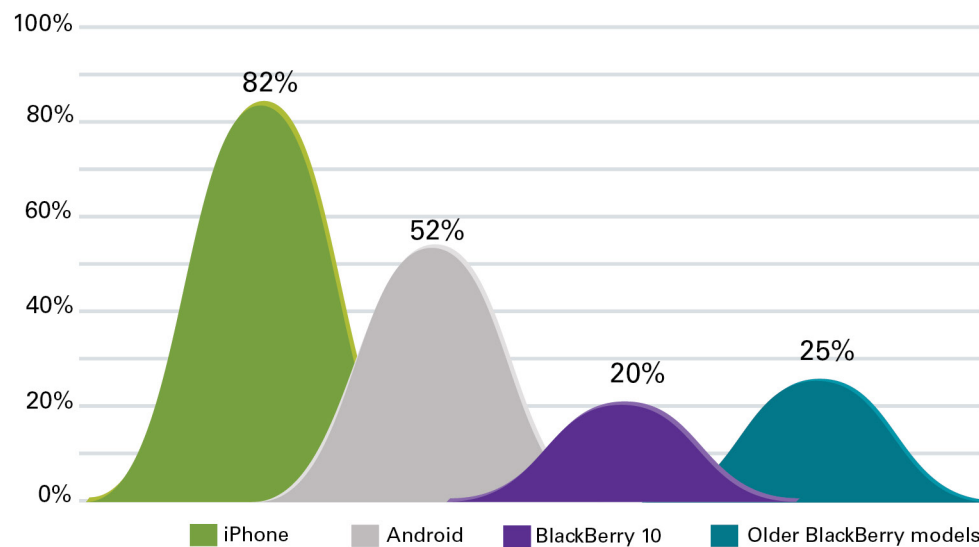
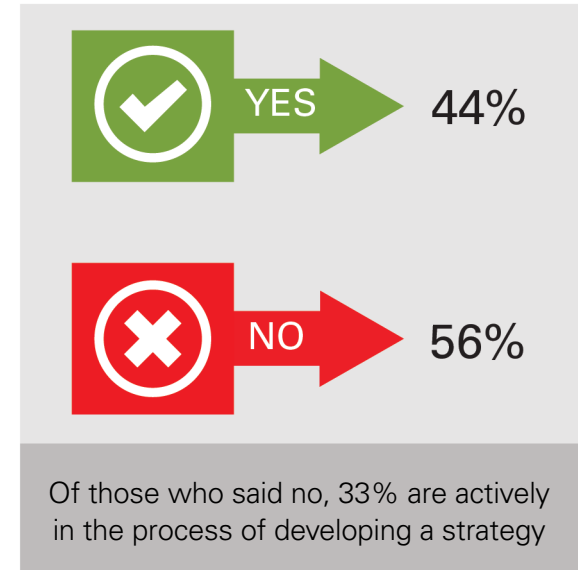# DO YOU HAVE A DOCUMENTED MOBILITY STRATEGY AT YOUR HOSPITAL?

What is the Goal of Your Organization's Mobility Strategy?

1 – Security (for devices, information)

2 – Communication (fast, easy, effective)

3 – Access (to information)

"To secure ePHI on all mobile devices against loss or theft."

"To make communication easy - getting the right messages to the right people at the right time; to support the workflow of each area and help improve patient care."

"Increase mobile access to facilitate patient care."

✓ YES → 44%

✗ NO → 56%

Of those who said no, 33% are actively in the process of developing a strategy

Able Access Allow BYOD Communication Connectivity Control Corporate Departments Devices Enhance Flexibility Goal Grow HIPAA Compliance Maintain Patient Phones Reliability Responsibility Security Services Unknown Unsure Workflow

TOP THREE AREAS COVERED BY EXISTING MOBILITY STRATEGIES:

82% Device types supported (e.g., pagers, smartphones, Wi-Fi phones, tablets, etc.)

77% Security of devices

70% Security of information transmission over networks

THE TOP THREE AREAS OF CONCERN:

Security of information transmission over networks

Security of devices

- 60 percent of respondents expressed HIPAA, HITECH concerns for devices lost, stolen or hacked
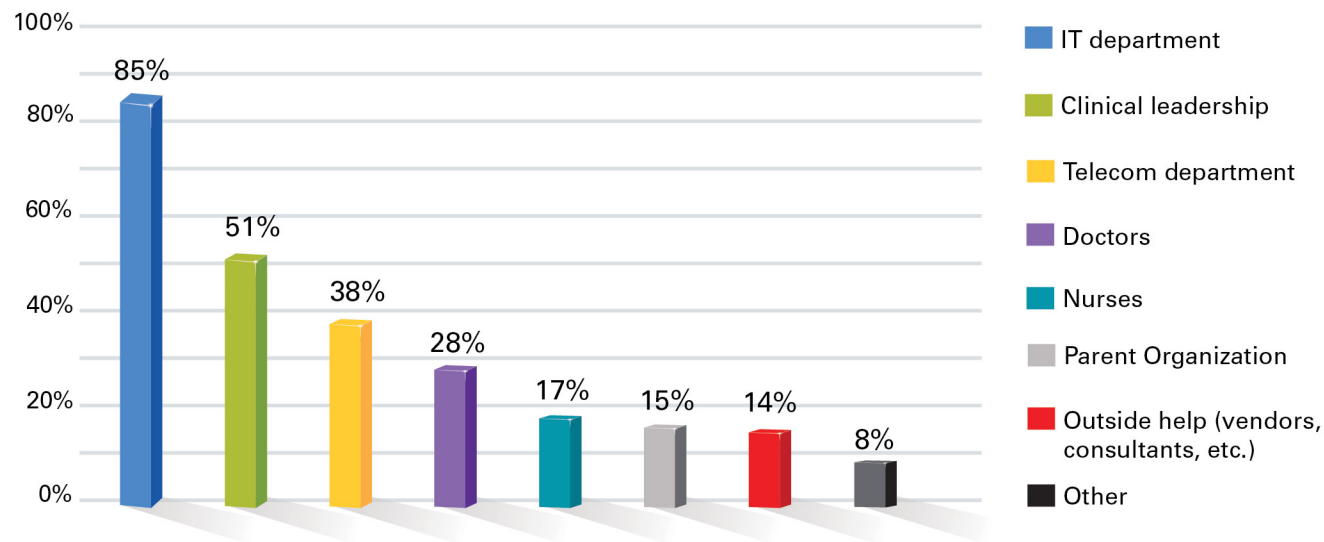
Budget

- Device related costs, maintenance and employee training

To protect patient information, the Department of Homeland Security advises securing communication channels with encryption, requiring user authentication at both ends, and enforcing password policies[1]. There are hardware and software options available to address these concerns, including secure texting apps that enhance provider workflows with access to the staff directory, on-call schedules, and critical test results.

IS DEVELOPING A DOCUMENTED MOBILITY STRATEGY A FUTURE INITIATIVE?

38% Yes, < 3 months

30% Yes, 3-6 months

25% Yes, 6 months

7% No plans

For thoughts on some of the common challenges faced by hospitals during the design, implementation, and continued evolution of mobility strategies, here is a guide for reference.

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ROLLING OUT YOUR HOSPITAL'S
MOBILITY STRATEGY & SECURE TEXTING SOLUTION
The Definitive Guide

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* U.S. Department of Homeland Security. "Attack Surface: Healthcare and Public Health Sector." 4 May, 2012. Bulletin. 7 Aug, 2012. http://info.publicintelligence.net/NCCIC-MedicalDevices.pdf

WHO WILL BE INVOLVED IN CREATING YOUR ORGANIZATION'S MOBILITY STRATEGY?

Chart showing percentages of involvement:
- IT department: 85%
- Clinical leadership: 51%
- Telecom department: 38%
- Doctors: 28%
- Nurses: 17%
- Parent Organization: 15%
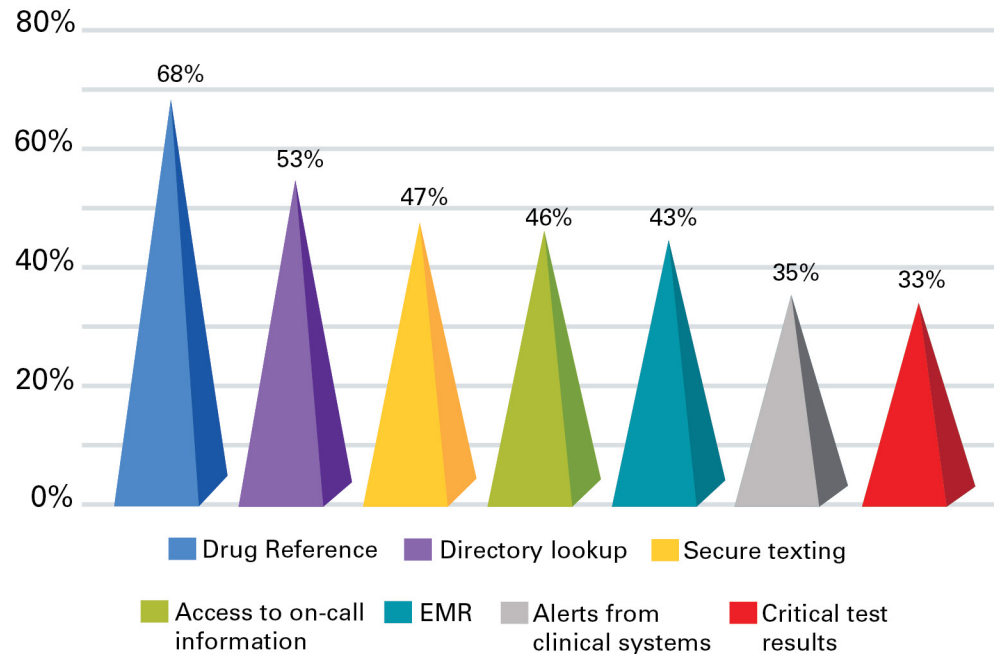- Outside help (vendors, consultants, etc.): 14%
- Other: 8%

Since 2012, the level of involvement by IT, Telecom and clinical leadership in development of mobility strategies has remained the same. Participation by clinicians, however, has declined. From highs of 45 and 36 percent, estimates for doctor and nurse input on mobility strategy design has dropped to 28 and 17 percent, respectively. Yet 80 percent of survey participants said their organization has stated goals to improve nurse-to-physician communications, and 76 percent have goals to improve physician-to-physician communications. Experts who have been through the process advise including users in the planning committee, especially with BYOD considerations[2]. Caregiver involvement helps ensure the right devices and applications are appropriately integrated into clinical workflows, and that providers will be on board with new policies.

[2]http://www.healthcareitnews.com/news/byod-tips-keep-it-simple-be-nimble?topic=16,29,18

WHAT TYPES OF INFORMATION DO SMARTPHONE USERS CURRENTLY HAVE ACCESS TO?

80%

68% Drug Reference

60%

53% Directory lookup

47% Secure texting
46% Access to on-call information
43% EMR

40%

35% Alerts from clinical systems
33% Critical test results

20%

0%

Legend:
- Drug Reference
- Directory lookup
- Secure texting
- Access to on-call information
- EMR
- Alerts from clinical systems
- Critical test results

LOOKING AT THE FUTURE

One year from now respondents anticipate an increase in smartphone users having access to critical test results and alerts from clinical systems

33% Critical test results
48% Critical test results
35% Alerts from clinical systems
46% Alerts from clinical systems

Today In one year
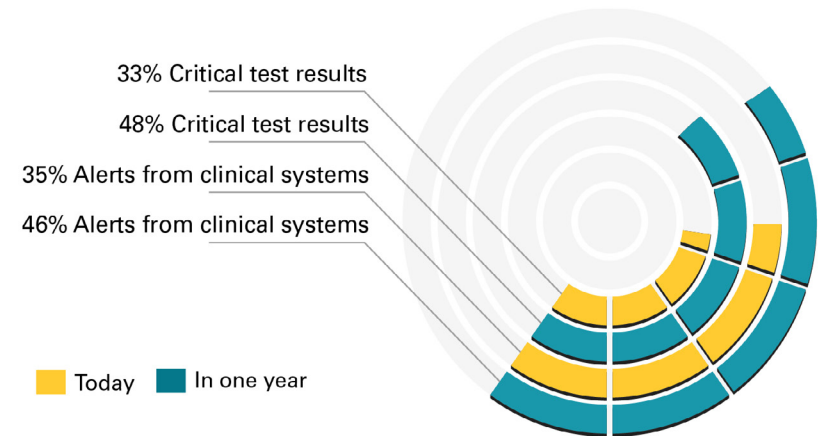
SUMMARY

With three years of data from our Mobility Strategies in Healthcare survey, we can begin to see trends emerge. First, the number of facilities with a documented strategy has increased from 34 to 44 percent. This growth is slower than anticipated, possibly because Meaningful Use, ICD-10, and other initiatives compete for the same implementation resources: motivation, time, and attention.

The mix of mobile devices in healthcare has remained largely unchanged, with only small increases in tablet and smartphone support (4 and 5 percent, respectively). Hospitals continue to report efficiency and communication coordination as the main drivers for mobile device usage, while security of information remains the top concern.

Perhaps the most startling discovery this year is the reported decline of clinical staff involvement in mobility strategy development. This contrasts sharply with survey respondents' stated goals to improve clinician communications. Facilities may be missing an important opportunity to hear feedback from doctors and nurses during the design process. Without input from end users on the workflow challenges, mobility strategies may be less effective and face increased opposition to adoption.

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