Four Critical Trends in Clinical Care:
CNO Perspective

New technology, regulations, and best practices are constantly transforming the clinical setting. And nursing – the nation’s largest health care profession – is often leading the way through these dynamic changes.

Rhonda Collins, Vocera Communications’ chief nursing officer and the inspiration for the American Nurse Project, shared her perspectives on the top four trends she is seeing in the adoption and integration of mobile communication strategies and technologies in clinical environments. Collins’ insights are informed by her many years of clinical experience in administrative leadership.

1 Texting in the Patient Care Environment

The perception that texting isn’t happening or can’t be allowed is something that we persistently deal with in patient care and health care environments. There’s always the reservation from nursing leaders that if we put mobile devices in the nurses’ hands and they start texting or interfacing with a mobile phone from the bedside, they’re going to look disengaged from the patient. However, nurses are texting. Physicians are texting. Everyone is texting.

Why are they doing this? The third leading cause of death in hospitals in the United States is a break in, or absence of, communication.¹ It’s estimated that a typical 500-bed hospital loses more than $4 million annually due to communication errors, and U.S. hospitals overall lose more than $12 billion annually.² Primarily, that breakdown occurs when patients are transferred from one service to another, such as from intensive care to, say, telemetry, or from emergency to ICU. All of the information may not flow from one caregiver to another or from one unit to another.

² Agarwal, Ritu; Sands, Daniel Z.; Schneider, Jorge Diaz; Smaltz, Detlev H., “Quantifying the Economic Impact of Communication Inefficiencies in US Hospitals,” University of Maryland, July 2010.

Communication breakdowns are the third leading cause of death in U.S. hospitals.
The way to improve those statistics and enable people to communicate properly and effectively is to allow them to use the tools – such as messaging on a smartphone – they’re most comfortable with. If you tell somebody, “You have to communicate this information, but you have to walk away from the patient, you have to go to a desk, look up a phone number, dial it on a landline, and wait for them to call back,” it becomes really problematic.

The behavior becomes, “I’ll just tell them when I get there,” or “I’ll communicate this in just a minute.” And “just a minute” may not come because they get busy with something else. It’s not intentional; it’s just a symptom of the controlled chaos of health care. When you make communication simple and make it easy to do, people are more likely to do the right thing.

I have a team of clinicians who administer surveys to hospitals asking about current habits and methods of communication. One question we ask is, “What are you using now to communicate?” The No. 1 method of communication is still landlines, which are in limited locations. The second method is usually a pager, a limited, one-way communication device. Interestingly, shouting is always listed as a communication method and usually in the top five, confirming that the most available methods of communication are employed even though they may not be reliable or consistent.

Also in the top-five preferred methods of communication are personal smartphones. Smartphones can function in many ways. Hospital staff can use them to text, to integrate with electronic health records, to receive critical lab results, and to send information back and forth to physicians.

But smartphone use can present a number of problems. First, physicians are reserved about using their personal phones because their contact information can become generally available. When it’s easy to contact them, they may receive calls or texts regarding matters not precisely intended for them.

Clinical care teams could also blur the lines between personal and professional use, such as using a personal smartphone to take photos. For example, if a doctor asks a nurse to take and share a picture of a patient’s skin rash for rapid assessment, that could violate the Health Insurance Portability and Accountability Act unless it is managed in a specific way.
Frequently, hospitals are reluctant to allow nursing and support staff to use personal smartphones because of the potential for HIPAA exposure, whether intentional or unintentional. Hospitals can manage that risk, however, by having a strategic communication plan that governs the use of hospital-provided smartphones dedicated to the patient care environment.

**Recognizing the Need for a Strategic Communication Plan**

When you think about how to solve your messaging or smartphone challenges, it’s important to think in broad terms rather than narrow or isolated ones. For example, if you identify unsecured messaging as a problem, and you implement a secure messaging solution, you are addressing an isolated problem with a point solution.

To think in broad terms, consider the entire spectrum of your current communication challenges and ones you’re likely to face in the future. You will also need a communication plan that is rooted in policy and strategy. Start with a software platform that addresses all the problems you identify and will allow for individual device preferences for users. User adoption and compliance is difficult when the focus is on standardizing devices. A secure enterprise-grade software platform is the standard that allows various communication tools to communicate effectively and will satisfy requirements of a secure, HIPAA-compliant environment.

Physicians should be able to use their personal phones so they don’t have to carry more than one device. Nurses should be able to use hospital-provided phones, if the hospital chooses to provide them, to avoid HIPAA breaches. And staff should have the option of picking a hands-free communication device if the patient care environment dictates the need.

To make a variety of device endpoints and applications work together in a unified way, you need to standardize the technology platform behind the smartphones and their software applications. Most hospitals have cobbled together a number of disparate systems over years to address isolated issues at different points in time. This leads to a nonintegrated environment. Not everybody is on the same communication software platform, which is what makes it difficult to ensure compliance and ease of use.
That’s the benefit of the Vocera® solution. It’s a secure, scalable, and integrated communication platform that enables physicians, nurses, and clinical staff – both inside and outside the hospital – to deliver quality care.

Unlike other communication solutions, Vocera allows the user to call people either by their role or their name. Doctors don’t have to give out their phone numbers. A nurse can simply take a smartphone and select “Call Orthopedic Physician on Call.” The call will go directly to the proper physician. Or the nurse can send a text message directly to the on-call physician: “Mr. Smith, Room 406, post knee replacement, is requesting pain medication.”

What could take from 20 minutes up to an hour or more to contact a physician because of leaving messages, missing call-backs, or making multiple calls is now a 5-minute effort because the software can identify the proper person to receive the message directly.

The Vocera platform accommodates any device, from a tablet to a smartphone – whether it is iOS or Android, it doesn’t matter. It supplies an easy-to-use, HIPAA-compliant messaging application. It is the only solution that offers a hands-free option: Vocera Badge, a wearable, lightweight, voice-controlled device that enables instant two-way or one-to-many conversations.

The strategic communication plan, however, isn’t just about using technology. It’s about communicating with patients and caregivers about how the technology will benefit them. Plan to educate your patient population on the importance of their clinicians using smartphones to improve care. Assure them that nurses aren’t using social media, but, in fact, coordinating their care.

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— Rhonda Collins
Chief Nursing Officer
Vocera

When implementing a strategic communication plan, CNOs should consider looking closely at the problems they’re trying to solve. For example, what problems result from messaging or using smartphones in an unmanaged way? Is patient care being delayed? Is patient information flowing across a system in an unsecured manner? Determining the impact of unmanaged smartphone use and deciding how to resolve the challenges is not something CNOs should leave to their IT departments alone. These are clinical decisions that will affect all caregivers and patients for years to come.
CNOs also have a key role to play in managing change. If people who’ve been given new technology don’t use it or don’t use it properly, you’ve made a very expensive investment in another headache. Adopting technology requires people to change habits that may have been in place for decades. You must plan to manage the change and the disruption of habits.

To ensure complete adoption, it’s important to have a clear mandate from the executive team: “At this hospital, this is how we’re going to communicate. These are the tools we’ve chosen to use, and this is how we use them.”

At Vocera, we often conduct a user-readiness assessment. It has to do with evaluating who on the physician staff and who on the nursing staff is open and ready to adopt a new way of communicating. We go into a hospital or clinic and ask, “Which physicians will champion this?” We start with three or four names. We meet with them and talk through the technology and usage.

Once they’re fully onboard and using the new communication system, we identify more champions and do the same thing. As nursing and medical staff unite on a single software platform, it becomes necessary for all providers to be part of the platform. If anyone is outside the loop, they won’t be able to communicate as effectively and will be much more motivated to join the majority.

There is a reason communication issues have been an unresolved problem for more than a decade. Communication is complicated. What makes it work and what makes it flow effectively is when you customize your communication plan to reflect the specific needs of your organization. You have to commit the time and effort to ensure that happens.

But once you’re there, you really can impact those statistics I talked about earlier, including reducing the third leading cause of death in hospitals today.

Rhonda Collins, MSN, RN, has served as Vocera’s chief nursing officer since January 2014. As CNO, she is responsible for working with nursing leadership groups globally to increase their understanding of Vocera solutions, to share clinical best practices, and to bring their specific requirements to Vocera’s product and solutions teams. Prior to joining Vocera, she was vice president and business manager for Fresenius Kabi, USA, responsible for the launch of the company’s intravenous infusion pump in the United States, and she led the American Nurse Project, elevating the voice of nurses across the country. Through her previous experience at Masimo Corporation, as vice president of nursing, and at Baylor University Medical Center, as vice president of women and children’s services, she gained deep experience maximizing market share and profitability while building on best clinical and business practices. She holds a Master’s degree in science nursing administration from the University of Texas at Arlington and is a registered nurse.

About Vocera

Vocera Communications Inc. (NYSE:VCRA) empowers teams through intelligent, real-time communication and collaboration in health care, hospitality, energy, and other mission-critical mobile environments. Widely recognized for developing smarter ways to communicate, Vocera offers enterprise-class technologies that enable collaboration for mobile teams on their devices of choice. Vocera solutions are installed in more than 1,200 organizations worldwide, improving efficiency, quality, safety, and outcomes while creating optimal working and healing environments. Via the company’s research collaborative, the Experience Innovation Network, Vocera drives thought leadership for the health care industry and new standards in care delivery to elevate patient, family, nurse, and physician experiences. Vocera is headquartered in San Jose, California, with offices in San Francisco, Tennessee, Canada, India, United Arab Emirates, and the United Kingdom. For more information, visit www.vocera.com and @VoceraCom on Twitter.