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Beginning a Clinical Communication Improvement Project

A comprehensive how-to guide to ensure your clinical and financial success

Table of Contents

Introduction	3
Getting Started: Considerations & Key Stakeholders	4
Components of Unified Communication	5
Evaluating Communication Partners	7
Clinical Workflows Drive Positive Outcomes	9
Clear, Comprehensive Implementation Process	10
Proven Results	12

Getting Started

A successful clinical communication and collaboration project begins with understanding your baseline and having a clear vision of what you are trying to achieve.

Considerations as You Begin

Metrics
What quality metrics are your organization focused on improving? What baseline measurements of your existing communication can be established to measure against as you iterate processes?

Current state solution
How is your clinical communication and collaboration solution currently failing? What are the strengths of your existing clinical communication and collaboration? Evaluate all key workflows: workflows around nursing communication, provider communication, interdisciplinary care continuity, patient results, and critical team activation.

Current state infrastructure
What does your clinical communication technology infrastructure currently look like? How many systems or modalities do you currently have in use - pagers, soft phones, on-call scheduling systems, electronic medical records? Have you deployed individual devices, shared devices, or both?? How well do the systems in use communicate with each other? How successfully does each tool support its intended stakeholders? Are care providers using the same or differing tools?

Alignment
Do you have organizational buy-in of the need to improve clinical workflows and communication to make meaningful change? Does your organization recognize the need to improve communication of all its care providers?

Do you have representatives from all key stakeholders involved in building your improvement strategy? Assembling your team is the first step toward success, as we'll discuss in the next section.

Key Stakeholders

Your clinical communication project should include an interdisciplinary team that is actively involved in evaluation and decision making. This team should consist of technical and clinical leadership as well as project management support. The following outlines the types of expertise each role brings to your project:

CMIO/CMO
Align provider outcomes and physician strategy with the project; Define communication workflow pain points and opportunities for physicians

CNIO/CNO
Ensure nurse mobility and align nursing outcomes with the project; Define nurse communication pain points and opportunities

CIO/CTO
Align technical outcomes with the project and maintain scope; Identify and facilitate vendor consolidation opportunities

Security/Compliance
Ensure new solutions meet security standards; Lead security confirmation decisions

Clinical & IT Applications
Provide insight into clinical app integration strategy; Protect clinicians against alert and alarm fatigue; Align technology to support advanced clinical workflows and clinical performance

Project Manager/Lead
Coordinate the internal efforts of the project by managing tasks and providing transparent project status updates; Collaborate with vendors

**All health systems are different. If a role listed is not in your organization, replace with an equivalent one*

Components of Unified Communication

Unified communication is the foundation of successful clinical communication and collaboration. When clinicians and staff utilize different modalities and work within multiple systems to collaborate, information can become siloed. The result is that communication breaks down and the quality of clinical care suffers. Through unifying communication, organizations save financially through technology consolidation, build a more simplified technology infrastructure, and support their clinicians by reducing disruption, streamlining their workflow, and enabling them to send time-sensitive information to the right people, at the right time.

To assess your level of unified communication, consider the 4 W's:

Who

Inefficiency in clinical communication is apparent when you consider time spent calling, paging and waiting for responses. Every member of the care team should be communicating through the same modality, including:

- All employed and affiliated physicians
- All employed nurses
- All clinical support staff
- All transfer and call center staff

What

The one modality being utilized by clinicians should support the way clinicians communicate. At minimum, the modality should unify:

- Secure messaging
- On-call scheduling
- VoIP calling
- Nurse call
- Lab, radiology and sepsis alerts
- Alert and alarm management
- Critical care team activations

When

Unified communication occurs in real-time but also limits disruption. Information should be routed based on urgency:

- Emergent
- Urgent
- High-priority

Where

Unified communication is location agnostic—it should occur in real-time, across a patient's entire continuum of care including:

- All acute locations (and every clinical department)
- All owned or affiliated ambulatory locations

Evaluating Communication Partners

Unified communication is enabled through a communication partner – but which is best suited to support your organization? There are a few key questions to ask:

Questions to Ask About an Existing or Potential Communication Partner

1. Does the product unify our key communication and collaboration needs?
   (Secure messaging, on-call scheduling, VoIP calls, nurse call alerts, lab and radiology results, sepsis alerts, physiological monitors for alarm management, critical team activations)
2. What existing technology could the product replace or consolidate?
   (ex. pagers, phones, on-call scheduling systems, mass communication systems, on-premise servers)
3. Does the product enable role and team-based communication?
   (ex. messaging the cardiologist on-call versus navigating directories and remembering specific names; messaging the STEMI team)
4. Does the product integrate with our other, must-be-retained clinical applications?
   (ex. PACS/labs, nurse call systems, EHR)
5. Does the product meet our security and compliance requirements?
   (ex. HIPAA, HITRUST, SOC II)
6. Does the product require extensive IT support?
   (ex. cloud-based vs. non cloud-based solutions, necessary upgrade efforts, level of support needed for deployment and management of the product on shared mobile devices and computers)
7. Will the product work on all devices used in our facilities?
   (ex. Android/ iOS smartphones, feature phones, WoWs, operator consoles)
8. How complex is implementation? How extensive is the training required?
9. Is the product designed for all clinical roles and departments?

Considering Point Solutions vs. Platform Offerings

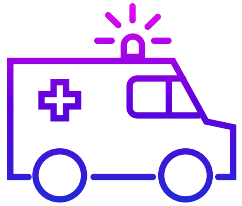
The following chart can help you evaluate existing product offerings based on your organization's goals:

Goal	Clinical Collaboration Platforms	EHR	Point Solutions
Unified Solution	●	●	○
Technology Consolidation	●	●	○
Role-Based Communication	●	●	●
Critical Team Activation	●	○	●
Integrates with Clinical Applications	●	●	●
Minimal IT Support	●	○	●
Simple Implementation and Training	●	○	●
High Adoption, Clinician Agnostic	●	●	○

While EHRs continue to be the most trusted source of patient information for healthcare organizations, they lack breadth in their ability to facilitate communication. Similarly point solutions have ability to meet basic communication needs but can add to already complex technology infrastructures. Clinical collaboration platforms, in contrast, are designed for communication and collaboration and unify many existing technology systems.

Clinical Workflows Drive Positive Outcomes

Your most vital clinical workflows need to be supported with strong communication. If, at any point, communication breaks down or is delayed during one of these workflows – it can cost lives. Your communication partner should have proven methodology, touching all key stakeholders, to improve the following workflow-specific outcomes:

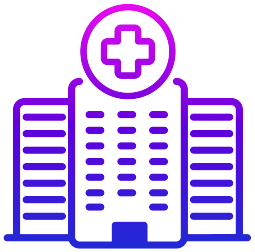


Admission

- Improved emergency department throughput
- Increased patient satisfaction
- Reduced staffing requirements

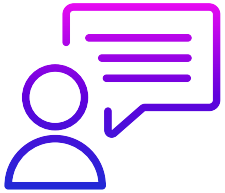
Transfer

- Improved throughput
- Improved response times
- Decreased room turnaround times



Discharge

- Improved throughput
- Reduced length of stay
- Decreased room turnaround times



Consults

- Improved turnaround time from consult to note
- Improved care coordination
- Decreased delays of care

Critical Team Activation

- Improved response times
- Reduced mortality rate

Clear, Comprehensive Implementation Process

If your organization is not already working with a clinical communication partner or is considering switching vendors, it is critical to consider the implementation process—beginning before you sign. Clinicians and IT leaders alike are weary of new vendor implementations, particularly after experiencing complex EHR deployments. Your communication partner should have a proven record of successful implementations backed by clear processes. Additionally, the product should not require extensive training—clinicians do not have the bandwidth.

A successful contract to implementation process should include, at minimum, the following steps:

1. **Assessment**
Your project team and the proposed partner should jointly conduct a full assessment of your system's communication challenges to understand your needs and the necessary applications of the product.

2. **Statement of Work**
The proposed partner should provide a detailed statement of work with a clear implementation plan based on best practices that align with your challenges and desired outcomes.

3. **Proposal**
The proposed partner should develop a mutually agreed upon plan to address identified challenges and desired outcomes through implementation of product to ensure alignment.

4. **Planning & Execution**
Your project team and the proposed partner plan the implementation utilizing a provided, proven framework, complete any required pre-work, and then jointly execute to implement across your organization.

5. **Consistent Post Go-Live Support**
The proposed partner provides a plan for consistent communication post go-live, to optimize the product for your ever-evolving processes and goals.

Proven Results

It is simple—your communication partner should be able to demonstrate how its product improves outcomes.

It should also be able to point to leading healthcare organizations that utilize and find value from its solution through customer testimonials and case studies. It should also be recognized by external, industry research as an effective solution for improving clinical communication and collaboration.

For example, a communication partner should be able to provide:

- Top performing scores from independent research companies (ex. KLAS)
- Examples of clinical and financial outcomes for clients, such as:

Technology consolidation

Improved clinical communication collaboration

Improved quality of care

Expedited care delivery and reduced delays in care

Improved patient satisfaction

Improved clinician satisfaction

Reduced alert and alarm fatigue

Reduced clinician burnout

About symplr

symplr is the leader in enterprise healthcare operations software and services. For more than 30 years and with deployments in **9 of 10 U.S. hospitals**, symplr has been committed to improving healthcare operations through its cloud-based solutions, driving better operations for better outcomes.

Our provider data management, workforce management, and healthcare governance, risk management, and compliance (GRC) solutions improve the efficiency and efficacy of healthcare operations, enabling caregivers to quickly handle administrative tasks so they have more time to do what they do best: provide high-quality patient care.

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