INTRODUCTION

• Consistent and informative patient-provider communication is necessary for information transfer between patients, family members, nurses, physicians, and other healthcare providers (Stewart 1995, Harrington, Noble, Newman 2014). Registered nurses (RNs) and personal care assistants (PCAs) communicate with their inpatients through routine rounds and answering personal calls from the patients.
• Certain healthcare technologies look to further personalize care by providing a digital interface for patient-provider communication. These technologies are aimed to increase patient autonomy by providing access to information about their care plan and medical history. They also provide patients with access to personalized diagnostic educational records. They also provide patients with access to personalized diagnostic educational records.
• These technologies have documented effects on patient experience (Kelly, Hoonakker, Dean 2016; EPIC 2015), but, less studied, they also have prominent effects on provider experience.

Primary Objectives:
1. Learn the effect that technology which personalizes patient healthcare has on provider workflow and satisfaction.
2. Identify areas where the EPIC MyChart Bedside application is hindering or helping provider performance.
3. Help fill the gap in the current body of literature in gaining provider satisfaction by streamlining patient-provider communication.

BEDSIDE APPLICATION

• One technology aimed to personalize patient healthcare is the EPIC iPad application, MyChart Bedside. Bedside is designed to keep patients engaged and up-to-date during their hospital stay. The goal of this tool is to increase communication between patients and their healthcare providers about specific, non-urgent tasks such as requesting a glass of water, a thermostat adjustment, a snack, etc. It also provides patients with access to personalized diagnostic educational information and medical information including their electronic health records.
• This study aims to observe and gain feedback on implemented patient-provider communication technologies.

METHODOLOGY

Participants
• 34 RNs and PCAs from three different units of a large hospital in Southeastern Texas. Participants were in a ratio of 1 PCA : 2 RNs, 1 male : 15 females, and a mean age of 33 (sd = 12).
• Procedure
  - Observational data was collected by shadowing individual providers.
  - A ten question survey was given to each of the RNs and PCAs

Observational Data
Observational data was used to generate workflow diagrams for patient-initiated, patient-provider communication tasks. In the top workflow, the patient uses a general call button on the hospital room remote to contact the provider. In the bottom workflow, the patient dials the provider’s direct line. Areas of commonly observed complications are marked by red circles at the point of the complication.

Survey Data
• Through the 10 question survey, we aimed to gain understanding of provider perceptions in two areas: Related to patient-provider communication, what sort of tasks they are engaging in and are the types of tasks they are engaging in affecting their workflow?
• Prominent results displayed.

- • Please indicate your level of agreement with the following statement: I spend excessive time explaining repetitive information to patients or family members about their care plan.
- • When you get a call that asks you to visit a patient’s room, how frequently do you have a complete understanding of what your patient is requesting/asking before going to their room?
- • Please indicate your level of agreement with the following statement: I believe the patient understands the specific roles and expected tasks of each member of their care team (ex. nurse vs PCA tasks)

RESULTS

Current Issues in Workflow

- • Please indicate your level of agreement with the following statement: I feel that performing tasks outside of my technical job description keeps me from performing more useful tasks.

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REFERENCES