QUIETING CLINICS WITH TEXT MESSAGES

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SUMMARY

Problem: Patients at Vanderbilt University Medical Center (VUMC) are discontent with VUMC’s communication during visits.

Existing infrastructure: Coaster pagers and name-calling contribute to patients’ feelings of confusion at the Vanderbilt-Ingram Cancer Center (VICC).

Solution: Implementing Knock, a patient text messaging syndication system, reduced the intensity of the noise levels in VICC and created a more relaxed and efficient environment for VUMC staff and patients.

INTRODUCTION

Many VICC patients see multiple patient service specialists (PSS) and medical assistants (MA) at each visit. While patients have a treatment plan, they aren’t sure when they will be seen, aren’t notified of delays, and are beholden to the waiting area. Previous communication methods like calling patient names raises privacy concern, and coaster pagers were unreliable, limited patient mobility, and had the potential to spread germs.

Knock allows patients to opt-in to a SMS service. It requires no set-up on the patient’s end.

WORKFLOW: The VICC workflow starts at the front desk area (1) where patients are checked in and verbally agree to be texted. Patients wait in the waiting area (2). Patients are then texted by a PSS sitting at (3). The text routes patients to the Lab (4a), to TVC2 (4b), or to TVC2 Infusion (4c). (5b / 5c) represent waiting areas and (6b / 6c) represent a text to meet with a MA. These three clinics are proximal, but in different rooms.

METHODS

A real-time appointments dashboard, which ingests data nightly from the Clarity database of EPIC, was configured to give clinics a view of their appointments for the day. Text messages were approved by a privacy officer. Patient’s can digitally opt-out at any time. Incoming messages and calls can be configured by the team to be redirected, responded to, or ignored. The VICC team has chosen to ignore calls / texts.

Through this dashboard, users can text patients, monitor patient arrival, identify when a patient’s appointment is scheduled, identify the patient’s doctor, and determine if the patient would like to be contacted via text.

Knock was fitted to the VICC environment for a month before deployment to VICC’s front desk and lab. One major concern was training of PSS personnel at the horseshoe and optimizing their workflow. Changes were made on the day of deployment to display the team which last contacted the patient, which allows the PSS to know, in conjunction with the DAR, which patient should be texted. Over the following months, bugs were fixed, convenience features added, and the TVC1 and TVC2 clinics were onboarded.

88.9% of all patients were successfully texted by VICC. VICC staff are much happier using Knock than pagers or yelling names. Many patients reported being content with the SMS system saying:

“Since the launch of Knock, we have received a tremendous amount of positive feedback from our patients, telling us how much better the “new system” is and how peaceful the waiting area has become.”

—VICC Management

RESULTS

“True, Knock has been a game changer in our registration area and yielded positive satisfaction among many.”

CONCLUSIONS

Patient's and providers of larger clinics much prefer the ability to text patients than to yelling out names or paging coasters. Convenience features are being developed and reporting is being added for management.

Although VICC and other clinics such as Patient Services in surgery have a workflow which isn’t hindered by using a web application to contact patients, many clinics would be disrupted by using an additional application beyond Epic.

Knock will adopt the ApptServices API which allows real-time ingestion of appointment data from EPIC.