

Improving Nurse/Doctor Communication

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Pediatric Collaborative 2018

Cincinnati Children's Hospital Medical Center



Nothing to Disclose



Cincinnati Children's by the Numbers

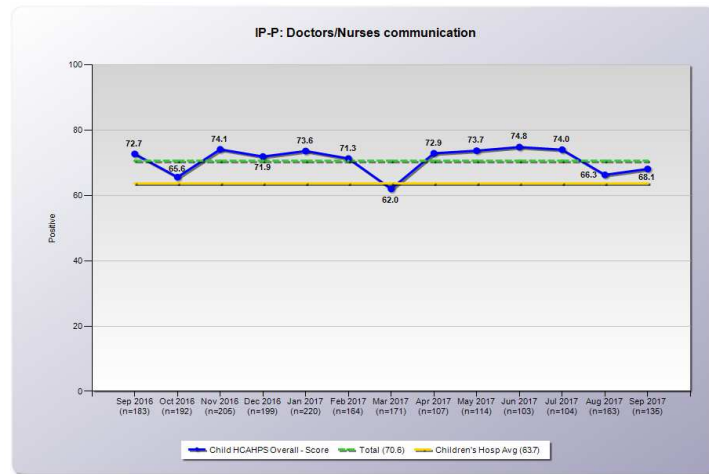
- 626 bed tertiary care pediatric institution
- Outpatient visits – 1,000,000+
- Inpatient admissions – 33,000
- ED and UC visits – 175,000
- Over 15,000 employees
- Ranked #3 in *U.S. News and World Report* survey of best children's hospitals



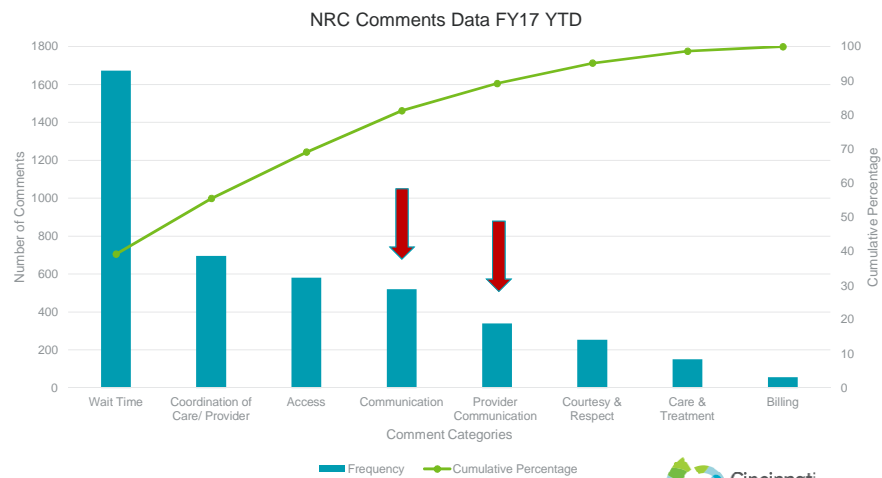
The Challenge



What our data was showing us (Overall Inpatient)



Story from our Qualitative Data



Further Challenges

Static Solutions



Further Challenges

Static Solutions
Dynamic Problems

Consumer expectations of:
Convenience, Transparency and Speed



CCHMC Classic Improvement Approach: Deep Dive

One site of care

Motivated
Team
members:
“Early
Adopters”

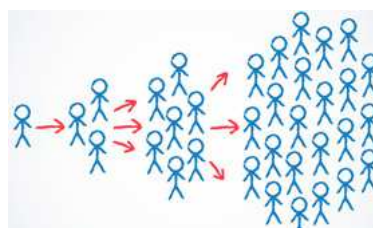
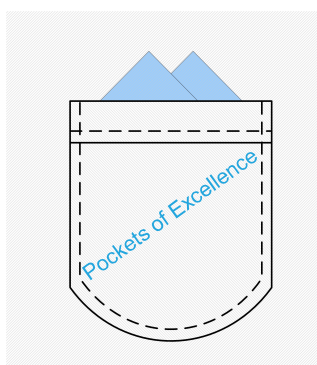


Resources
and
support

Follow-up
for
sustainability



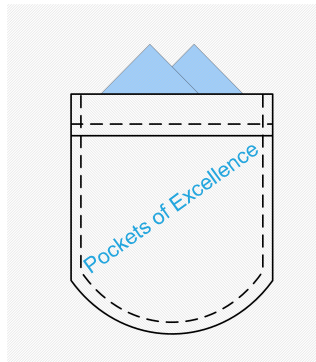
Understanding System Strengths and Weaknesses



SPREAD



Understanding System Strengths and Weaknesses



SPREAD



Learn together...



"The best way to have a good idea is to have **a lot of ideas.**"

~ Linus Pauling



Journey to Improve Communication

CCHMC Experience Collaborative

- *7 in-patient teams*
- *Radiology and Labs*
 - *90 Day Cycle*
- *Five 3 hour sessions*



Multidisciplinary teams:

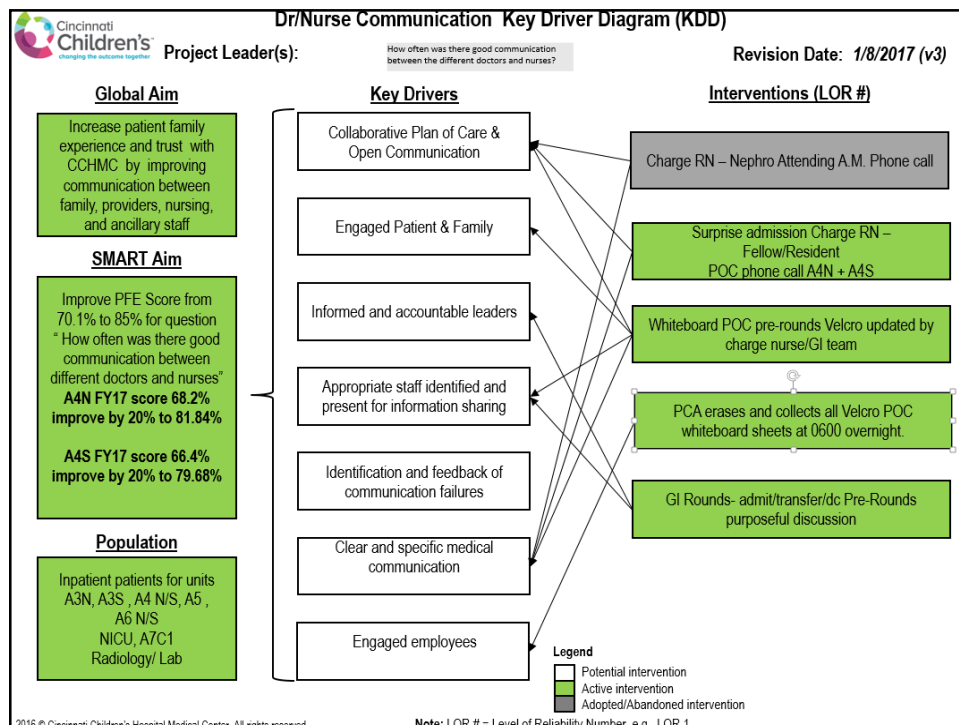
- Physicians
- Nurses
- Nurse Practitioners
- Patient Care Assistants
- Health Unit Coordinators
- Registration staff




Steps in the Collaborative

1. Frame the problem
2. Brainstorm interventions as a team
3. Input from families
4. Select interventions for testing
5. Run multiple PDSA cycles
6. Learn from each other
7. Vote on “the” intervention that resonates
8. Spread







	Cycle 1	Cycle 2	Cycle 3	Cycle 4	Cycle 5
PDSA Test Description	Charge RN calls GI-Lumen Fellow after learning about a surprise admission from ED or clinic	Charge RN calls GI-Lumen + Liver Fellow after learning about a surprise admission from ED or clinic	GI Fellow calls charge RN with basic patient POC with surprise admissions	GI Fellow (Day) + GI Resident (Night) calls Charge RN with surprise admissions	Charge RN calls GI Fellow/Resident for POC surprise admissions
Population	A4S Patients	A4S	A4S + A4N	A4S + A4N	A4S + A4N
Location:	A4S				
Date:	11/6 – 11/7	11/14 - 11/17	11/17 – 11/24	12/15 – 1/15	
Executed by:	Elizabeth, Dr. Lyle	Multiple Charges			
Test Results:	Notification on admission to nursing from fellow prior to flow notification	Overnight call being done with residents Fellow calling Charge before charge calls fellow	Feedback from Fellows that residents could handle night calls	Long term, difficulty with sustaining GI team to call	
Action (Adapt, Adopt or Abandon):	Adapt	Adapt – Scale up to other units	Adapt – use residents for night calls	Adapt	
<p>PFE Improvement Collaborative, Ramp Summary</p> 					

Interventions Tested

- Post Admission huddle/POC Touch Point
 - Huddle between residents/fellow and bedside nurses to clarify diagnosis, plan of care, contingency planning and discharge criteria
- New RNs Shadowing of Rounds
 - Identify role of nursing in patient centered rounds, nurse presents first
- Brief phone call between ED/Clinic provider and IP unit charge RN to relay patient medical history/status for surprise admission.
- Check-in for Safety – Health Unit Coordinator (HUCs) greets non-unit staff when entering unit and relay's MD's presence to appropriate patient's RN.
 - Photos of RN/HUCs in patient room to help consulting services and patients with identifying care providers

The Vote

EVERY
INDIVIDUAL
FROM EACH
TEAM VOTES

*Vote on an
intervention
that resonates
even if the
team did not
test it.*

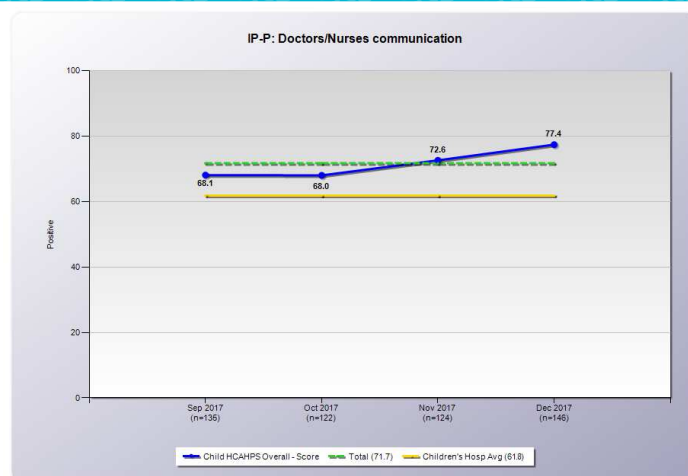
Ensuring nurse presence on rounds

- Rounding teams check-in with Health Unit Coordinators who alert the patient's bedside nurse.
- Supported by - Posting RN picture on patient door

Goal is to consistently provide good **physician nurse communication** that **improves** patient family experience – not just have pockets of excellence



Data Post Collaborative (Inpatient Overall)

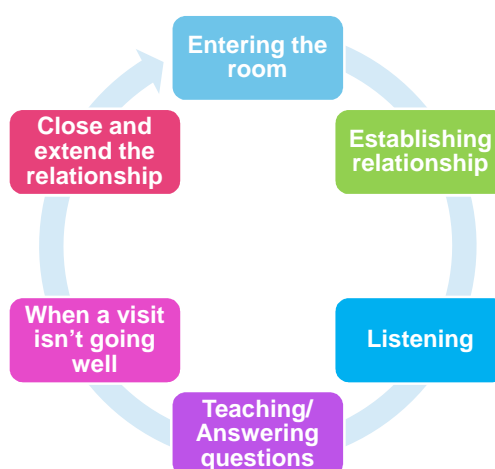


"Communication" Across the Hospital

- Provider – Patient/Family
 - Physician engagement model
 - Scribes
 - What's on your Mind
- Physician – Nurse
 - Service line nursing



Best Practice Model for Engaging Patients and Families



Engaging Patients & Families

1

Entering the room

- Introduce yourself and other staff who enter with you; shake hands with patient and family.
- Apologize for any wait longer than 15 minutes and reassure families you will give them the time they need.
- Ask people in the room to introduce themselves, or ask patient to tell you who they brought with them today.
- Demonstrate you are prepared, and explain why families may need to tell their story more than once: *"I've reviewed the notes from your referring physician, but it would be helpful to me to hear you describe what's happened in your own words."*

2

Establishing the relationship

- Engage with the family at eye-level: Sit if they sit, stand if they stand.
- If using a computer, orient yourself to maintain eye-contact and explain purpose of note taking.
- Ask non-clinical questions that help you get to know them better.
- Leverage team members in creating positive interactions.
- Give children choices when you can: *"Should I check your right ear or your left ear first?"*

3

Listening

- Show respect for all questions and concerns; avoid making statements that make families feel judged.
- Demonstrate active listening, be "in the moment."
- Avoid checking your phone, watch, etc. during the visit. If you must do so, explain why.

4

Teaching & answering questions

- Walk through your assessment and decision making process; "think out loud"
- Drawing pictures or using illustrations, whenever it makes sense to do so, helps families understand and remember.
- Use teach-back methods with patients and family to ensure they understand.

5

When a visit isn't going well

- Pause; take a "time out." Express that you sense you are not on the same page with the family. Seek to understand and address their concerns.
- Verbalize that you are **on their side** in seeking the best path forward, even if you are in different places regarding diagnosis or next steps.
- Take time to explain why you have reached the conclusions you have and why you believe they are in the best interest of the patient and family.

6

Close & extend the relationship


- Confirm that you have addressed all concerns and questions that the patient or family may have.
- Provide them with the name and contact information (yours, or another team member) to use if they have any follow-up questions or concerns once they are home.
- Providing your business card demonstrates to families your care and concern extends beyond this visit.

*Takeaway Document Included in the Event App


Scribes

Use of Scribes

- Reduces burden of after-hours charting on physicians (reduces burnout)
- Promotes a better personal connection with patient at the time of visit
- Completeness of documentation
- 4 divisions ED, Neurosurgery, Orthopedics, Ophthalmology
- Need an organizational strategy



At Loma Linda University's Medical Center, Dr. Robert Steele focuses on patient Jonathan Steele while scribing in real time (Salma Shalaby, in the foreground) enters information into a laptop computer. (Harry Friedman / Los Angeles Times)



Cincinnati
Children's
changing the outcome together

Provider Communication with Families



What does your child like to be called? _____

What's on your mind?

Our patients /families and staff have designed this form for you and your child to make sure all your questions are answered.

What questions do you have for your child's visit/provider today? For example,

*Your expectations about today's visit
Next steps about caring for your child at home
About your child's procedure
Medications*

“Understanding the fears, needs, beliefs and expectations of the patient and family, helps address and achieve a more satisfying visit for all.”



*Takeaway Document Included in the Event App

What's on your mind?

Help be
the Eyes, Ears and Voice
for You or Your Child

Today your Provider* is: _____

* Provider means doctor, surgeon,
physician assistant or nurse practitioner

Today, I am most interested in knowing:



Help us to see what is going on with you or your child. Share your past medical history. We respect you as the expert in your child's care.



Help us to hear what is going on with you or your child. We are here to listen carefully. Please ask questions and feel free to stop us to share information.

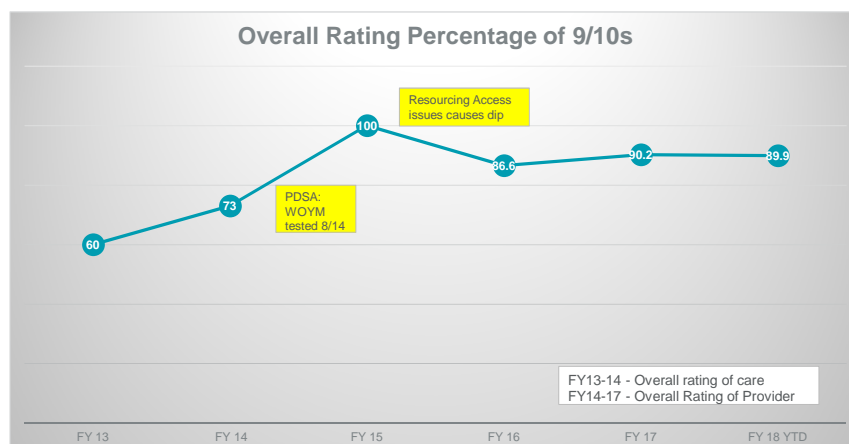


Help us by being the voice for yourself or your child. Make sure all your questions are answered. If not, please ask. We are here to explain things in a way that you and your child can understand.



*Takeaway Document Included in the Event App

What's on you mind? Neurosurgery pilot results



Setting our Care Providers up for Success

Service Line Nursing

- Created dedicated nursing teams for ambulatory medical and surgical specialty services
- Nurses and physicians traveled together to satellite clinic locations
- “Jack of all trades, master of none”



Benefits of Service Line Nursing

1. Efficiency and continuity of patient care
2. Better recognition of special needs and complexities
3. Standard practices and clinical protocols
4. Improved handoffs and follow-up care
5. Improved communication
6. Deeper professional relationships

IMPROVED TEAM DYNAMICS



What's Next....

Using the **Collaborative Model** to work on initiatives that impact not just patient and family experience but also impact staff engagement.

Access?



Wait Time?

Front Door?



Words of Wisdom Kid President



*YouTube: Kid President: <https://www.youtube.com/watch?v=m5yCOSHeYn4>

