



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

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# 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)



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# Communication in Health Care

- Strategies to improve communication
  - Goals worksheet (Narasimhan, et al, 2006; Pronovost, et al, 2003)
  - 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



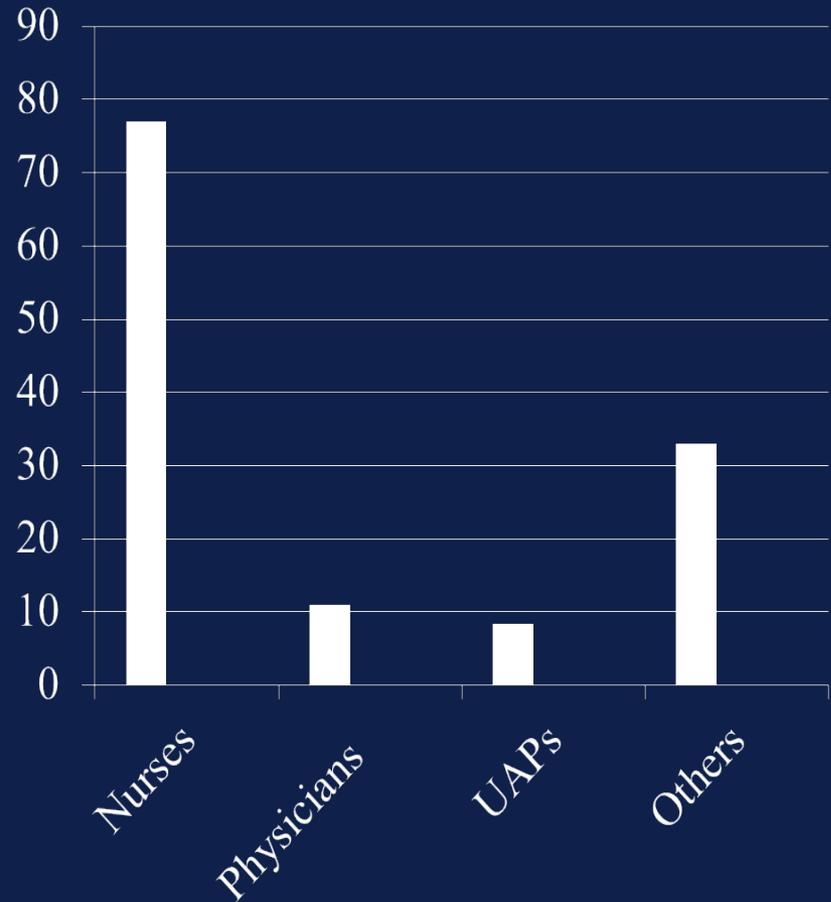
## Data Analysis

- 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



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# 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)



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## 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?

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