

FOSTERING INTERDISCIPLINARY COMMUNICATION TO PROMOTE EFFECTIVE COLLABORATION

Dr. E. Enns , Dr. R. Vig, Dr. S. Evans ,Dr. T. Chan , Dr. S. Chacko ,Dr. M. Libin, Dr. G. Fitzgerald, Dr. J. Eisner, Ms. J.Schoen & Ms. C. Loudoun

Calgary Hospitalist Innovation Committee

Department of Family Medicine, Calgary Zone, Alberta Health Services

Background: A critical component of safe medical care is effective communication between healthcare professionals, as many errors reported in the healthcare environment have a component of miscommunication. Physicians and nursing staff often coordinate care via indirect means, connecting through written notes, updates, or verbal reports. While the expectation is that these methods interact and flow seamlessly, there can be major gaps that disrupt the flow of information, thus affecting patient safety and efficiency of care. This highlights a need to optimize each interaction in order to minimize these identified gaps. Efficient and informative transfers of information are required to ensure optimal patient care.

Aim: To examine, evaluate and improve communication practices among hospitalists and nursing staff.

Improvement: The project consisted of 3 stages:

- 1) Initial survey administered to nurses and hospitalists
- 2) Intervention/educational strategies piloted on select units
- 3) Follow-up survey to evaluate these strategies

1) An initial survey distributed to nurses and hospitalists provided a wealth of information from both parties, as well as identification of gaps in knowledge and practice. Survey results clearly demonstrated disparity within current practices of nurse and physician communication categorized under three major themes:

Process of Communication

- Nurses unsure of which physician to page after hours
- Lack of standardization for physicians to address non-urgent concerns brought up by the nursing staff during daily rounds

Content of Communication

- Physicians indicated a tendency for pages to communicate non-urgent concerns
- Differences in preferences between the two groups in format and content
- Differences in whether all or some pages required a response by the physician

Expectations of Communication

- Physicians expressed that nursing staff lack the preparation needed for the call-back following the page (knowing clinical context, having chart available)
- Many nurses stated they lacked the training and/or time to prepare for physician call-backs
- Almost half of nurses indicated being intimidated to page in fear of a possible unpleasant response from the physician
- Physicians indicated there was variability amongst nursing staff and units in choosing a communication method appropriate for the urgency of the issue

Measures/Project Impact: Following the pilot study on select units, follow-up surveys were distributed to evaluate the new resources and communication sheet. One hospital reported the following improvements:

- 73% of nurses indicated that they felt more prepared to take the MD's call
- 96% of nurses indicated that there had been some communication improvement
- 93% of the physicians felt that there had been some degree of communication improvement
- 60% of physicians indicated there was a general tendency for the nurses to be more prepared

Lessons Learned: This project allowed for the further exploration of communication between physicians and nursing staff. The initial survey indicated that each discipline had concerns regarding the communication process. Gaps in knowledge and understanding within the current communication processes were also identified. The themes were similar at all four hospitals. As a result, resources could be pooled to facilitate improvement at all sites. Although themes were similar, intervention strategies had to be tailored to fit the culture of the each hospital and selected nursing pilot units.

Communication processes varied as well as the current culture of physician-nurse communication. For example, at one hospital the use of a non-urgent communication sheet was already common practice, making the addition of a 'MD response column' a simple change. The focus, therefore, turned to proper paging etiquette and what is considered urgent versus non-urgent. At another hospital, there was not standardized use of a non-urgent communication sheet, so a major aspect of the intervention focused on the introduction of this form. With nurses having the ability to communicate non-urgent matters to physicians in a standardized way, only then could focus turn to paging etiquette for urgent concerns.

This project has allowed hospitalists and nursing staff to address communication by creating an open dialogue and environment for improvement. This project was initiated at one hospital, but quickly spread to the remaining three hospitals in the Calgary Zone. Operational leaders and Clinical Nurse Educators are strong supporters of this project and have expressed interest in expanding this project to include other specialties. The intent is to disseminate the resources to all acute care units that predominantly admit hospitalist patients, with the possibility of engaging other specialties. The Clinical Nurse Educators are also considering incorporating the resources, as well as a module on effective MD/RN communication, in the regional nursing orientation for new graduates. The project has also begun to expand to include the emergency department and diagnostic imaging staff. Starting as a grassroots initiative at one hospital, this has developed into a citywide culture change. This culture change helps to ensure sustainability of this quality improvement project.

Contact:

Judy Schoen

Foothills Medical Centre

1403 29th Street N.W.

Calgary Alberta T2N 2T9

(O) 403-944-8728 (F) 403-283-7365

Email: judy.schoen@albertahealthservices.ca

