

■ **VENDOR BRIEFS**

 **GETWELLNETWORK DATA**

 **LODGENET HEALTHCARE DATA**

 **SKYLIGHT DATA**

 **TELEHEALTH SERVICES DATA**



Vendor Briefs



■ **GETWELNETWORK**

Overall Score

89.9

Ranking

1st
(of 4)

GetWellNetwork delivers the most functionally diverse IPS through their PatientLife solution. PatientLife is a web-based, HTML platform that leads the way in interfacing capability and scored above average in nearly every KLAS metric. Providers looking for an IPS that goes beyond basic patient education have found success using this product. Some customers attributed reduced readmission rates and improved HCAHPS scores to the use of their GetWellNetwork solution.

Many providers cited patient education as the main goal in implementing an IPS but found that it could do much more. *“Originally, we implemented GetWellNetwork to free up the time nurses spent searching for TVs and rehashing patient education. But GetWellNetwork has evolved into a time-saving tool that allows the patient access to education, scheduling, and entertainment.”*

PatientLife has special portals that cater to both pediatrics and the elderly. One nurse mentioned that PatientLife was interfaced into the ADT system and when a child was admitted to a particular room, the IPS sourced that room number from the EMR and already switched from the universal portal to the pediatrics portal (GetWell Town). The IPS would then welcome the child to the room, by name. The portal for the elderly works the same way; PatientLife will source the age (or categorization) of the patient from the EMR and switch from the regular IPS portal to a less cluttered screen with larger type.

Like other IPS solutions, GetWellNetwork allows patients to give their satisfaction feedback and make maintenance, cleaning, and dietary requests in real time.

Providers reported that implementing PatientLife can be intimidating. The system is complex, and getting all the clinical tools up and running can be a challenge; however, providers also reported that the implementation teams and continuing service representatives (stationed at their hospital) are helpful and committed to getting PatientLife (and its modules) operational and refined.

When it comes to training hospital employees, providers reported the need for more organization. Many respondents wanted more training from GetWellNetwork before and after the go live. *“GetWellNetwork had superuser training for some individuals. The trainers were here when we went live with the system, so they were on-site. However, we needed to train the staff before that point. We needed to be trained before the go live. GetWellNetwork’s people were here when we went live to make sure everything was working right, but they weren’t actually here for the training, so we had to really learn the system so we could train our staff.”*

Healthcare facilities that have taken on the challenge of implementing this complex solution, which has many interfaces, have noticed time savings and increased patient satisfaction.

Figure 8: GetWellNetwork: Which features of your IPS do you currently have deployed and are actively using? (n=24)

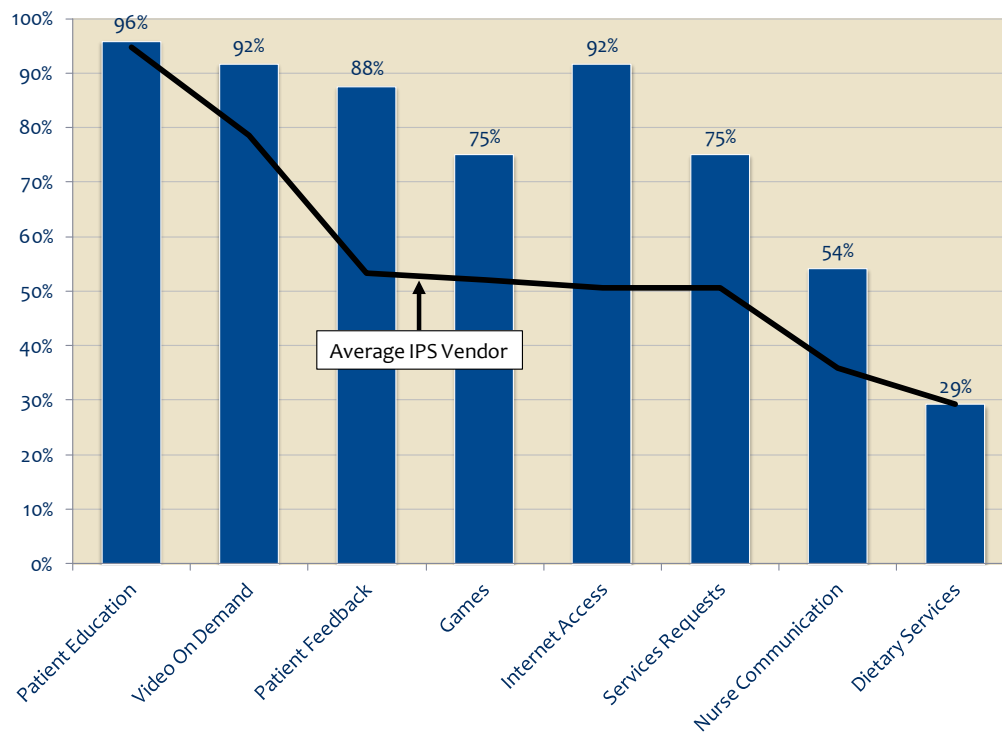


Figure 9: GetWellNetwork: Which hospital system(s) is your IPS currently integrated/interfaced with? (n=24)

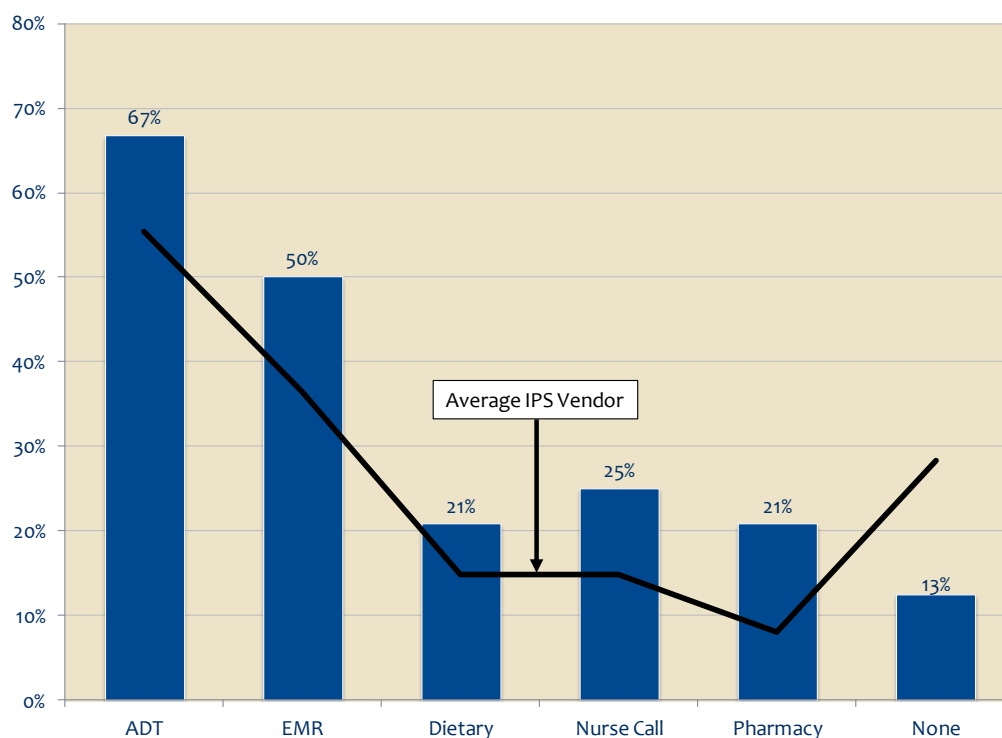


Figure 10: GetWellNetwork: How do patients access education content? (n=24)

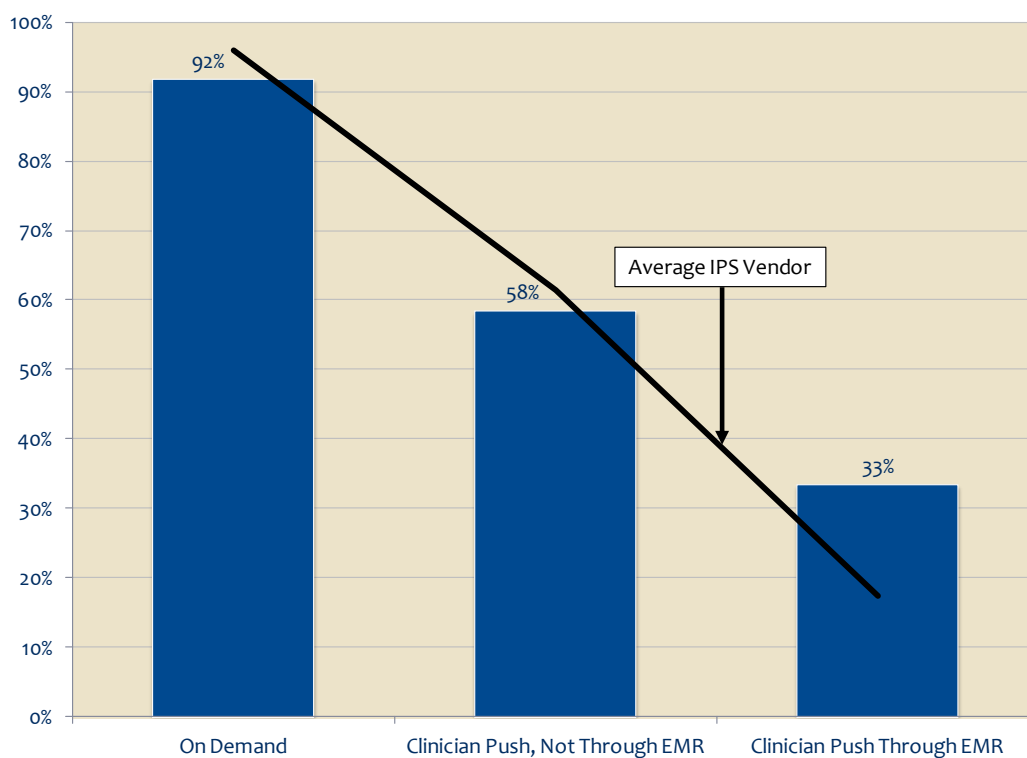


Figure 11: GetWellNetwork: Functional Strength Ratings (n=23)

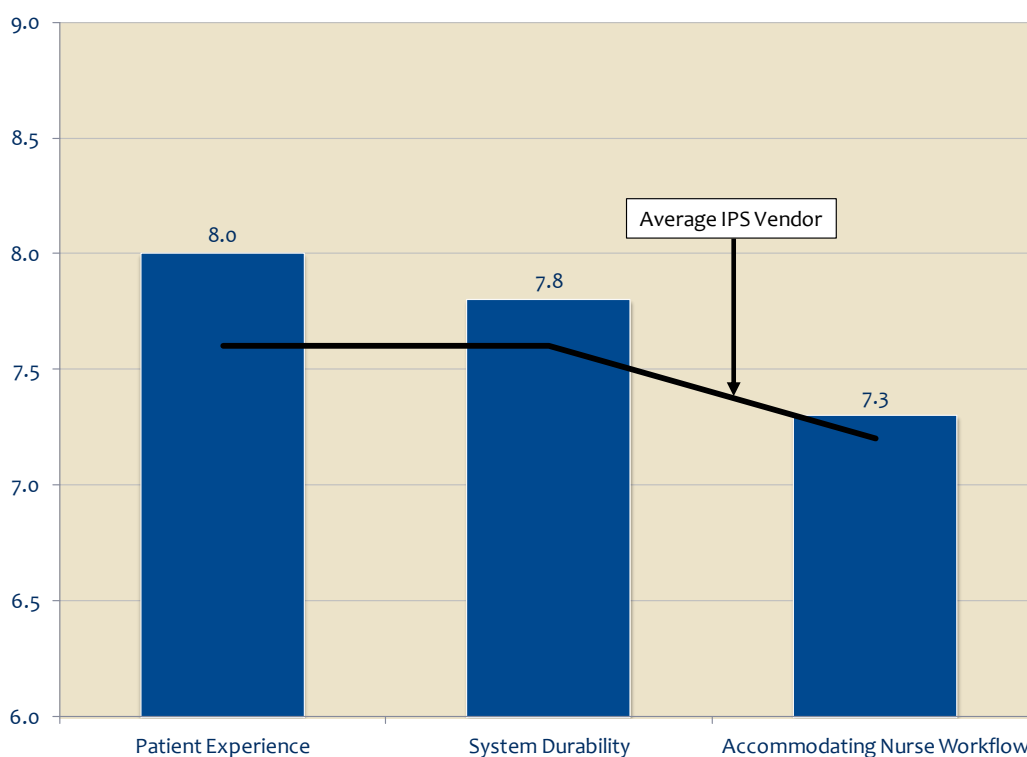
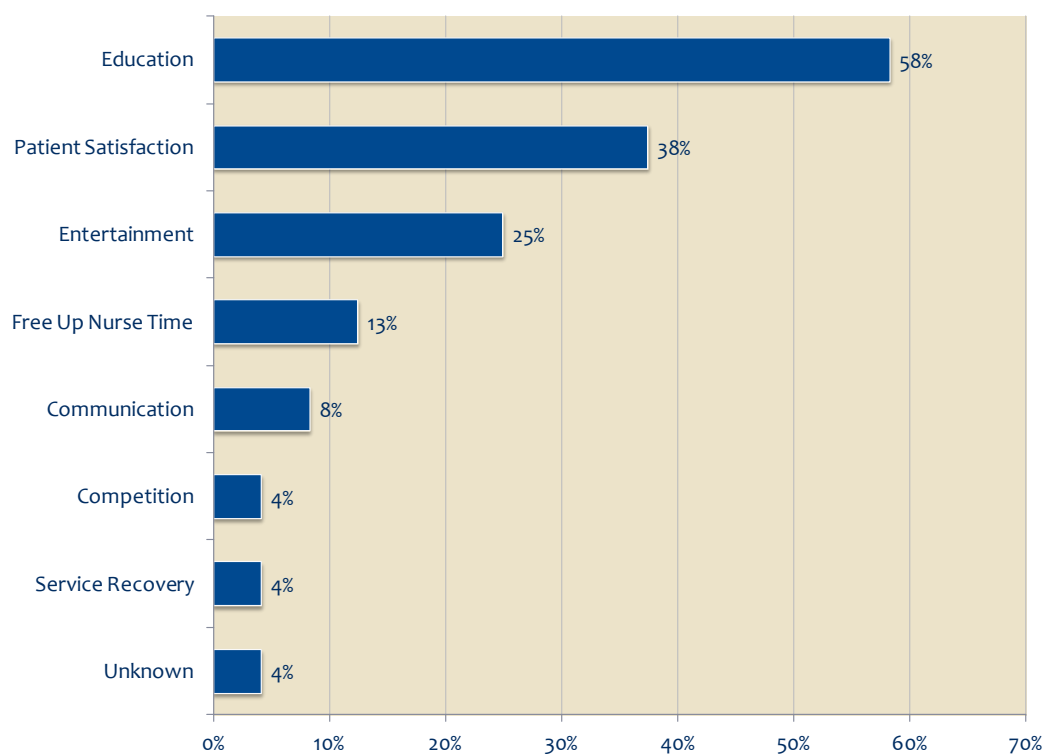


Figure 12: GetWellNetwork: Goals for Interactive Patient System (n=24)



▪ **LODGENET HEALTHCARE**

Overall Score

83.5

Ranking

3rd (of 4)

LodgeNet got their start providing on-demand entertainment for the lodging/hospitality industry. LodgeNetRX is their first foray into the healthcare world. Providers reported some evidence of a rough transition from hotels to hospitals, but overall were pleased with the straight-shooting price points and service that LodgeNet provides. One provider said, *“LodgeNet has been very accommodating toward us [right] from the very beginning of the installation and contract review. . . . Of course, for a large organization like us, it was a sizeable cost to implement the program, but when we could not implement the full program because of some issues, LodgeNet worked with us. They understood we were not going to pay for the whole installation until this issue was addressed. It took them a good nine months to get it corrected. Now we are at the point where we are releasing the final payment. They were good about the whole thing.”*

At its core, LodgeNetRX provides patient education and entertainment. However, the solution can be built out to include EMR integration, patient-satisfaction surveys, games, and web browsing. Most providers use LodgeNetRX exclusively for its core functions, with other functionality postponed for a future time. A comment typical of respondents is, *“At this point, we primarily use LodgeNetRX for patient education and to provide information about the units and the facility. In the future, we want to document the education and shoot that into our EMR. We also want to use it for patient surveys so people can send us their concerns sooner.”*

Words like “phenomenal” and “fantastic” were mentioned numerous times (79% of LodgeNet’s commentary was positive) when describing the customer service that LodgeNet provides. One example is the following: *“LodgeNet Healthcare is a great vendor to work with. The team they send in does fantastic work. If I have any questions, I can call anyone I need and get them on the phone. I can call the engineer, the vice president, or anyone else.”*

Some of the elements that crossed over from the lodging/hospitality industry are not holding up in the healthcare world. Many providers reported problems with user friendliness and control interfaces. One provider put it this way: *“I like the LodgeNet system a lot, but the pillow speaker needs to be changed. We have sick and elderly patients, and it is physically hard for them to push the buttons. . . . The LodgeNet system was built for entertainment in hotels, and if LodgeNet is going to use it in healthcare, they have to adapt it to sick patients.”*

Figure 13: LodgeNet Healthcare: Which features of your IPS do you currently have deployed and are actively using? (n=18)

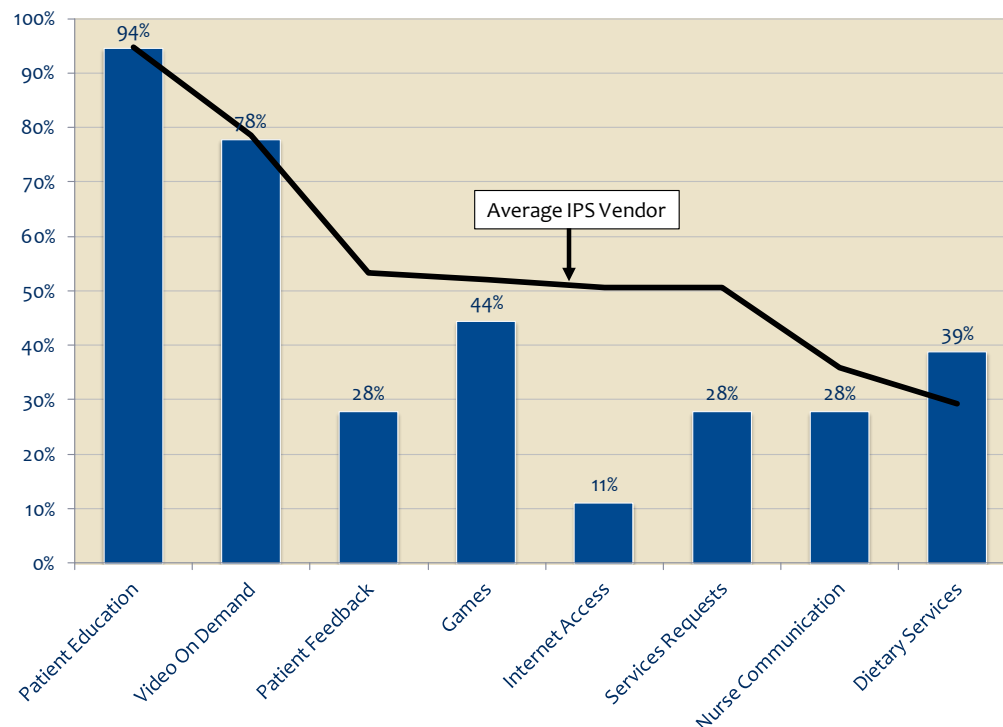


Figure 14: LodgeNet Healthcare: Which hospital system(s) is your IPS currently integrated/interfaced with? (n=17)

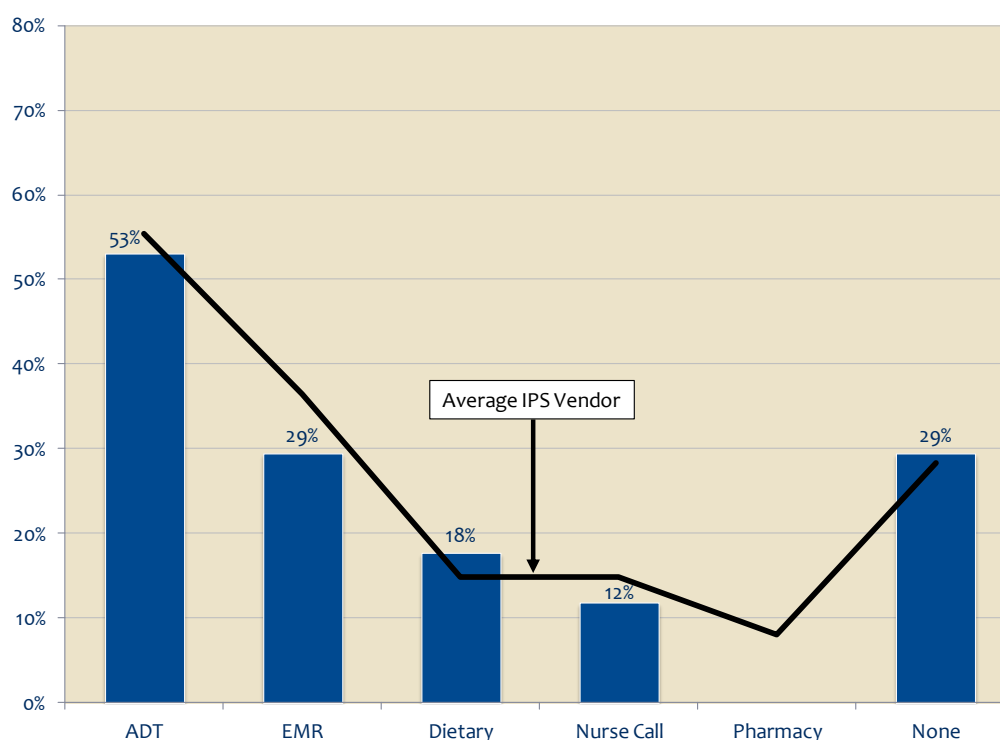


Figure 15: LodgeNet Healthcare: How do patients access education content? (n=18)

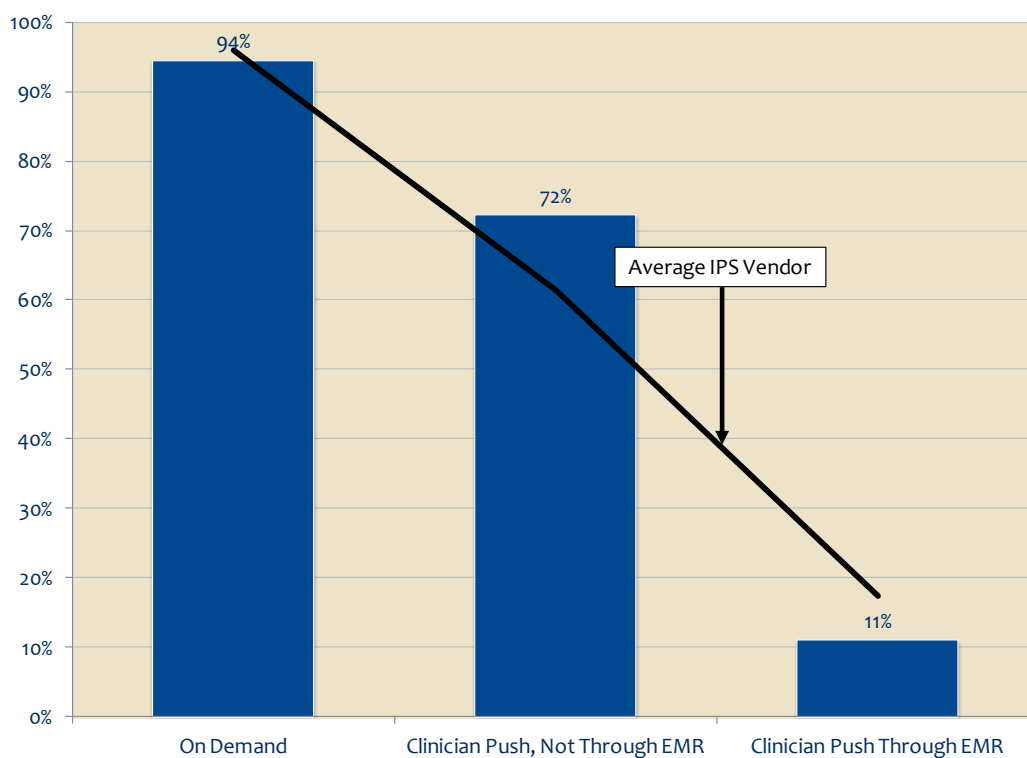


Figure 16: LodgeNet Healthcare: Functional Strength Ratings (n=18)

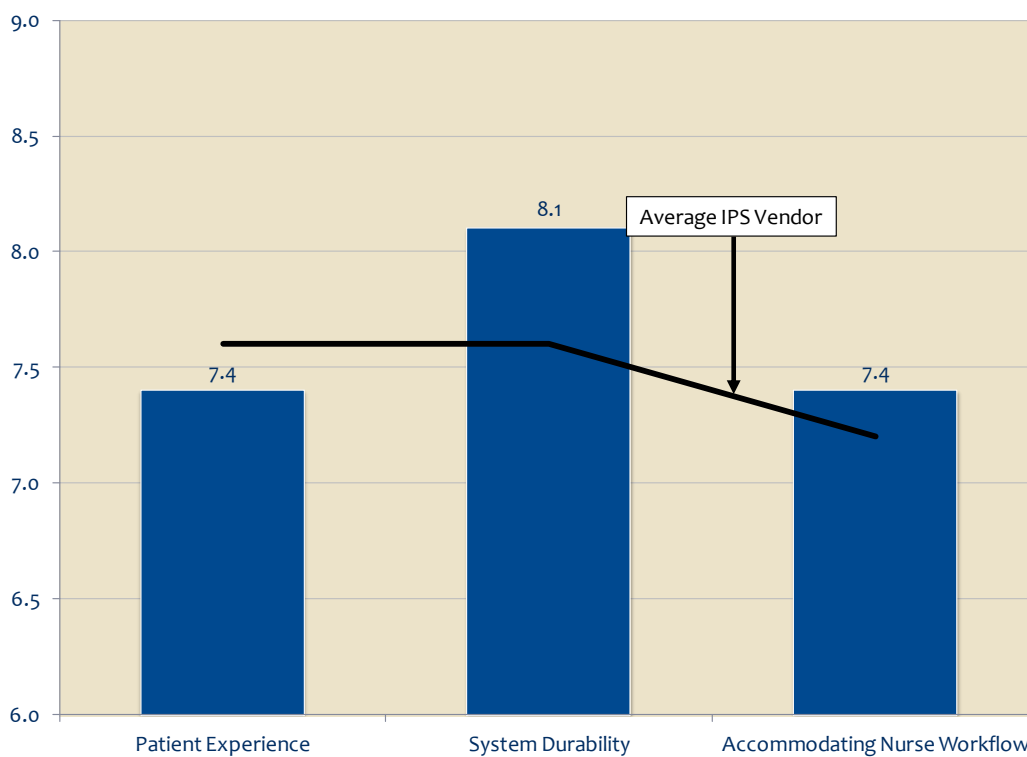
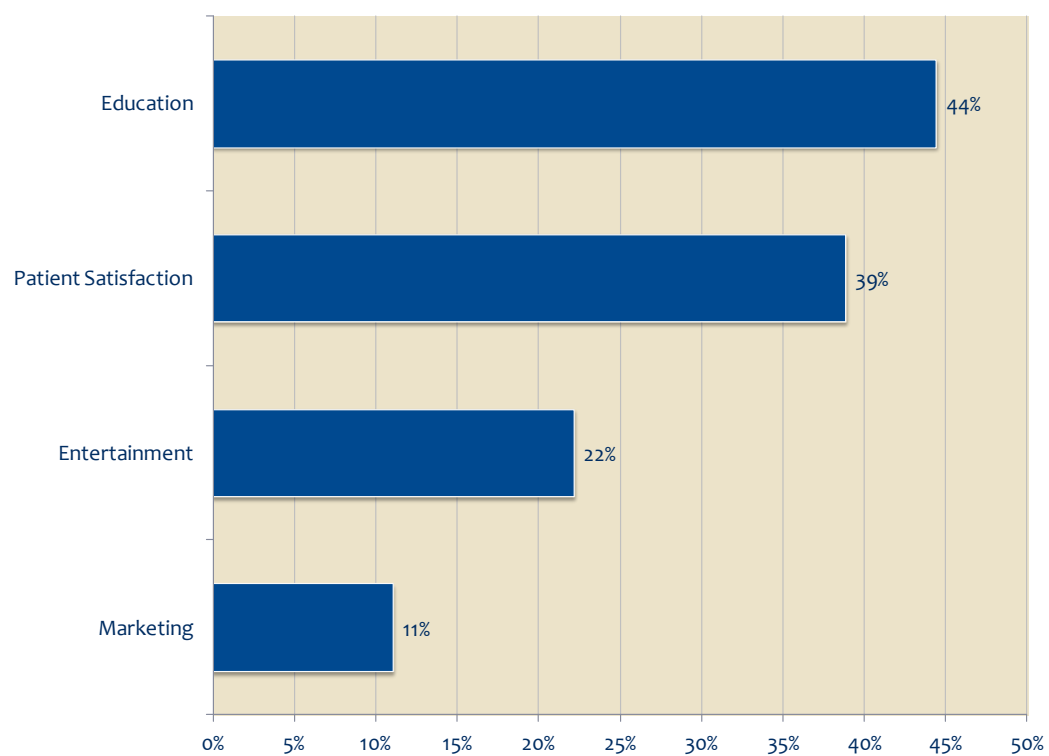


Figure 17: LodgeNet Healthcare: Goals for Interactive Patient System (n=18)



■ SKYLIGHT

Overall Score

86.3

Ranking

2nd (of 4)

Many providers mentioned Skylight’s flexibility when it comes to money and payment structure. *“Skylight continues to be willing to work with us today. We took a whole unit offline for a temporary period of time. I explained the situation to the CFO at Skylight, and instead of pointing out that we have hardware in those rooms, he was very willing to adjust our set count within certain parameters until that unit came back up. This means we are not paying for something we are not getting. I half expected him to say that he was sorry but that they really could not decrease our prices short term, but that was not the case at all. Skylight is really good to work with.”* One hundred percent of ACCESS respondents reported that Skylight avoids nickel-and-diming them.

ACCESS presents various patient education, entertainment, and satisfaction options. The level of interaction is dependent solely on what goals the provider is looking to accomplish. One provider said, *“I really don’t gloat about things, but I have been very impressed with Skylight ACCESS. We have been through a huge metamorphosis with this company, and they have worked really hard to meet our expectations. And they do meet them.”*

Many of the providers who chose Skylight were looking for an IPS that did the basics. Then over time, providers scaled up to more complex functionalities and have been pleased with what ACCESS can become. One provider said, *“For us Skylight ACCESS is more than a software program. It is the education offering. It is the patient visitor information. It is the welcome. It is survey alert. It is ‘Give us your feedback.’ It is interactive in-room service dining.”*

The complex functionalities being used by several of their customers include video conferencing at the bedside, automated room temperature adjustment, and at-home patient education following discharge. Skylight is currently ahead of the curve with these features being adopted.

Amid much praise for the level of service Skylight provides, some customers reported anxiety that Skylight will grow too quickly to keep up the level of service they provide. One customer said, *“My concern about Skylight is what any user’s concern would be. I don’t want them to grow too fast to be able to continue meeting the needs of their current users. Right now, they are extremely willing to work with us.”*

An issue mentioned by some providers is the user interface. One respondent commented, *“The entire GUI, front-end user interface in Skylight ACCESS leaves a lot to be desired. It is blocky and a little clunky. I would love it to have a web v.2.0 or something with a little smoother interface.”* Skylight was the vendor most likely to be considered but not purchased—52% of respondents looked at ACCESS but did not choose it for their IPS.

Figure 18: Skylight: Which features of your IPS do you currently have deployed and are actively using? (n=18)

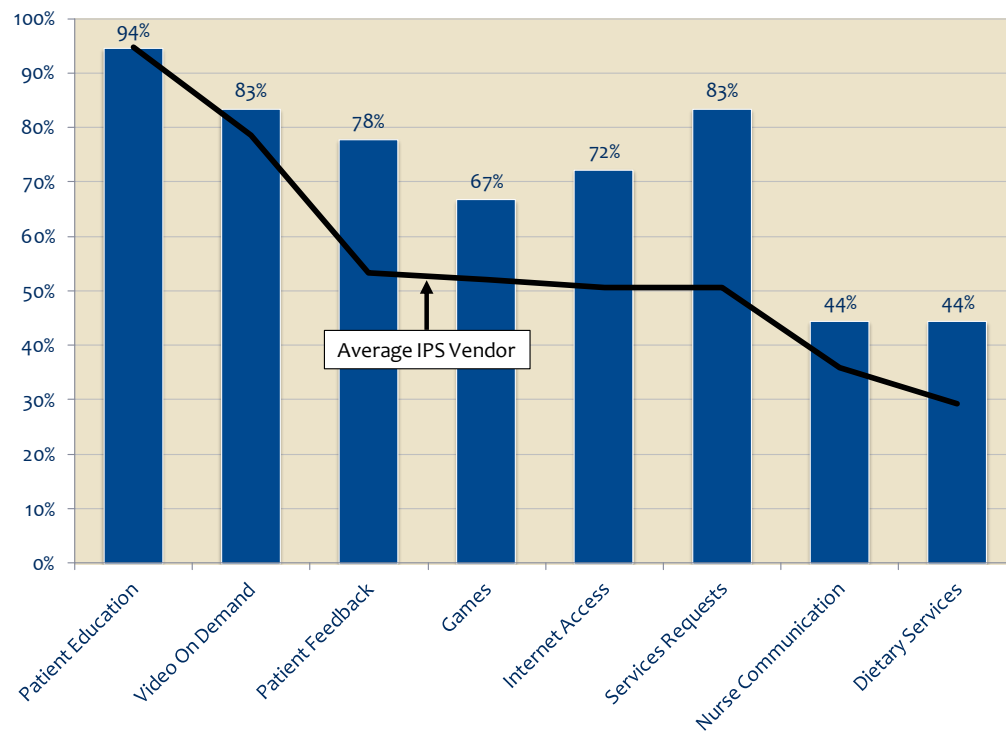


Figure 19: Skylight: Which hospital system(s) is your IPS currently integrated/interfaced with? (n=18)

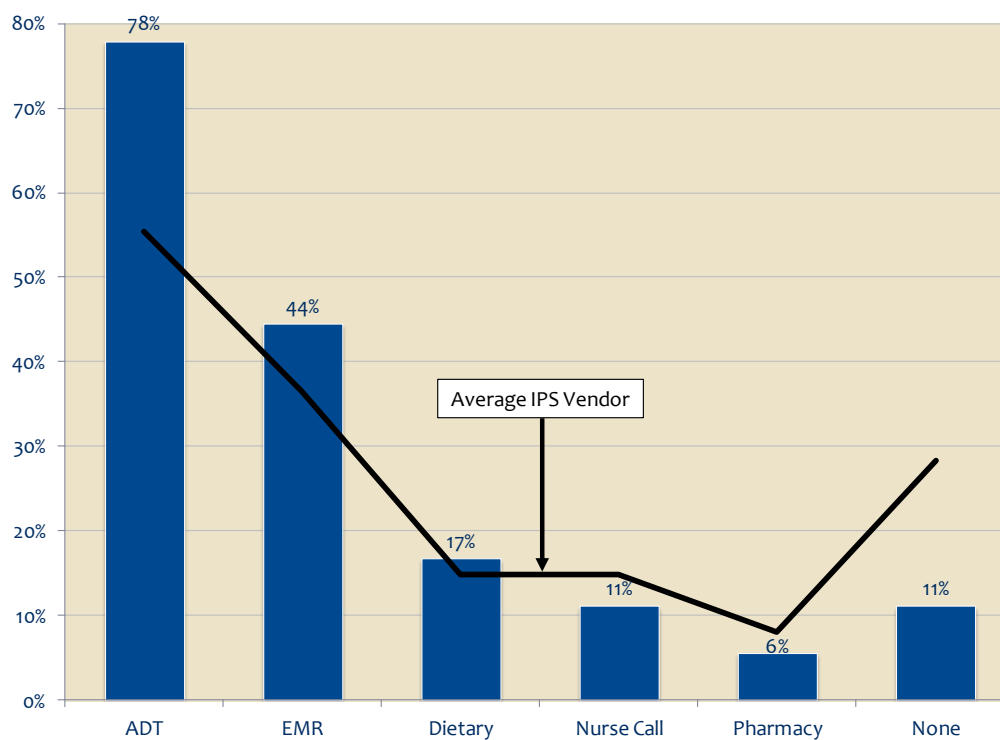


Figure 20: Skylight: How do patients access education content? (n=18)

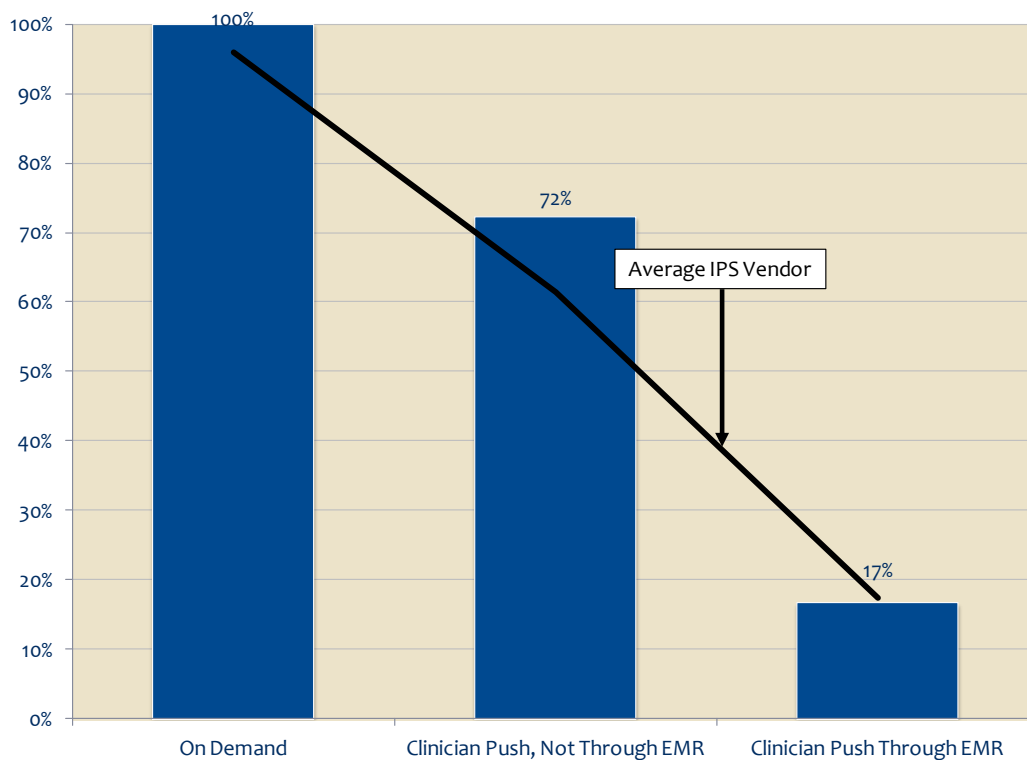


Figure 21: Skylight: Functional Strength Ratings (n=18)

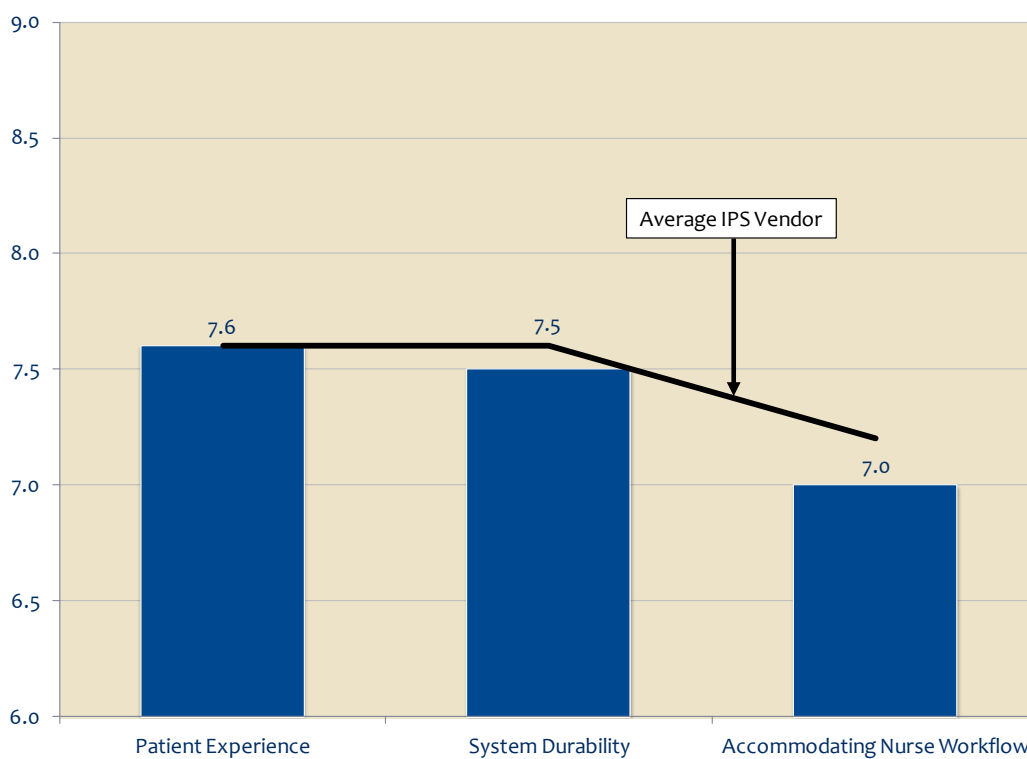
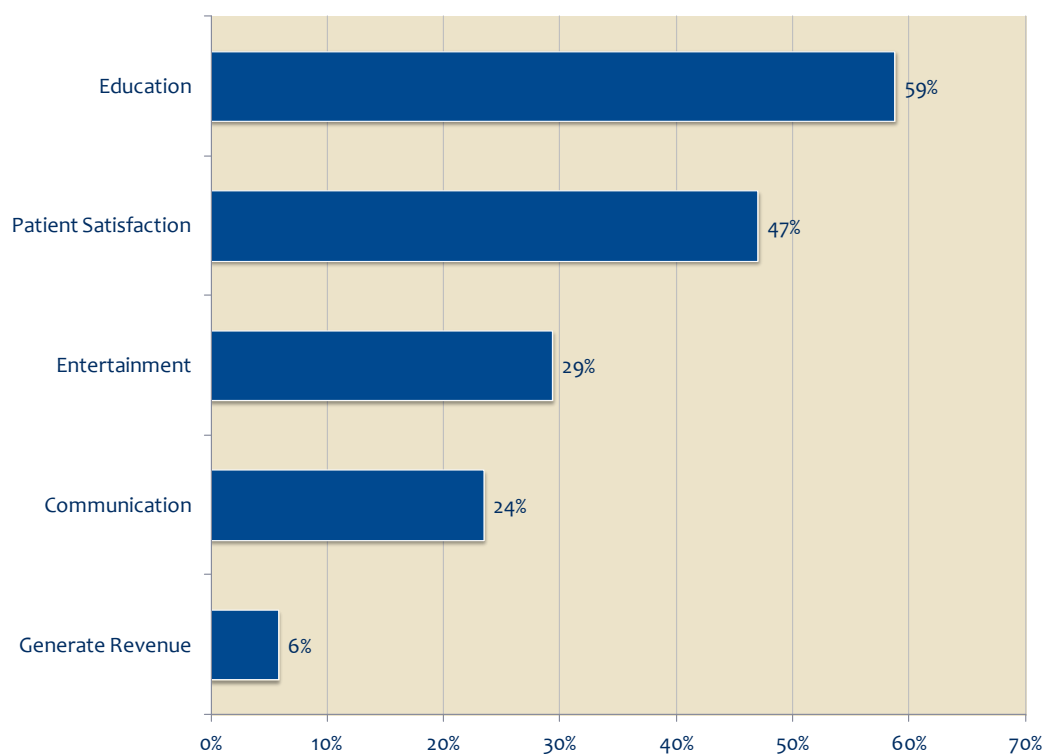


Figure 22: Skylight: Goals for Interactive Patient System (n=17)



■ TELEHEALTH SERVICES

Overall Score

83.4

Ranking

4th (of 4)

TeleHealth Services was one of the first vendors to occupy the IPS space. The TIGR patient education system is an inexpensive, pared-down solution that utilizes standard equipment found in all hospital rooms: a television and a telephone.

In order to use TIGR, a patient has only to pick up the phone, dial a series of numbers found on a list of available programming, and follow a few simple instructions provided. In addition, TeleHealth offers condition-specific scheduled play channels where patients can simply tune into a certain channel and view educational content related to their condition. TIGR does have the capability to interface with core CIS applications, but few providers scaled their systems up to that level.

TIGR is easy to use. TeleHealth tied with GetWellNetwork for the highest Ease of Use score at 7.8 (1–9 scale). One respondent said, *“I love the simplicity of the system in the sense that it takes under five minutes to educate the nurse or the nursing assistant on how to activate the system to provide education to our patients. I thoroughly love the ability of the patient to perform the function with or without assistance from the nurses because it is so simple.”*

TeleHealth’s main focus has always been patient education and patient entertainment. Seventy-three percent of the respondents KLAS talked to did not interface their TIGR system to anything. TeleHealth delivers the least complex system mentioned in this study, but providers know what they are getting. One provider said, *“TIGR patient education system meets our needs in terms of functionality. Our needs are not extensive, and we only use the system for patient education. We would like to do more down the road, but for right now, TeleHealth is meeting our needs and giving us very few problems.”* Eighty-two percent of providers reported having the functionality that they needed.

In the IPS market segment, every vendor’s service and support are highly rated. TeleHealth’s service scores may be on the lower end of the segment, but when the entire set of metrics has a breadth of 6.4–8.1 on a scale of 1–9, their scores are still relatively high. The area that providers identified as needing work was Vendor Executive Involvement. Some providers cited confusion about service representatives and a lack of organization in tackling individual problems.

Overall, customers noted that TeleHealth TIGR is a stable, slim, and particularly useful product that is affordable. TeleHealth has begun implementing a more modern solution (v.7.0) and a browser-based solution (TigrNet) that purportedly have many of the capabilities that the more complex solutions on the market have. Of course, those solutions come with the added hardware, software, and costs.

Figure 23: TeleHealth Services: Which features of your IPS do you currently have deployed and are actively using? (n=15)

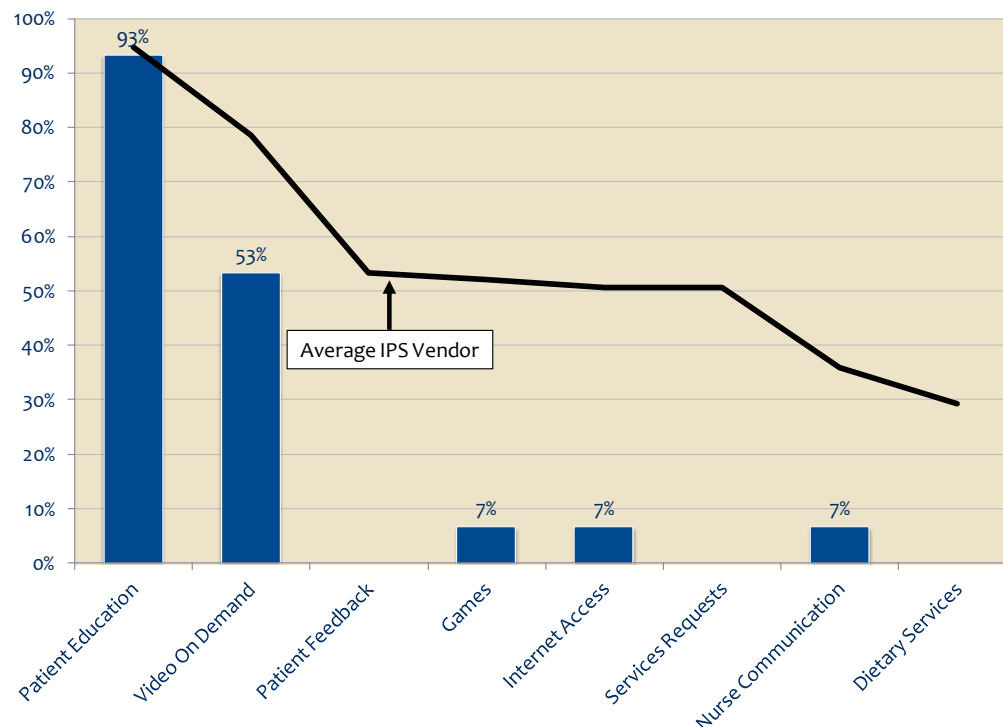


Figure 24: TeleHealth Services: Which hospital system(s) is your IPS currently integrated/interfaced with? (n=15)

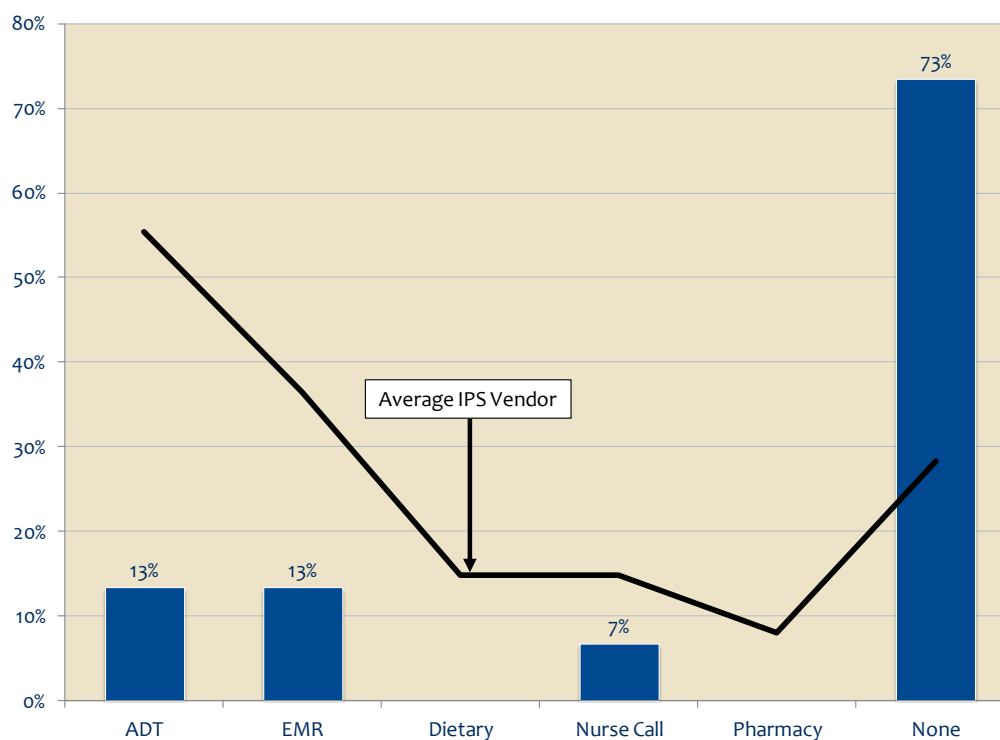


Figure 25: TeleHealth Services: How do patients access education content? (n=15)

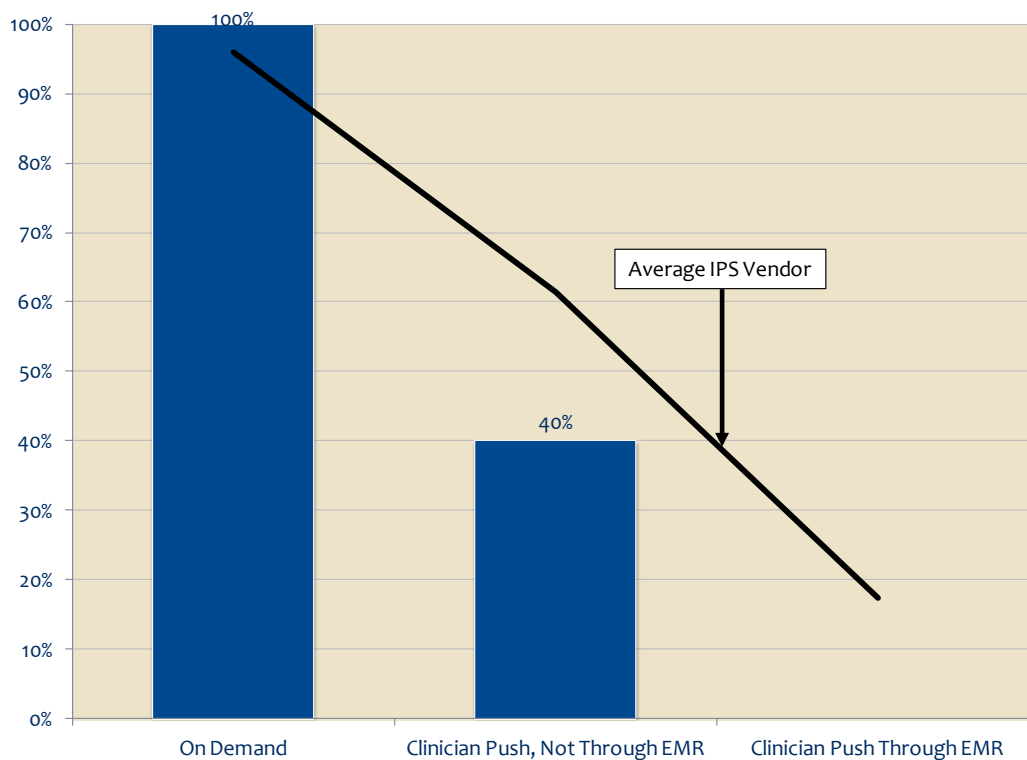


Figure 26: TeleHealth Services : Functional Strength Ratings (n=15)

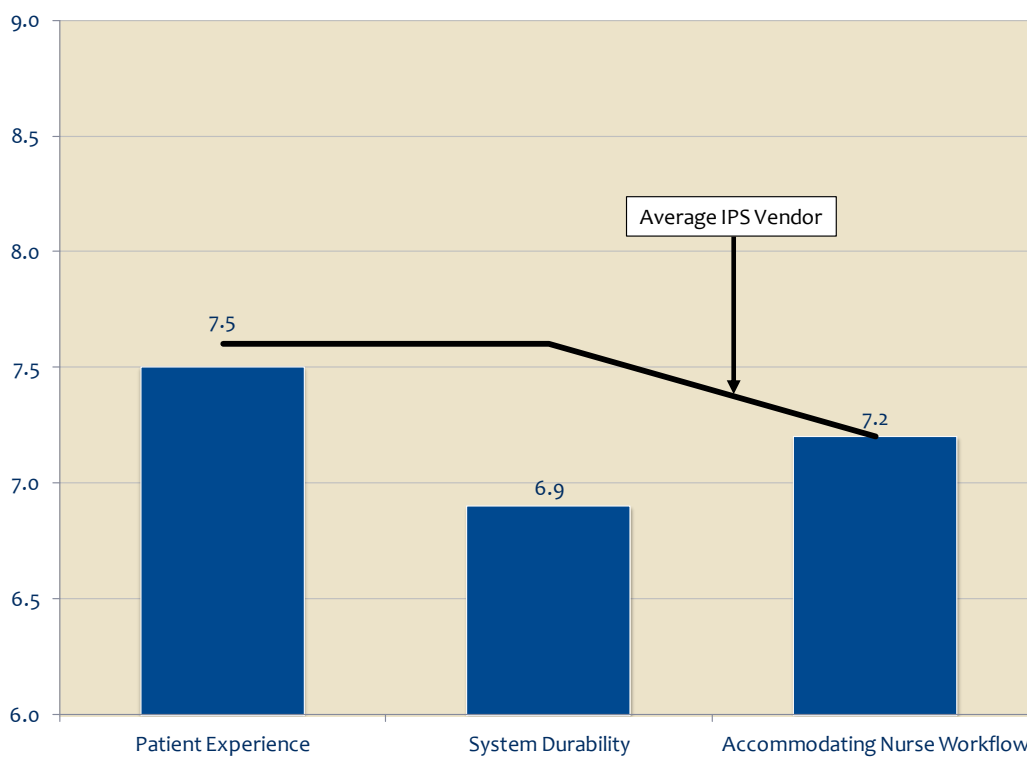


Figure 27: TeleHealth Services: Goals for Interactive Patient System (n=14)

