**PROJECT TITLE:** Effective Care Team Communication: Reducing Physician Pages via Collaboration with Nursing

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### The Problem:

Our team received an average of 140 pages every day from January 2015 to June 2015. The majority of these pages were for non-emergent issues from nursing. The high volume of pages resulted in interruptions of physician workflow and efficiency. The majority of pages and interruptions occurred from 12 pm to 7 am, meaning our providers on swing and night shifts were affected the most. Impact to quality and safety was such that providers and nursing staff experience:

- Delay in care/orders/assessment
- Poor communication/ Miscommunication
  - o "What is it you want me to do?"
- Frustrations
  - o "This pager won't stop! I can't get anything done!"
- Desensitization to pages
- Missed orders
  - Written grievance reports
- Prolonged wait times for nursing awaiting provider response
  - Hospital policy allowed greater than 15-20 minutes of wait time before escalation

### **Project Goals:**

- Reduce pager volumes by 30% within 90 days of implementation of SBAR communication tool
- Improve communication and relationships between physicians and nursing
- Reduce volume of written grievances by healthcare professionals on providers
- Improve physicians overall satisfaction with job

### **Actions Taken:**

The project lead pulled together a team consisting of Sound Physicians leadership and nursing leadership. Our approach was a twostep process.

### Step 1: July 2015- present

- The team develop the SBAR prompt card for empowering nursing to physician communication (see Figure 1)
- We taught how to use the SBAR tool to all the nursing units
- We incorporated SBAR tool training at RN Residency programs (see Figure 2) and in new hire nursing onboarding (RN, LPN, CAN)

### Step 2: March 2016- present

We implemented Multiple Disciplinary Rounds (MDR) at the patient's bedside between the
hospitalist and the bedside nurse on one general medical floor to facilitate communication of
the care team during day rounding. We focused this intervention on a high volume unit to
provide an opportunity to improve communication during physician rounds. This also allowed
patient participation in this conversation and fostered teamwork between care teams.

 The physician team adjusted the swing shift hours to 10 am to 10 pm to facilitate answering admission calls and offloading this from rounding physicians.

#### **Results:**

Overall, pages were reduced by 57% (across all shifts) from May 2015- Oct 2016. The greatest reduction occurred on the Swing shift with a 75% overall drop in pages. Overall provider satisfaction and nursing team satisfaction also improved. These improvements were significant to the satisfaction of both nursing and the physician team. When setting out to implement this project, we had hoped to reduce pager volumes by 30%. We surpassed that expectation much to the delight of the providers and care team.

- 1. Physician Daily Pager Volumes (see Graph 1)
  - a. May 2015:
    - i. Swing shift 12pm-12am- 40 pages
    - ii. Night shift 7pm-7am- 25 pages
    - iii. 3 Day Rounder: 7am-7pm-26 pages/ provider
  - b. May 2016:
    - i. Swing 10am-10pm- 30 pages
    - ii. Night shift- 20 pages
    - iii. 3 Day Rounder: 10-20 pages/ provider
  - c. October 2016:
    - i. Swing 10 pages
    - ii. Night 17 pages
    - iii. 3 Day Rounder: 12 pages/ provider
- 2. Improved Care Team survey score from 58% (May 2016) to 100% (Oct 2016)
  - a. "I know what to say and what to be ready with".
  - b. "The doctors aren't as intimidating as I thought, they are approachable".
  - c. "Since I've used this method, I have built a rapport and trust with providers. All it took was learning to speak to doctors the same way we do nurses."
- 3. Improved Physician job satisfaction
  - a. "This (SBAR) has made my job easier."
  - b. "I know what to expect from nursing and they know what to expect from me. It helps facilitate the needs of the patient greatly."
  - c. "Standardized communication helps across the disciplines, your efforts haven't gone unnoticed."

### **Lessons Learned:**

We set out to reduce pager volumes when volumes were first calculated in May 2015. We underestimated the impact that simply applying an existing communication tool for nurses when applied to communication with providers. Initially, the goal was to reduce volumes by a small margin with each piece of the project. However, upon reviewing the call volumes from May 2015-Oct 2016, it was noted volumes had dropped significantly, by 57% overall. The most significant change resulted on Swing shift, with a decrease of pages at 75%. This amazing accomplishment in pager call volume reduction, combined with diligent communication with providers and nursing has brought about success without need to develop further interventions.

We recommend continuing this intervention at the current site and would recommend it for any Sound site that experiences a high volume of non-urgent nursing pages or where there is poor physician and nurse communication.

Figure 1: SBAR Prompt Card

# Communication with Providers: Situation State your name and unit. I am calling about (patient name/room number) I am concerned about/I need your help with/ The problem I am calling about: Background Give admit diagnosis and admit date. State pertinent medical history. Brief summary of treatment to date. Code Status. Assessment Most recent vitals and O2 status. Changes from prior assessment. What is YOUR assessment of the situation? State if the patient is stable or unstable. Why are they unstable? Recommendation State what you want to see done. Medications/Interventions/Testing/Eyes on

## **Communication with Providers:**

### Batch your units' calls

Ask: "Does anyone need the Hospitalist? I'm going to call them."

### Unsure if you should call?

Ask a veteran nurse!

### Do you have your answer already?

Check PRN orders and progress notes!

### Concerned about patient's condition?

Have current vitals/EKG/interventions tried.

Good Nurse to Provider Communication = GREAT PATIENT OUTCOMES!



**Figure 2: Why Communication is Important Training Tool** 



