CAPSULE COMMENTARIES

Capsule Commentary on Patel et al., Change in Length of Stay and Readmissions Among Hospitalized Medical Patients After Inpatient Medicine Service Adoption of Mobile Secure Text Messaging

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In this issue, Patel et al.¹ report the impact of a new provider-to-provider communication technology (secure mobile text messaging as compared to one-way alphanumeric paging) on patient length of stay and readmissions in an inpatient university-based teaching service setting. Attending and resident physicians, nurses, social workers, clinical research coordinators, pharmacists, and unit secretaries were all able to send and receive patient care communications via a smartphone application. Implementation of the text message communication decreased length of stay by approximately three-quarters of a day, a 14 % relative decrease, without increasing the odds of 30-day readmission. Rigorous statistical analysis using a difference-in-differences method to control for hospital fixed effects as well as regression analyses to control for other confounding variables substantiates the significant findings of decreased length of stay in a manner that might otherwise be less convincing and provides a useful framework for others looking to evaluate future interventions.

In a time when a patient discharge involves 11 different provider roles, on average,² interdisciplinary teamwork models are becoming increasingly common and heterogeneous.³ It is not clear what processes were already in place to facilitate teamwork within the systems studied by Patel et al. and whether the text message technology served to supplement or replace other face-to-face interactions. Nonetheless, the results provide support for facilitating provider-to-provider

communication in general and suggest that text messaging in particular may be an especially useful communication modality. Intriguingly, approximately 15 % of the secure text messages sent in this study were “group messages” (defined as > 1 recipient). As the current medical practice climate increasingly requires both coordination and efficiency, a group text message may be a valuable communication tool to deliver clinical information in a time-sensitive, consistent manner to multiple care providers. Future investigations of communication tools should continue to evaluate impact on patient outcomes, interdisciplinary teamwork, and provider workflow.

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Compliance with Ethical Standards:

Conflicts of Interest: The author has no conflicts of interest with this article.

REFERENCES

1. Patel MS, Patel N, Small DS, Rosin R, Rohrbach JI, Stromberg N, Hanson CW, Asch DA. Change in length of stay and readmissions among hospitalized medical patients after inpatient medicine service adoption of mobile secure text messaging. 2016. doi: 10.1007/s11606-016-3673-7
2. Pinelli VA, Papp KK, Gonzalo JD. Interprofessional communication patterns during patient discharges: a social network analysis. J Gen Intern Med. 2015;30(9):1299–306.
3. Pannick S, Davis R, Ashrafian H, Byrne BE, Beveridge I, Athanasiou T, Wachter RM, Sevdalis N. Effects of interdisciplinary team care interventions on general medical wards: a systematic review. JAMA Intern Med. 2015;175(8):1288–98.