



HOW UCSF IS CREATING PATIENT AND FAMILY-CENTERED CARE CONVERSATIONS

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Transparency is key when it comes to connecting family members and caregivers – there has been an increase in attention towards new clinical communication tools that give families visibility into inpatients' health status without adding stress to care teams or interrupting their workflow.

Kate Hansen-Finch, clinical nurse informaticist at University of California San Francisco Health spoke to a *Becker's Hospital Review* audience via a webinar sponsored by Hillrom, maker of the Voalte clinical communication platform and app. In the webinar, Kate shared insights on how UCSF, and specifically its newborn intensive care unit, are using this family-focused communication platform to improve the experience of family caregivers and nurses.

There were three main takeaways on **communicating effectively with patients, families, and team members**:

- 1. Provider-to-family communication methods are due for an overhaul.**

The COVID-19 pandemic brought several long-standing problems in healthcare to light, including staffing shortages, physician burnout, and prompted by strict hospital visitation rules – **the lack of patient and family-centered care communication**

The traditional way of informing family members about how a patient is doing depends on the family calling and trying to reach a staff member. This process often leads to a frustrating experience for both sides, since getting through on the phone is not guaranteed and when it does happen, it may come at an inconvenient time for the staff member and add yet another task to their workload.

While describing a typical analog process of informing parents about NICU patients, Ms. Hansen-Finch said, "You relied on families calling you, but they didn't get a visual look at their child that day. They might get a verbal 'your son or daughter is doing well today' — but it was left up to the imagination what the child might look like." With technological advancements today such as Voalte, this clinical experience is changing.

2. Photo-enabled, multilingual clinical communication tools give organizations a competitive advantage. In its quest for a solution, UCSF Health implemented Hillrom's Voalte Family provider-to-family communication platform. This platform enables secure sharing of photos and short, templated messages between a patient's care team and their family, friends or other external caregivers. For example, "Here's me after my nice little bath," which NICU nurses could send to parents, along with a photo of their baby.

The platform communication is possible in multiple languages through its embedded translation functionality. "It's a quick way for staff to select, 'Here's the picture I'm sending, [and] here's a little quick message to go with it,'" Ms. Hansen Finch said. She added that this functionality is particularly useful for communicating with family members whose first language is not English and who otherwise would have to go through an elaborate process to have their phone-based inquiries mediated by a translator.

3. Cloud-hosted communication tools that integrate with the enterprise infrastructure also optimize the provider experience. Family clinical communication platforms that integrate not only with existing devices that care teams use, such as smartphones and tablets, but also with organizations' local infrastructure and directory systems is critical. This reduces the amount of FTE time needed to keep the infrastructure running and to make the service reliable at a lower cost.

In contrast, there is a range of solutions on the market that come with photo or video capabilities, but unlike the Voalte app, these solutions require additional equipment, setup, and overhead costs. "There's limited space in NICUs, so having something that's in the pocket of our staff is excellent," Ms. Hansen Finch said.

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