

Quality

The Communication Connection

Connecticut Patient Safety Organization

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Topics

- The Home Health Quality Improvement National Campaign: What is it?
- SBAR: A technique for improved communication across settings and between providers

Campaigning for Quality

Piecing the Puzzle Together to Decrease Avoidable ACH
CMS Effort Promotes Home Care Best Practices

Quality

- A degree of excellence (Webster)
- Conceptual value
- Quality improvement
- Quality is a MAGNET

A Campaign !!

- What is a campaign?
- Why a campaign?
- What is unique about this campaign?
- Who are the primary stakeholders?
- What does this campaign mean for you?

Home Health Quality Improvement (HHQI) National Campaign

- Applies the knowledge and resources for ACH improvement gained through work with identified participants
- March 07- February 08

- Over 5,000 HHA participants!
- National ACH Rate has been 28% since publicly reported
- 3.88 million episodes from over 8600 agencies
- 1.1 million hospitalizations each year

HHQI Champions

- Hospice and Palliative Nurses Association
- American Association for Homecare
- National Association for Home Care and Hospice
- APTA
- Remington Report
- AOTA
- VNAA
- ATA
- Center for Home Care Policy and Research

HHQI Champions HHQI Campaign Goal

- Reduce avoidable hospitalizations while improving outcomes and patient satisfaction
- Reduce the average ACH rate with a 5% relative improvement

Relative Improvement

HHA ACH Baseline Rate	5% Relative Improvement
40.00%	38.00%
35.00%	33.25%
30.00%	28.50%
25.00%	23.75%
20.00%	19.00%
15.00%	14.25%
10.00%	9.50%

Home Health Agency Benefits

1. Free monthly Best Practice Intervention Packages:
 - Educational tools and resources
 - Practical application guidelines
 - Success stories
 - “Connections” to other care settings
2. HHQI reports on a monthly basis only available to registered participants, that include:
 - Compares Actual and Risk-Adjusted Acute Care Hospitalization (ACH) rates

- Characteristics of hospitalized patients
 - National and statewide ACH benchmarking based on CMS data
3. Opportunity for professional free contact hours

Home Health Quality Improvement National Campaign 2007

Website: www.homehealthquality.org

Intervention Package Timeline

6/2007	Phone Monitoring & Front Loading Visits
7/2007	Teletriage
8/2007	Telemonitoring
9/2007	Immunization
10/2007	Physician Relationships
11/2007	Fall Prevention
12/2007	Patient Self-Management
01/2008	Disease Management
02/2008	Transitional Care Coordination

Campaign Supporters

- Physicians, clinicians, other staff, hospital departments, physician offices, Medicare Advantage Organizations, etc.
- Supporters receive monthly E-Bulletins

SBAR: A Technique for Improved Communication

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Using **SBAR**

Introduction

- The SBAR technique is an approach to communication that provides a framework to convey concerns in a format that is clear, concise, pertinent and relevant.

- Today we will learn the benefits of SBAR communication when applied to health care providers in any patient care setting.

Overview

- What are the challenges for healthcare providers today?
Time, staffing, fragmentation of care, limited resources, communication.
- Is healthcare is a safe industry?
To err is human.....

Significance

98,000 deaths result annually from medical errors (est) – IOM , 2000

Equivalent to two 747 crashes each week in which all 250 passengers are killed.

Effective Communication Requires:

- Structured communication
- Perhaps SBAR
- Assertion/critical language
- Key words, the ability speak up and stop the show
- Psychological safety—an environment of respect—effective leadership

Why is Communication so Important?

Failures of communication reported as the major cause (66 %) of sentinel events between 1995-2004.

Organizational Culture

- **Infrastructure** that supports and manages all aspects of the organization
- **Quality capability** development rests on status of fundamental components (domains) of the organization
- **Communication** is one of those fundamental components

A Culture of Safety

- Recognizes that deficiencies in performance and errors are often the result of **system** failures--not necessarily personal performance.
- A culture of safety actively addresses **system** problems to improve outcomes.

Communication Transformation

Where do we begin to transform communication practices?

Patient Safety.

- Begin with behaviors that improve assertion
- The Toyota production system
 - Pull the cord and stop the assembly line.

Assertion Cycle. Model to guide and improve assertion in the interest of patient safety

Get Person's Attention – Express Concern – State Problem – Propose Action – Reach Decision – and over to Get Person's Attention again.

JCAHO Safety GOALS

Goal 2: Improve the effectiveness of communication among caregivers.

- 2E Implement a standardized approach to "hand off" communications, including an opportunity to ask and respond to questions.

12 Encourage the active involvement of patients and their families in the patient's care as a patient safety strategy.

13 A Define and communicate the means for patients and their families to report concerns about safety and encourage them to do so.

Transform Communication: How?

Consider the factors that affect how we communicate:

- Education
 - Nurses are taught to be narrative and descriptive
 - Physicians are taught to be problem solvers and want only the "headlines"
 - Others ??
- Teamwork
 - Nurses do not necessarily see the care environment as collaborative
 - Physicians tend to view the care environment as fairly collaborative
 - Others ???
- Environmental Impact
 - Interruptions and distractions contribute to the clinician's ability to remember pertinent information.
- Assertiveness Skills
 - Not everyone has the innate ability to speak up
- Teamwork
 - Anyone who cares for the patient should be considered part of the team.
 - This inter-disciplinary team assumes the responsibility to coordinate the communication in a timely and effective manner.

US Navy Nuclear Submarine Service Communication Model

SBAR

- S = Situation
- B = Background
- A = Assessment
- R = Resolution

How do you change a clinical system?

- Visible leadership support
- Administrative and clinical
- Goals and incentives aligned
- Physician champion

SBAR Technique —The Details

S = Situation

What is going on with the patient. A concise statement of the problem: 5-10 seconds.

B = Background

What is the clinical background information that is pertinent to the situation (*context*).

A = Assessment

What I think--conclusions

R = Recommendation

What do you want and when?

Gut Feeling- Problem Solve/Package-Articulate

Why SBAR?

- SBAR is similar to the SOAP model
- Provides answers to 3 primary physician questions
 - What is the problem?
 - What do you need me to do?
 - When do I have to respond?

SBAR Technique: Step 1

1. Ensure all pertinent patient information is available before you contact the physician.
 - Name
 - Medical record number

- Age
- Diagnosis
- Medication list
- Allergies
- Vital signs
- Lab results
- Advance Directive

SBAR Technique: Step 2

2. Ensure a physical assessment has been completed

Have I:

- Seen and assessed the patient myself before calling?
- Reviewed the chart for appropriate physician to contact
- Completed phone monitoring, telemonitoring or teletriage)

SBAR Technique: Step 3

3. When calling the physician, use the SBAR technique and tool:

(S) Situation: What is the situation you are reporting?

- Identify self, agency, patient, patient location.
- What is going on with the patient. A concise statement of the problem—punch line !!

(B) Background: What is the clinical background information that is pertinent to the situation.

- The admitting diagnosis and date of admission.
- List of current medications, allergies, IV fluids, etc.
- Most recent vital signs.
- Lab results: provide the date and time test was done and results of previous tests for comparison.
- Advance Directive.

(A) Assessment:

- What are the clinician's findings?
- What is the analysis and consideration of options?
- Is this problem severe or life threatening—conclusion

(R) Recommendation:

- What action/recommendation is needed to correct the problem?
- What solution can you offer the physician?
- What do you need from the physician to improve the patient's condition?

What do you do if SBAR Does Not Work

- It's okay to C.U.S.!

C.U.S.

- An assertion tool to help formulate your recommendation.
- Utilize C.U.S. statements in your SBAR briefing.
 - “I am Concerned for my patient’s condition.”
 - “I am Uncomfortable with my patient’s condition.”
 - “The Safety of this patient is at risk.”

What to do if C.U.S. doesn’t work

- Policies with appropriate actions to initiate in the event the patient does not get the help that is consistent with his/her needs
- The direction might include:
 - Who to contact such as the supervisor, physician, medical director
 - Consulting with Quality Improvement, Risk Management, etc.

SBAR Exercise

- Mr. Nelson is a 71 year old male with a history of HTN and COPD.
- For the past 2 days, the patient c/o being “tired” and “weak”
- Post RN assessment, it is determined that he has had episodes of syncope with sudden movements, for the last 1-2 days after starting “that new medication”
- Supine BP:
 - 102/60 @--106/62 (L)
 - Pulse: 72
- Standing BP:
 - 90/52 @--96/58 (L)
 - Pulse: 86; R: 24
- Previous VS:
 - 164/82@; 158/80 (L); P 68; R 22

The nurse discovers that the patient’s “new medication” was filled at a different pharmacy, and was really the same antihypertensive he was already taking.

SBAR Exercise: MD Contact

Situation:

Dr. Smith, this is Nancy Nurse from ABC Home Care.

I am calling about Mr. James Nelson your 71 year old patient that is now having episodes of syncope.

Background:

- ABC Home Health has been seeing Mr. Nelson for the last 3 weeks for exacerbation of HTN.
- His previous vital signs were 164/82(R), 158/80 (L), P 68, R 22 (sitting)

- Mr. Nelson has been complaining of lightheadedness, weakness and syncope with sudden movement.
- VS today were: BP 102/60(R), 106/62(L) sitting, 98/52(L standing) P 72, & R 24.
- I discovered that the patient was taking a double dose of his antihypertensive medication for the last 4 days by accident.

Assessment:

The patient accidentally had a refill of the same antihypertensive medication filled at another pharmacy. He is hypotensive from the medication error.

Recommendation:

I would like to hold his BP medication until tomorrow and schedule two extra skilled nursing visits starting tomorrow to recheck his blood pressure and for medication teaching.

What are the parameters for restarting the medication?

Supporting Tools

- Case Conference
- Guidelines
- COPD

Sustaining SBAR

- Embed it in the work people do every day
- Get people to practice together if possible
- Get buy-in—common agreement
- Have the social experience of working together toward a common goal
- Just dropping it in will not work

IHI, 2006

“Developing excellent communication skills is absolutely essential to effective leadership.

The leader must be able to share knowledge and ideas to transmit a sense of urgency and enthusiasm to others.

If a leader can’t get a message across clearly and motivate others to act on it, then having a message doesn’t even matter.”

Gilbert Amerlio

President and CEO of National Semiconductor Corp.

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