



All Inpatient Providers and Clinicians

Inpatient Text Messaging – Myths vs. Facts

Last year, we piloted a new initiative, leveraging text and email messaging to keep our admitted patients’ designated loved ones up to date on their conditions. It’s been a benefit to both patients and clinicians and is available at every campus.

For more information, review:

- **IP Providers:** [Write a Daily Communication tip sheet.](#)
- **IP Staff:** [Add Visit Contacts tip sheet.](#)

To understand some of the misconceptions and facts around this initiative, review the information below.

Myths	Facts
Texting isn’t necessary now that visitors are allowed back and COVID has mitigated.	<ul style="list-style-type: none"> • 97% of non-COVID patients’ families find texting very helpful, even when some family members are sometimes at the bedside. • Our patient satisfaction scores are most improved during non-COVID periods, on non-COVID patients, with family sometimes present at the bedside, as compared to restricted COVID populations with no family present.
In addition to texting, we still need to call the families every day.	<ul style="list-style-type: none"> • Reserve phone calls for patients who are declining or have more concerning, substantive information to provide. • Set expectations for families on when and how you’ll update them. For example, say, “I’ll call you if there’s a decline, if something changes or we need information from you. But, if everything is the same or improving, then I’ll text you a daily update.”
Texting isn’t necessary now that patients can review our chart notes.	<ul style="list-style-type: none"> • Patients must have a MyChart account to view physicians’ notes. Many don’t have a MyChart account or may not have checked it recently. • Family members don’t have access to their loved ones’ MyChart accounts, unless they have proxy access, which not all family members have. Approximately 3-5% of our patients’ family members have viewed your chart notes. Chart notes are written for a clinical audience. Texting is created for family members and tends to be easier to understand and appreciated.
Texting is for nursing only.	<ul style="list-style-type: none"> • All staff can text. • Families derive significant value from providers’ texts since you focus on key prognostic information. • Be sure to include your name in the free-text area. When you text and indicate that you’re the one sending the text, we see significant jumps in provider HCAHP scores.



Texting violates HIPAA	<ul style="list-style-type: none">• HIPAA permits communication that's consistent with the patient's preference, which includes (in some instances) communicating electronically, if certain precautions and security methods are maintained.• The patient has already given us permission to text family during this admission, and it's documented.• The text updates that you write are behind a secure URL, making it easy for family to access but hard to be intercepted.
Texting has no real impact and the data isn't strong enough.	<ul style="list-style-type: none">• Texting profoundly and significantly impacts our metrics.• All HCAHP domains are improved significantly when comparing patients whose family members received text messages to patients whose family members didn't.• Texting also reduces length of stay and readmissions, when compared against those who didn't have text messaging.