

Not on the Same Page

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LEARNING POINTS

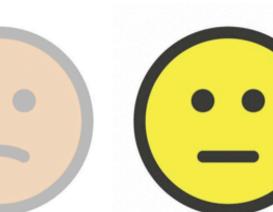
- Pagers alone cannot meet the communication needs of large academic hospital centers.
- HIPAA-compliant group messaging systems are a new form of communication which serve a specific role in communication and thus require clear guidelines for use

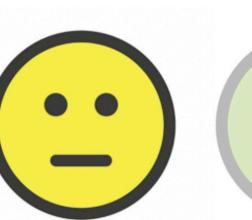
STATEMENT OF PROBLEM

- Efficient communication among interdisciplinary care team providers is critical for high quality care.
- Pagers are outdated and inefficient for communication; they disrupt workflow, interfere with resident learning, and require extra steps.
- Previous studies have suggested that HIPAAcompliant group messaging (HCGM) systems like Secure Chat increase communication volume and efficiency¹ and improve provider perception of hospital communication².
- As a new method of communication, it is necessary to identify the appropriate settings in which to use Secure Chat and to create a set of clear universal guidelines for its use.

Most common hospital communication satisfaction score before and after implementation of Secure Chat:

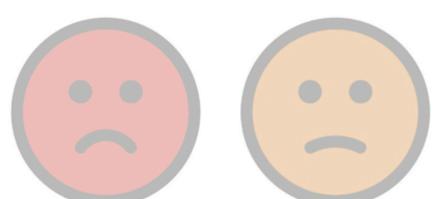


















AIMS

- To improve the communication experience of the healthcare team using Secure Chat
- To develop clear and universal guidelines for the appropriate use of Secure Chat among health care providers.

- We surveyed 102 interprofessional members of inpatient healthcare teams at a large academic medical center regarding their perception of appropriate use of HCGM for common clinical questions and concerns that arise in the hospital.
- We asked, "Which of the following would you feel is APPROPRIATE to communicating about through Secure Chat -- the instant messaging service in Epic and on Haiku/Rover?" regarding the following items:

Non-Urgent Lab Value Update	Urgent Clinical Status Update
Critical Lab Values	Non-Urgent Clinical Status Update
Non-Urgent Order or Clarification	Family at Bedside
Medication Questions	Other Provider at Bedside
Nutrition Recomendations	New Admission
Discharge Status Update	Non-Urgent Provider-to-Provider Communication
Non-Urgent Procedure Schedule/Undate	Coolal Convergations

DISCUSSION

- Our survey was administered as Secure Chat was being introduced to the University of Colorado Hospital. As its use becomes more consistent, it may be necessary to reassess our current guideline recommendations.
- Future studies should be done in the outpatient setting and in smaller or non-academic hospitals to determine best practices in those settings.

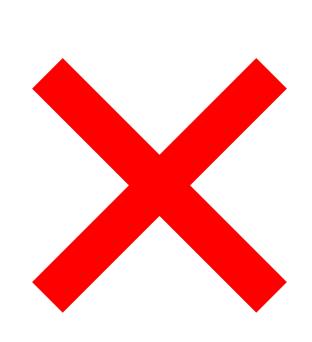
- The majority of survey participants deemed Secure Chat as appropriate for communication of a wide variety of of non-urgent matters.
- Survey participants agreed that pagers should remain in health care communication but that they should be reserved for high priority communication only.
- Our guidelines are based on items that 75% or more of respondents agreed upon as appropriate or not:

Appropriate Use:

- Non-urgent order or clarification
- Non-urgent procedure schedule/update
- Non-urgent lab value update
- Non-urgent provider-to-provider communication
- Nutrition recommendations
- Discharge status update
- Non-urgent clinical status update

Inappropriate Use:

- Critical lab values
- Urgent clinical status update
- Social conversations



LESSONS LEARNED

- Despite clear weaknesses to the paging system, it is strongly integrated into the healthcare system, meaning integration of a new communication system requires a patient transition.
- Secure Chat is used by a huge variety of healthcare providers, so their preferences must be considered.

REFERENCES

. Patel, S. P. et al. Resident Workload, Pager Communications, and Quality of Care. World J Surg 34, 2524–2529 (2010). Katz, M. H. & Schroeder, S. A. The Sounds of the Hospital. New England Journal of Medicine **319**, 1585–1589 (1988).