Care Team Communication: Enhancing the delivery and collaboration of patient care with a mobile technology

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Abstract

Objective: The Care Team Communication (CTC) project is designed to improve patient-nurse communication, reduce response times to patient call lights, and improve communication between care team members. Communication modalities included the nurse call system (NCS), the ADT system, and smartphone technology. The mobile application on the smartphone is used as the point of integration and provides a HIPAA-compliant platform for secure texting, direct calling, and broadcast messaging. It also provides a hospital directory to facilitate communication with other application users and ancillary departments. These features are designed to enhance the efficiency and effectiveness of patient care.
Method/Implementation: Using a phased approach, implementations began in October 2016 and were completed in January 2017 in a 700-bed magnet-designated academic medical center adult hospital. Using a hybrid of the super user (SU) model (i.e. not out of staffing), end-user training consisted of instructor-led SU classes and web-based learning modules. Completion of the modules was required for all clinical staff and the one-hour instructor-led sessions, required for all SUs, was optional for all other staff. Initial login sessions on the shared mobile devices were conducted with each staff member prior to implementation to ensure they had appropriate access in the system. A brief hands-on demonstration of the application's functionality to reinforce education and answer users' questions was included. Patients were provided with verbal and written information about the use of the smartphone and its purposes in supporting communication. During the first phase of the implementation, SSS representatives along with unit SUs provided at-the-elbow support and identified workflow and technical issues. Phase two of the implementation includes provider adoption of the technology for CTC. Providers will download a version of the application onto their personal devices. **Results**: A total of thirty adult units were implemented. Nurses have reported greater satisfaction with this new communication tool. It has also improved responsiveness to patient needs and patient satisfaction. However, some staff members changed phone settings, with negative effects on application functionality, call quality, and connectivity. In addition, the CTC application was unable to interface with some other communication systems, requiring some nursing groups to carry multiple devices. Other unanticipated issues with CTC application functionality resulted from inadequate training for the new NCS. **Conclusion**: CTC has overall been a great success. Patient safety and satisfaction data are pending but will be reported during the presentation. We have learned some valuable lessons through this implementation. For example, the impact of the new NCS may have been underestimated. The implementations of both the new NCS and the CTC mobile application may have been too close in time, creating a burden on staff to adequately learn both systems. Consequently, these issues highlighted where additional educational efforts should be focused for future planned implementations of these two complementary systems.