

IMPROVING COMMUNICATION & COLLABORATION

Teamwork Training

In 1999, the Institute of Medicine (IOM) reported that 98,000 deaths each year were caused by medical errors. In the IOM's report, it was suggested that systemic failures were important underlying factors in these deaths, and that better teamwork, communication and coordination were needed to prevent harm to patients. In fact, communication breakdown is a key factor in close to two-thirds of all Sentinel Events reported by the Joint Commission. The IOM also recommended that healthcare organizations establish team training programs in critical care areas, such as emergency departments, intensive care units, and operating rooms. This was the key driver in adoption of team training as a BH system-wide goal with a proposed target to achieve 40% service line penetration of training.

Labor/Delivery/Recovery/Postpartum (LDRP) at BMC continued its “early adopter” status by subsequently training its entire staff. Building from positive experiences with initial team training, the LDRP leadership team and a number of Baystate clinicians received intensive training in 2006 in the *TeamSTEPPS* model. This model is supported by the federal Agency for Healthcare Research and Quality (AHRQ). The training focuses on specific communication tools, such as pre-procedure briefings, debriefings, situational awareness, and assertive communication in the presence of safety threats. The training attempts to level the playing field between professions. Therefore, physicians, nurses, and all key members of the healthcare team are trained together.

BMC's Operating Room followed with training of the cardiac, neurology, thoracic, pediatric, and total joint surgical teams. Children's Hospital enthusiastically adopted the team training program to mesh with their Spirit of the Child principles. Other departments that have undergone training include the BH Ambulance Service, Infusion & Respiratory Services, Cardiac Catheterization Laboratory, the BFMC departments of surgery, including Endoscopy, the Emergency Room, and Radiology, and the BMLH Emergency Department. Team culture surveys are administered before training sessions to assess baseline attitudes and experiences. As we mature in this initiative, retesting will measure any interval changes. We are beginning to integrate team communication training with BH engagement programming and LEAN principles and tools.

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SBAR/Hand-Overs

Baystate Medical Center has taken many steps to assure that communication among healthcare providers is effective. The SBAR tool (situation, background, assessment, request and/or recommendation) is promoted as a universal communication tool and is used by the Rapid Response Teams. The SBAR tool is a chief mechanism of communication of critical information from the ED to patient care units, change-of-shift/coverage, and was a first step in standardizing communication. Other tools that are used to share reliable information vary depending on the specific needs and interests of the department, but usually include one or more assertive communication tools.

The result of a multidisciplinary collaboration is the *CIS Hand-over Tab* using the SBAR structure in our inpatient electronic medical record. The tab contains patient demographic information, and nurse, physician and hospital case management contacts for each patient. Laboratory and test results and “PRN” medication doses are also included in the tab. The most innovative part of the tool is the physician hand-over section, which is populated by a PowerNote that the physician completes daily. That has taken the place of previously used documents, and includes information on the patient’s past medical history, pending items, a “To Do” list, contingency plans, and anticipated discharge date. Nursing now has access to this information, and physicians know which nurses and hospital case managers are caring for their patients at any given time. This tab is the only CIS tab that summarizes patient information, and is used by nurses for change-of-shift report. One nursing unit has eliminated the paper-based tool for recording patient information, and relies solely on the “Hand-over Tab” for communication between shifts. The goal is to have the tab as the universal mechanism of sharing patient information between caregivers across the health system, and to include the nursing physical assessment information with the upgrade in the near future.

The approach of developing one tool for both physicians and nurses has been recognized by Cerner as innovative, and the implementation team presented a learning session in the Patient Care Track of the National Cerner Health Conference in the fall of 2008.