



Everbridge Research Finds Communication Challenges Cause Errors in Majority of Emergency Department Patient Care Hand Offs

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More Than Half of Hospital Emergency Departments Report That 10 Percent or More of Hand Offs Have Errors

BURLINGTON, Mass.--(BUSINESS WIRE)--Feb. 13, 2017-- [Everbridge](#), Inc. (NASDAQ:EVBG), a global software company that provides critical communications and enterprise safety applications to help keep people safe and businesses running, today announced the findings of its research into the communications challenges that emergency room employees face every day in our nation's hospitals and medical facilities. Entitled "[Care Communication Gaps in U.S. Hospital Emergency Departments](#)," the report polled 158 emergency department employees about the communication challenges that arise when coordinating patient care from one doctor/nurse/practitioner to another – and what technologies are most effective at accurately sharing patient care instructions. The results of the research will be highlighted at the HIMSS 2017 healthcare IT conference, taking place from February 19-23, 2017, in Orlando, FL.

A majority of emergency room employees reported that more than 10 percent of patient care hand offs contain communication errors – errors that could endanger patient care outcomes; 22 percent reported that more than 1 in 5 hand offs involve errors. Hand offs occur more often in emergency rooms because the care teams needed to treat patients are larger than for the rest of the hospital. For example, in order to manage a stroke patient, an average care team might involve 12-15 doctors, nurses and staff members spread out inside and potentially outside the hospital. With 59 percent of emergency departments reporting more hand offs to other care team members than for treatments originating elsewhere in the hospital, it is easy to see how these errors could happen.

Emergency room staff also reported which types of communication they found the most effective – and which types were the least effective. Real-time, face-to-face communication was the most used and the most effective, as it is the one method of communication where both parties can be sure the information was delivered and received correctly. However, with distributed teams and physicians often not onsite, the ability to have a face-to-face conversation is often not possible, forcing staff to find other ways to hand off patient care information and responsibilities. 94 percent of respondents still use landline phones to share information – but those were only considered effective if the caller avoided voicemail and spoke with a colleague live; 30 percent rated voicemail as the least effective form of communication.

The research also indicated that there may be a light at the end of the tunnel: the use of mobile technologies, especially the staff's own devices, is growing, with 76 percent of physicians and 45 percent of clinical staff able to use personal devices. Despite not cracking the top three most used communication methods, secure text messaging (by 80 percent of respondents) and mobile phone (by 79 percent) were considered the next two most effective forms of communication behind face-to-face discussions.

"Emergency department staff have much more important things to think about than what the best communication method would be to contact a specific doctor, nurse or practitioner," stated Eric Chetwynd, GM, Healthcare Solutions, Everbridge. "There should never be any worries about whether patient care instructions were correctly received and understood. With the growing acceptance of mobile technologies in emergency departments, there is an excellent opportunity to make co-worker communications more efficient and effective – reducing the potential for errors that could affect patient care."

Additional key findings include:

Emergency Room Teams are Large – and Patient Care is Handed Off More Often

- A majority of respondents (61 percent) reported their emergency departments have more staff than other parts of the hospital or facility.
- More than half (59 percent) shared that there are more patient care hand offs in the emergency department than in other areas of the hospital. A patient care hand off is when an attending doctor/nurse/practitioner has to update another doctor/nurse/practitioner in the facility about a current patient's care or recommended care. This can happen for many reasons, including the patient being referred to a specialist, or coming out of critical care, or because a shift is ending.

Communication Errors Happen During Hand Offs, Endangering Patient Care

- A majority of emergency room employees felt that more than 10 percent of patient care hand offs contain errors.
- In fact, 22 percent felt that some 21-45 percent of patient care hand offs included errors that could be traced back to communication failures.
- With so many different communication methods needing to be juggled by emergency department employees, it is easy to see where inefficiencies could affect patient care.

Patient Care Communication During Care Team Hand Offs Have Multiple Challenges

- Waiting for physicians to respond to hand off requests was the most cited challenge (23 percent - 32 percent report waiting for a physician or specialist). This was followed by difficulties deciphering handwritten information (28 percent), incomplete

information (21 percent), or delays receiving information like test results (19 percent).

- Currently, the most used methods of communication by emergency department staff are face-to-face discussions (94 percent), landline telephones (94 percent) and electronic medical records (EMR)/electronic health records (EHR) (87 percent).
- There is no “best” way to contact colleagues that is considered efficient and effective. A whopping 89 percent of emergency room staff are forced to use 5 or more different channels to communicate with co-workers about patients.

Some Channels are More Effective than Others

- Emergency department staff felt that the most effective forms of communicating with co-workers about patient care were real-time communications, including face-to-face discussions (82 percent), secure text messaging (80 percent) and mobile phone conversations (79 percent).
- The least effective forms of communication were delayed methods, including voicemail (30 percent rated it poor), pagers (29 percent) and faxes (24 percent).
- While landline telephones remained a popular form of communicating with co-workers, they were only considered effective if you avoided voicemail and spoke with a colleague live.

Personal Mobile Technology Use is Growing Among Emergency Departments

- 75 percent of emergency department care teams are using mobile phones, while 49 percent use secure messaging that enables mobile real-time communications for care coordination.
- An increasing amount of emergency department staff are being allowed to use personal mobile devices to communicate with co-workers in the workplace. 76 percent of physicians and 45 percent of clinical staff can use them in the emergency department.

Given the outdated and inefficient communication technologies that many emergency department staff still deal with daily, the promise of using personal devices to communicate and improve patient care hand offs is great. In fact, 76 percent felt personal mobile devices would have a positive impact on patient care.

Emergency departments that participated in the research included academic medical centers, private, non-profit hospitals, publicly owned hospitals and for-profit systems. For more information on the “Care Communication Gaps in U.S. Hospital Emergency Departments” survey, or to see the full report, please click [here](#). Everbridge will also be highlighting the results and discussing the findings of the survey at HIMSS 2017 in booth #5445.

About Everbridge

[Everbridge](#), Inc. (NASDAQ:EVBG) is a global software company that provides critical communications and enterprise safety applications that enable customers to automate and accelerate the process of keeping people safe and businesses running during critical events. During public safety threats such as active shooter situations, terrorist attacks or severe weather conditions, as well as critical business events such as IT outages or cyber incidents, over 3,000 global customers rely on the company's SaaS-based platform to quickly and reliably construct and deliver contextual notifications to millions of people at one time. The company's platform sent over 1.5 billion messages in 2016, and offers the ability to reach more than 200 countries and territories with secure delivery to over 100 different communication devices. The company's critical communications and enterprise safety applications, which include Mass Notification, Incident Management, IT Alerting, Safety Connection™, Community Engagement™, Secure Messaging and Internet of Things, are easy-to-use and deploy, secure, highly scalable and reliable. Everbridge serves over 800 hospitals, 8 of the 10 largest U.S. cities, 8 of the 10 largest U.S.-based investment banks, all four of the largest global accounting firms, 24 of the 25 busiest North American airports and 6 of the 10 largest global automakers. Everbridge is based in Boston and Los Angeles with additional offices in San Francisco, Beijing and London. For more information, visit www.everbridge.com, read the company [blog](#), and follow on [Twitter](#) and [Facebook](#).

Cautionary Language Concerning Forward-Looking Statements

This press release contains “forward-looking statements” within the meaning of the “safe harbor” provisions of the Private Securities Litigation Reform Act of 1995, including but not limited to, statements regarding the anticipated opportunity and trends for growth in our critical communications and enterprise safety applications and our overall business, our market opportunity, our expectations regarding sales of our products, and our goal to maintain market leadership and extend the markets in which we compete for customers. These forward-looking statements are made as of the date of this press release and were based on current expectations, estimates, forecasts and projections as well as the beliefs and assumptions of management. Words such as “expect,” “anticipate,” “should,” “believe,” “target,” “project,” “goals,” “estimate,” “potential,” “predict,” “may,” “will,” “could,” “intend,” variations of these terms or the negative of these terms and similar expressions are intended to identify these forward-looking statements. Forward-looking statements are subject to a number of risks and uncertainties, many of which involve factors or circumstances that are beyond our control. Our actual results could differ materially from those stated or implied in forward-looking statements due to a number of factors, including but not limited to: our ability to attract new customers and retain and increase sales to existing customers; our ability to increase sales of our Mass Notification application and/or ability to increase sales of our other applications; developments in the market for targeted and contextually relevant critical communications or the associated regulatory environment; our estimates of market opportunity and forecasts of market growth may prove to be inaccurate; we have not been profitable on a consistent basis historically and may not achieve or maintain profitability in the future; the lengthy and unpredictable sales cycles for new customers; nature of our business exposes us to inherent liability risks; our ability to successfully integrate businesses and assets that we may acquire; our ability to maintain successful relationships with our channel partners and technology partners; our ability to manage our growth effectively; our ability to respond to competitive pressures; potential liability related to privacy and security of personally identifiable information; our ability to protect our intellectual property rights, and the other risks detailed in our risk factors discussed in filings with the U.S. Securities and Exchange Commission (“SEC”), including but not limited to our Quarterly Report on Form 10-Q for the quarter ended September 30, 2016 filed with the SEC on November 14, 2016. The forward-looking statements included in this press release represent our views as of the date of this press release. We undertake no intention or obligation to update or revise any forward-looking statements, whether as a result of new information, future events or otherwise. These forward-looking statements should not be relied upon as representing our views as of any date

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