Improving Nurse/Doctor Communication

Anne Boat, MD
Patient Experience Officer
Director of Fetal Anesthesia
Associate Professor of Clinical Anesthesia and Pediatrics

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

Effective Communication
What our data was showing us (Overall Inpatient)

Story from our Qualitative Data
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**

- Pockets of Excellence
- SPREAD
Understanding System Strengths and Weaknesses

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
Coaching Tools

Improvement Tools

Model for Improvement

Human Centered Design

Lean

Dr/Nurse Communication Key Driver Diagram (KDD)

Global Aim

Improve patient family experience and trust with COHMC by improving communication between family, providers, nursing, and ancillary staff.

SMART Aim

Improve PFE Score from 70.1% to 85% for question "How often was there good communication between different doctors and nurses?" A4N FY17 score 68.2% improve by 29% to 81.54%

A4S FY17 score 66.4% improve by 29% to 79.88%

Population

Inpatient patients for units A3N, A3S, A4N, A4S, NICU, A/ICU, Radiology/Lab

Key Drivers

- Collaborative Plan of Care & Open Communication
- Engaged Patient & Family
- Informed and accountable leaders
- Appropriate staff identified and present for information sharing
- Identification and feedback of communication failures
- Clear and specific medical communication
- Engaged employees

Interventions (LGR #)

- Charge RN – Nephrology: attending, A.M. Phone call
- Surprise admission Charge RN – Fellow/Resident
- POC phone call A4N & A4S
- Whiteboard POC pre-rounds corrected.
- POC updated by charge nurse/GI team
- PCA erases and collects all yellow POC whiteboards at 0600.
- GI Rounds: add/transfer/discharge Pre-Rounds.
- Purposeful discussion

Legend

- Potential intervention
- Active intervention
- Adopted/standardized intervention
<table>
<thead>
<tr>
<th>PDSA Test Description</th>
<th>Cycle 1</th>
<th>Cycle 2</th>
<th>Cycle 3</th>
<th>Cycle 4</th>
<th>Cycle 5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Charge RN calls GI-Lumen Fellow after learning about a surprise admission from ED or clinic</td>
<td>Charge RN calls GI-Lumen + Liver Fellow after learning about a surprise admission from ED or clinic</td>
<td>GI Fellow calls charge RN with basic patient POC with surprise admissions</td>
<td>GI Fellow (Day) + GI Resident (Night) calls Charge RN with surprise admissions</td>
<td>Charge RN calls GI Fellow/Resident for POC surprise admissions</td>
<td></td>
</tr>
<tr>
<td>Population</td>
<td>A4S Patients</td>
<td>A4S</td>
<td>A4S + A4N</td>
<td>A4S + A4N</td>
<td>A4S + A4N</td>
</tr>
<tr>
<td>Location:</td>
<td>A4S</td>
<td>A4S</td>
<td>A4S + A4N</td>
<td>A4S + A4N</td>
<td>A4S + A4N</td>
</tr>
<tr>
<td>Executed by:</td>
<td>Elizabeth, Dr. Lyle</td>
<td>Multiple Charges</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Test Results:</td>
<td>Notification on admission to nursing from fellow prior to flow notification</td>
<td>Overnight call being done with residents Fellow calling Charge before charge calls fellow</td>
<td>Feedback from Fellows that residents could handle night calls</td>
<td>Long term, difficulty with sustaining GI team to call</td>
<td></td>
</tr>
<tr>
<td>Action (Adapt, Adopt or Abandon):</td>
<td>Adapt</td>
<td>Adapt – Scale up to other units</td>
<td>Adapt – use residents for night calls</td>
<td>Adapt</td>
<td></td>
</tr>
</tbody>
</table>

PFE Improvement Collaborative, Ramp Summary

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

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

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

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

- Entering the room
- Establishing relationship
- Listening
- Teaching/Answering questions
- Close and extend the relationship
- When a visit isn’t going well
Engaging Patients & Families

1. Entering the room
   - Introduce yourself and either 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 best care they need
   - Ask patients in the room to introduce themselves, or ask patient to tell you who they brought with them today
   - Emphasize you are unprepared, and explain why families may wait to last 15-30 days beyond their care
   - That allowed the nurse that your naming preferences, but it would be helpful to me to have you describe adults is established in your world.

2. Establishing the relationship
   - Engage with the family at an equal level. If they sit, stand if they stand.
   - By using a concerted, silent approach to maintain eye contact and express interest in their sadness
   - Ask non-clinical questions that build you can get to know them better.
   - Non-verbal signs express to building positive interactions.
   - Show children choices when you chat. “Should I check your right ear or your left ear first?”

3. Listening
   - When asked for info questions written, avoid telling statements that make families feel judged
   - Statements within listening be: “Is the reason?”
   - Avoid asking your alphabet, match, etc. during the visit. If you must ask, explain why.

4. Teaching & answering questions
   - Make thorough your assessment and develop making procedures “Testable”
   - Preventing questions or asking questions, whenever it makes sense to do so, before further-value-based and risk reduction.
   - Use touch-back with kids with patients and family to ensure time, information.

5. When the visit isn’t going well
   - Please take a “time out” Expose that you sense you are not on the same page with the family such as communication and disclosure that connection.
   - Parallel that you are at their ability to seek the best path forward.
   - Ask you do different phases regarding diagnoses or treatment.
   - Take time to explain what you have reached the conclusion you are told and why you believe they are in the best interest of the patient and family.

6. Close & extend the relationship
   - Solicit feedback from families and ask me questions that the patient or family may have.
   - Provide them with the name and contact information shown on patient list sheet.
   - Better times the patient and the family will join the education.
   - Providing your leadership can demonstrate to families your care and completeness of knowledge.

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
Provider Communication with Families

What does your child like to be called?

What’s on your mind?
Our patients and 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
- What steps about caring for your child at home
- Any other questions about medication

“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 to:

- Help us know what is going on with you or your child. Share your past medical history. Remind us on the expert in your child’s care.
- Help us to know what is going on with you or your child, how are we to follow carefully. Please ask questions and feel free to stop us to share information.
- Help us by bringing the note for you 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 feel your child can understand.

Today, I am most interested in knowing: 

*Takeaway Document Included in the Event App
What's on your mind? Neurosurgery pilot results

Overall Rating Percentage of 9/10s

FY 13  FY 14  FY 15  FY 16  FY 17  FY 18 YTD

Resourcing Access issues causes dip

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=m5yCODSHtYw