Patient Safety Begins with Communication: An Overview of Communication Practices in the Acute Care Setting

Dana Tschannen, PhD, RN
Pat Schmidt, MS, RN
Kathryn Buehler, MS, RN
Sarah Borst, MS, RN
Marna Flaherty-Robb, MS RN
Communication in Health Care

• Critical competency for nursing graduates (QSEN)

• Evidence of improved patient outcomes when communication effective (Cypress, 2011)

• Linked with quality outcomes and patient errors (Chant, Jenkinson, Randle, & Russell, 2002)

• Joint Commission identifies root cause of sentinel events (82%) (The Joint Commission, 2010)
Communication in Health Care

• Strategies to improve communication
  – Standardized handoff process (Dayton & Henriksen, 2007)

• No strategy has proven to be successful in all settings/venues (Seago, 2008)

• Little research on how much actually occurs
Study Purpose

• To identify the amount of time nurses spend in documentation and synchronous communication with members of the healthcare team in the inpatient setting
Research Questions

1.) How much time do nurses spend in synchronous communication with other members of the healthcare team in the acute, in-patient setting during a 12 hour shift?

2.) How does the time nurses spend in synchronous communication with other members of the healthcare team vary between acute, in-patient units (e.g. intensive care unit, general care adult unit, pediatric unit)?
Methods

• Observational

• 3 units
  – Adult ICU – 10 bed, cardiac
  – Adult Acute Care – 32 bed, cardiac and other acute/chronic illness
  – Peds Acute Care – 21 bed, medical illnesses (e.g. Resp/GI), newborn to 18 years

• IRB approval obtained
Sample

• Convenience sample of 12 nurses (RNs)
  – Day and night RN for each unit
  – 4 RNs/unit (total 48 hours each unit)

• All female

• Experience between 1.5-23 years
Instruments

• Modified Access database
  – Available thru Agency for Healthcare Research and Quality (AHRQ)
  – Originally designed for observing physicians
  – Modified to account for nursing activity

• 85 discrete activities under 11 major categories
Access Database: 11 Major Categories

- *Computer – read
- Computer-looking for
- Computer-writing
- Procedures
- *Talking
- *Phone
- Paper-read
- Paper-looking for
- Paper-writing
- Personal
- Interruption
- Waiting

Focused on synchronous communication: “Two parties exchange messages across communication channel at same time (telephone/in person)” (Spencer, Coiera, & Logan, 2004, pg 270)
Nursing Activities for Communication

- **Talking**
  - MD-Pt. related
  - RN-Pt. related
  - Asst. Personnel - Pt. related
  - Other –Pt. related
  - Patient/Family
  - MD –Non Pt. related
  - RN- Non Pt. related
  - Asst. Pers. - Non Pt. related
  - Other

- **Phone**
  - MD
  - Pharmacy
  - Patient/Family
  - Other
Procedure

• Developed operational definitions of categories/subcategories

• Access Database loaded on two tablets

• Observers (4) piloted process prior to study to ensure reliability

• Activity start and finish time noted via the database
Data Analysis

• Study data entered into SPSS 19.0

• Identified “unassigned” time
  – Linked to gap between end of first activity and start of second
  – Transition time removed from data set

• Sums of each activity computed

• Descriptive statistics (means/SD)

• ANOVA computed to compare 3 units (p<.05)
Results

• 171.2 (SD 41.2) minutes/12 hr shift in “synchronous communication”
  – 77.04 (SD 36.83) with other nurses
  – 11.27 min (SD 9.48) with physicians
  – 8.49 min (SD 18.13) with UAPs
  – 33.47 min (SD 31.11) others in healthcare team
Results

• Total patient–related communication - 130 minutes during a 12 hour shift
  – Nurse 42.7 min (includes handoffs)
  – Physician 10.95 min
  – UAPs 7.03 min
  – Others 29.06 min

• One-way analysis of variance (ANOVA) conducted
  – Adult ICU spent more time talking with physicians than Peds acute care
  – Adult acute care did not differ statistically from Peds acute care or ICU
Discussion

- 24% of time spent in synchronous communication with others on the healthcare team
  - Some shifts included no RN/MD or RN/UAP communication
- Variation among units
- Potential reason for non-sustained success of many communication strategies
Limitations

• Convenience & small sample
• Subjectivity of activity categorization
• Noted only verbal communication (no quantification of paging communication)
Nursing Implications

• Strategy needed to increase opportunities for communication
  – Between nurse and physicians
  – Between nurse and UAPs

• Potential strategies: huddles, rounds, required touch-base points

• Must begin with education: multi-disciplinary training, simulation, ‘deliberate practice’

"Communication leads to community, that is, to understanding, intimacy and mutual valuing." - Rollo May
Questions?

Comments?

Leading the way.
References


