Clinical Communication Transformation – The Power of Secure Smartphones at the Bedside

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Problem Pictorial

Organization

Eisenhower Medical Center
Health Care As It Should Be

- Not-for-profit, academic, community hospital
- 463 licensed beds with 71 clinics
- 3,500 employees; 496 affiliated physicians
- 2015 Awards & Recognition
  - Most Wired Hospital since 2012
  - Magnet Recognition® & NICHE Recognition®
  - Leading Hospital Safety Score A
  - Ranked in Top 50 US Cardiovascular Hospitals (Truven Health Analytics)
  - LGBT Healthcare Equality Leader since 2013 (Healthcare Equality Index)

Health IT Value™ Results

- Satisfaction: Improved Internal Communication
  - Efficient Alarm System
  - “Easy Access to Care Team”
  - “Immediate Patient Data”
  - “Clinical Mobility”
  - “Community Quality”

- Treatment/Clinical: Improved Care Coordination and Environment
  - 95% text communication
  - ≤1 minute to contact care team
  - 16% noise reduction

- Electronic Information/Data: Critical Lab Alerts
  - 100% < 1 minute

- Savings: Time
  - ≤1,000 RN footsteps saved per shift

Conceptual Model

Health IT Value STEPS™

Health IT creates five kinds of value to patients, healthcare providers and communities.

Satisfaction
- Patient: provider; Staff: other
- Improved email with patients; improved patient education scores; improved internal communication

Treatment/Clinical
- Safety: Quality of Care; Efficiency
- Improved patient safety: reduction in medication errors; reduced readmissions; improved scheduling

Electronic Information/Data
- Evidenced-Based Medicine: Data sharing and Reporting
  - Increased use of evidence-based guidelines; increased population health reporting; improved quality measures reporting

Prevention and Patient Education
- Improved disease surveillance; increase immunizations; longitudinal patient analysis; improved patient compliance

Savings
- Financial/Business: Efficiency savings; Operational savings: increased volume; reductions in days in accounts receivable; reduced patient wait times; reduced emergency dept.; admissions; improved inventory

Purpose & Design

- To evaluate the impact of smartphones at the bedside: the quality of interprofessional communication, timeliness of critical lab result reporting, nurse and physician satisfaction, unit noise reduction and RN footsteps saved.

- Phase One: Fall 2014 Pilot Study – Hospitalist Unit completed
- Phase Two: Spring 2015 ED, Observation Unit, Acute Rehabilitation
- Phase Three: Fall 2015 ICU
- Phase Four: Spring 2016 - Enterprise plan

Clinical Feedback

References

