Improve Outcomes through Effective Communication

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Objectives

1. Discuss issues & barriers to effective communication between home health clinicians & physicians.
2. Describe how to prepare for & follow-through on SBAR communication.
3. Apply SBAR communication to specific home health situations.
Joint Commission reports....

- Almost 70% of sentinel events related to communication problems.
  - Ineffective
  - Inadequate
  - Untimely

- Happens in home care too
  - And ↑ hospitalizations
  - And ↓ outcomes

“What we have here is a failure to communicate.”

Research in Nurse-Physician Communication

- Training in communication methods differs
  - Nurses: Narrative, timed sequence, descriptive
  - Physicians: Concise bullet-point summaries

- When nurses call, doctors want to know:
  - What is the problem?
  - What do you need me to do?
  - By when do I need to respond?

- Nurses lose physician’s attention and their credibility if they can’t get to the point in first 10 seconds.

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Research in Nurse-Physician Communication

- Physicians & nurses both learned that doctor is “in charge” BUT hierarchical communication is not effective in complex situations
  - Healthcare is complex
  - Culture/gender/pecking order are barriers to effective communication

- Nurses are less likely to communicate if they feel psychologically unsafe. “If I speak up....
  - Will I be subject to anger or ridicule.
  - Will it be worth it? Will it make a difference?
Came out of military operations and aviation industry.
Solution = SBAR Communication

- Situational Briefing Model
  - Practical structure for communicating critical information concisely.
  - Relevant, timely, important data communicated succinctly.

- SBAR Communication
  - Situation. The problem. “Punch”
  - Background. The context.
  - Assessment. Analysis of situation.
  - Recommendation. The fix.

Subordinates to Commanders: Averting Disaster

**Nuclear Submarine**
Sailor to captain

**S:** Emergency!

**B:** Ship above

**A:** Our position
Their position
Crash imminent!

**R:** Go down! Not up!

**Airplane**
Co-pilot to pilot

**S:** Emergency!

**B:** In path of other plane!

**A:** Crash imminent

**R:** Pull up; turn left!
Evolution of SBAR

- Institute for Healthcare Improvement (2006)
- Joint Commission’s National Patient Safety Goals (2008)

Evidence in Home Healthcare


- AHRQ (2012): Outcomes:
  - Effective communication
  - Patient outcomes
  - Collaboration
  - Patient satisfaction
The SBAR about SBAR

- **Situation:** Inadequate communication in health care →↓ quality of care, ↑ hospitalizations and ↑ costs
- **Background:**
  - Nurses and physicians communicate differently
  - Hierarchy -> lack of assertive communication
  - Lack of Structure -> missed information
- **Assessment:** Need for one effective communication method for all clinicians
- **Recommendation:** SBAR communication

### SBAR Communication

<table>
<thead>
<tr>
<th>Situation</th>
<th>Background</th>
<th>Assessment</th>
<th>Recommendation</th>
</tr>
</thead>
</table>
| • Capture attention  
  • Clinical problem | • Context        | • Current status  
  • Analysis statement | • Action needed  
  • Timeframe     | • I am … from… agency  
  • Patient name  
  • Problem is… | • Current relevant assessment data  
  • I think the patient has…. | • I think the pt needs…  
  • Do you want me to… |
If Patient Has a “Situation”

- Symptoms
  - What patient reports
- Signs
  - What you see, hear, palpate, measure
- New problem
- Exacerbation

### Zone Tools

**Yellow = “Situation”**

**Clinical Judgment**

**Critical Thinking**

**HHQI Fundamentals of Reducing Acute Care Hospitalizations BPIP**

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### MY COPD ACTION PLAN

**Actions to take if your symptoms get worse**

This plan is to be completed by patients with the help of their primary health care provider. The plan should bring this form to each doctor appointment and update as needed.

<table>
<thead>
<tr>
<th>Green Zone</th>
<th>I am doing well today</th>
<th>Actions</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>* Take daily medicines*</td>
</tr>
<tr>
<td></td>
<td></td>
<td>* Use rescue as prescribed*</td>
</tr>
<tr>
<td></td>
<td></td>
<td>* Continue regular exercise plan*</td>
</tr>
<tr>
<td></td>
<td></td>
<td>* All of these and cigarette smoke, help*</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Yellow Zone</th>
<th>I am having a bad day or a COPD flare*</th>
<th>Actions</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>* Continue daily medications*</td>
<td></td>
</tr>
<tr>
<td></td>
<td>* Use quick relief inhaler every ______ times*</td>
<td></td>
</tr>
<tr>
<td></td>
<td>* Shortness of breath*</td>
<td></td>
</tr>
<tr>
<td></td>
<td>* Use oxygen as prescribed*</td>
<td></td>
</tr>
<tr>
<td></td>
<td>* Get plenty of rest*</td>
<td></td>
</tr>
<tr>
<td></td>
<td>* Use nebulizer*</td>
<td></td>
</tr>
<tr>
<td></td>
<td>* All of these and cigarette smoke, help*</td>
<td></td>
</tr>
<tr>
<td></td>
<td>* Call provider if symptoms don’t improve*</td>
<td></td>
</tr>
</tbody>
</table>

* Please call your physician immediately if your symptoms persist (see Red Zone below).

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### Red Zone (Serious Emergency need of care)

- Call 911 or have someone take you to the nearest hospital emergency room.
- Increase oxygen to ______ times.
- Take Prednisone______ mg.

- Fever or chills
- Severe shortness of breath or chest pain
- Get someone to take you to the hospital emergency room.
- Do not attempt to stop or start any medications on your own.
Before calling physician...

- Critical thinking
- Clinical judgment
- In-depth data gathering
- What does MD need to know?

1. Assess the patient
2. Determine urgency
3. Review Medical Record
4. Organize data

Before calling physician, 1) Assess the patient

Symptom & physical assessment
- Focus in on diagnosis & S/S with a “focused comprehensive assessment” of system(s) involved
Body Systems

- Cardiovascular
- Respiratory
- Neurological
- Gastrointestinal
- Genitourinary
- Musculoskeletal
- Integumentary
- Endocrine
- Immunologic

Which system(s) is/are involved?
What assessment techniques can you use?
What data will the doctor want to know?

Before calling physician,
2) Determine urgency

How quickly must I communicate?
- What is the severity/urgency?
- What is the risk for hospitalization?

- Routine - Within business hours
- Urgent - Within 6 to 12 hours
- Emergent - Within 1 to 2 hours
Before calling physician,  
3) Review Medical Record

- Age & Diagnoses
- Reason for home care
- Recent assessments
- Recent change in POC
- Lab results
- Medications
- Allergies
- Pharmacy number
- Advanced Directives

Before calling physician,  
4) Organize data

Organize data
- Primary & secondary data
- SBAR format
- What do you need physician to do?

Required:
- Critical thinking
- Clinical judgment
Clinician Call to Physician

Try to make it 60 seconds or less!

<table>
<thead>
<tr>
<th></th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>Situation</td>
<td>10 seconds</td>
</tr>
<tr>
<td>Background</td>
<td>20 seconds</td>
</tr>
<tr>
<td>Assessment</td>
<td>20 seconds</td>
</tr>
<tr>
<td>Recommendation</td>
<td>10 seconds</td>
</tr>
</tbody>
</table>

**Situation**

- Your name, discipline, agency
- Patient’s name
- Patient’s problem
  - Concise statement
  - Reason for concern
  - Sign/symptom & severity
Background

- Age
- Relevant diagnoses
- Relevant recent events
  - Hospital discharge
  - Surgical procedures
  - New medication started
- Other relevant history
  - Advanced directives
  - No caregiver in the home

Assessment - Data

- Physical assessment data pertinent to problem
- Clinical judgment and critical thinking required
- Primary not secondary data
- Not whole assessment
- Omit the normal...
- “Rest of assessment normal.”
Assessment - “Diagnosis”

- What is your analysis of the problem?
- How severe & urgent is the problem?

- Hints
  - It “might be…” “I think it could be…”
  - If no clue, what body system seems involved?

Recommendation

What do you want to happen and by when?

- What action is needed?
- What option(s) do you recommend?
- By when is action needed?

- Hints:
  - Focus on goal & team approach: “To prevent avoidable hospitalization, do you think we should try...”
  - “Would you recommend...”; “Should we consider...”: “I think... might work...”
SBAR Communication about Exacerbation of COPD Symptoms

Situation:
- Dr. [name], this is your name, discharged from (name of your hospital). I am calling about your patient, [patient’s name], who is experiencing an acute exacerbation.
- [Patient’s age]
- [Primary diagnosis]: COPD [GOLD stage], [other pertinent diagnosis], [other pertinent diagnosis]
- [Recent important events]: [Admitted to the hospital on [date] after being found in [location] with [symptoms]].

Assessment:
- [SBAR: Situation]
- [Background]
- [Recommendation]
- [Assessment]
- [Analysis Example]
- [Additional Interventions]

SBAR for COPD Exacerbation

Situation:
- Dr. [name], this is your name, discharged from (name of your hospital). I am calling about your patient, [patient’s name], who is experiencing exacerbation.
- [Patient’s age]
- [Primary diagnosis]: COPD [GOLD stage], [other pertinent diagnosis], [other pertinent diagnosis]
- [Recent important events]: [Admitted to the hospital on [date] after being found in [location] with [symptoms]].

Assessment:
- [SBAR: Situation]
- [Background]
- [Recommendation]
- [Assessment]
- [Analysis Example]
- [Additional Interventions]

SBAR Communication about Exacerbation of Heart Failure

Situation:
- Dr. [name], this is your name, discharged from (name of your hospital). I am calling about your patient, [patient’s name], who is experiencing heart failure.
- [Patient’s age]
- [Primary diagnosis]: Heart failure [stage], [other pertinent diagnosis], [other pertinent diagnosis]
- [Recent important events]: [Admitted to the hospital on [date] after being found in [location] with [symptoms]].

Assessment:
- [SBAR: Situation]
- [Background]
- [Recommendation]
- [Assessment]
- [Analysis Example]
- [Additional Interventions]
Physician Responds

- Appropriately
  - Repeat orders
  - Call back when/under what circumstances?

- Inappropriately -> C.U.S.S.
  - I am concerned...
  - I am uncomfortable...
  - The safety (of my patient) is at risk...
  - Stop and listen to me... We have a problem.

Other Barriers & Bulldozers

- Know doctor’s preference: best number, time, way
  - Secure e-mail  •  Fax  •  Office nurse
- Leave message:
  - Give time frame & reachable number
- Develop relationship with office staff
- Policy/procedure on elevating issue to next level
- If MD rude, be professional, remind yourself: it’s not you.
When Else to Think “SBAR”

- “Transitions” & “handoffs”
  - Referral to homecare
  - Transfer to hospital
  - Discharge to physician
- Coordination of Care
  - Report to team members
- Teach the patient/caregiver

SBAR Communication...

- Evidence-based communication strategy
- Structured method for clearly communicating key information comprehensively yet concisely
- Empowers clinicians to provide input and make recommendations
- Encourages inter-professional dialogue about assessment and recommendations
- Enhances safety & quality of care
References & Resources


References & Resources

References & Resources

- VNAA (2012)
- Procedure 23:03
- Clinical Procedure Manual

Considerations:
1. For the doctor, communication is the key to success.
2. The doctor and the nurse are the two important roles in healthcare.
3. Effective communication is essential in healthcare.
4. It is important to communicate with the patient and their family.
5. Communication skills are essential in healthcare.

Procedure:
1. Before any procedure, explain the procedure to the patient.
2. Ask the patient if they have any questions.
3. Make sure the patient understands the procedure.
4. Ensure the patient is comfortable and relaxed.
5. Follow up with the patient after the procedure.

Equipment:
- Stethoscope
- Blood pressure cuff
- Medical chart

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