Our Journey

• Where we have been

• Where we are

• Where we are going
The 1960’s

- “What’s Wrong with the Nurse-Physician Relationship in Today’s Hospitals: A Physician’s View”
- “The Doctor-Nurse Game”
- “An Experimental Study in Nurse-Physician Relationships”
“It is naïve to bring together a highly diverse group of people and expect that, by calling them a team, they will in fact behave as a team. It is ironic indeed to realize that a football team spends 40 hours a week practicing teamwork for the two hours on Sunday afternoon when their teamwork really counts. Teams in organizations seldom spend two hours per year practicing when their ability to function as a team counts 40 hours per week!”

1980-2010

- “Communicating for better care: Improving nurse-physician communication”
- “The doctor-nurse game revisited”
- “The human factor: The critical importance of effective teamwork and communication in providing safe care”
Why Does this Matter?

- Increased patient mortality, increased cost, increase in patient length of stay and escalating rates of medical error\(^1\)

- Difficulties in communication were the most common cause of preventable disability or death\(^2\)

- Clinician communication is consistently the most frequent contributor to sentinel events\(^3\)

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Institute of Medicine

• **To Err is Human: Building a Safer Health System**
  - November 1999
  - Failure of communication

• **Crossing the Quality Chasm: A New Health System for the 21st Century**
  - March 2001
  - Ten Rules for redesign
Institute of Healthcare Improvement

- 100,000 Lives Campaign, 2005

- Safe and Optimal Care through Effective Teamwork and Communication, 2009
Joint Commission

- **Root Cause Analysis 1995-2005**
  - Communication 65-70%

- **2006 National Patient Safety Goals**
  - Implementation of standard approach to patient handoff communications

- **2011 Hospital National Patient Safety Goals**
  - Improve staff communication
Cost Implications

- 4 million annually in a 500 bed hospital
- 12 billion annually in the United States
  - Discharge Delay
  - Wasted Nurse and Physician Time
  - Limited Patient Satisfaction

Economic Impact

- Efficiency of Resource Utilization
- Effectiveness of Core Operations
- Quality of Work Life
- Service Quality
A Conceptual Model of the Outcomes of Communication in Hospitals

Hospital Communication

Quality

Efficiency of Resource Utilization

Effectiveness of Core Operations

Quality of Work Life

Service Quality

Physician Time

Nurse Time

Length of Stay

Medical Errors

Stress

Job Satisfaction

Patient Experience
A Common Occurrence

“I ordered it for earlier and did not tell the nurse I just sort of put it in the computer and assumed it would get done…but I did not tell the nurse; I assumed that it would print up and she would get it…and about four or five hours later she asked me...you wanted blood?”

### Economic Burden of Wasted Physician Communication Time in Hospitals

<table>
<thead>
<tr>
<th>Description</th>
<th>Value</th>
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</thead>
<tbody>
<tr>
<td>Number of physicians in the US</td>
<td>661,400</td>
</tr>
<tr>
<td>Average hourly rate</td>
<td>$84.18</td>
</tr>
<tr>
<td>Time spent communicating/shift</td>
<td>45 minutes</td>
</tr>
<tr>
<td>Estimated waste - % of communication time</td>
<td>20%</td>
</tr>
<tr>
<td>Number of minutes wasted per physician shift</td>
<td>9</td>
</tr>
<tr>
<td>Dollars wasted per physician shift</td>
<td>12.63</td>
</tr>
<tr>
<td>Hospital shifts/week</td>
<td>2</td>
</tr>
<tr>
<td>Weeks worked/year</td>
<td>50</td>
</tr>
<tr>
<td>Dollars wasted per physician annually</td>
<td>1262.66</td>
</tr>
<tr>
<td>Dollars wasted for physicians in U.S. hospitals annually</td>
<td>835,121,009</td>
</tr>
</tbody>
</table>
### Economic Burden of Wasted Nurse Communication Time in Hospitals

<table>
<thead>
<tr>
<th>Metric</th>
<th>Value</th>
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<tbody>
<tr>
<td>Number of nurses in the US</td>
<td>2,542,760</td>
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<tr>
<td>Average hourly rate</td>
<td>35.22</td>
</tr>
<tr>
<td>Percentage employed in hospitals</td>
<td>59%</td>
</tr>
<tr>
<td>Time spent communicating/shift (minutes)</td>
<td>75</td>
</tr>
<tr>
<td>Estimated waste – % of communication time (minutes)</td>
<td>50%</td>
</tr>
<tr>
<td>Number of minutes wasted per nurse shift</td>
<td>37.5</td>
</tr>
<tr>
<td>Dollars wasted per nurse shift</td>
<td>22.01</td>
</tr>
<tr>
<td>Hospital shifts/week</td>
<td>3</td>
</tr>
<tr>
<td>Weeks worked/year</td>
<td>50</td>
</tr>
<tr>
<td>Dollars wasted per nurse annually</td>
<td>3,302.23</td>
</tr>
<tr>
<td>Dollars wasted for nurses employed in hospitals annually</td>
<td>4,954,094,072</td>
</tr>
</tbody>
</table>
Communication Difficulties

- Cost
- Lack of Faculty Support
- Inter-school Scheduling Difficulties
- Inadequate Research
- Lack of Scientific Rigor
- Differing Professional Cultures
QSEN

- Quality and Safety Education for Nurses
- Robert Wood Johnson Foundation

Six Main Areas of Focus
- Communication
**QSEN**

**Definition:** Function effectively within nursing and interprofessional teams, fostering open communication, mutual respect, and shared decision-making to achieve quality patient care.

- **KSA’s**
  - Knowledge
  - Skills
  - Attitude
Knowledge

- Analyze strategies for identifying and managing overlaps in team member roles and accountabilities
- Describe examples of the impact of team functioning on safety and quality of care
- Examine strategies for improving systems to support team functioning
- Analyze authority gradients and their influence on teamwork and patient safety
Skills

- Demonstrate awareness of own strengths and limitations as a team member
- Function competently within own scope of practice as a member of the health care team
- Act with integrity, consistency and respect for differing views
- Initiate and sustain effective health care teams
  Communicate with team members, adapting own style of communicating to needs of the team and situation
Attitudes

- Acknowledge own contributions to effective or ineffective team functioning

- Respect the unique attributes that members bring to a team, including variation in professional orientations, competencies and accountabilities
- Appreciate importance of inter-professional collaboration

- Value collaboration with nurses and other members of the nursing team
• Agency for Healthcare Research and Quality
• US Department of Defense
• An evidence-based teamwork system to improve communication and teamwork skills among health care professionals
Key Principles

- Leadership
- Situation Monitoring
- Mutual Support
- Communication
  - SBAR
  - Call-Out
  - Check-Back
  - Handoff
  - “I PASS the BATON”
SBAR Training

- Situation
- Background
- Assessment
- Recommendations
SBAR

- **Situation:** What is going on with the patient?
  - I am calling about Mrs. Joseph in room 251. CC:SOB.

- **Background:** What is the clinical background or context?
  - Pt is 62 yoF post op day 1 from abd surgery. No PMH.

- **Assessment:** What do I think the problem is?
  - Breath sounds decreased on R. Pt having pain.

- **Recommendation:** What should I do to correct it?
  - I feel strongly the patient should be assessed now.
The Josiah Macy Jr. Foundation

- Improving the Education of Health Professionals
- Interprofessional Education and Teamwork among Health Professionals
- Retooling Health Professionals Education for Quality and Safety
  - REACH Grant
Possible Solutions

- Early Exposure to Other Disciplines
- Common Course Offerings
- Interdisciplinary Faculty Teaching Teams
- Student Involvement in Curriculum Design
- Promotion of Standards by Accrediting Bodies
University of Colorado

- **Ethics in the Health Professions**
  - Required for first year Dental, Medical, Nursing Doctorate, Pharmacy, Physical Therapy, and Physician Assistant students

- **School of Medicine within the College of Nursing Simulation Suite**
  - Be the independent physician caring for a critically ill patient with a team of senior nursing students
  - In practice, you will be working closely with the nursing profession
  - Implementing leadership skills and developing better communication and team participation
Create a longitudinal, interprofessional curriculum that is integrated into the preclinical and clinical training for all of our health profession students, and will establish, teach, and evaluate campus-wide student competencies in teamwork, collaborative interprofessional practice, and quality and safety.
The Health Mentors Program

- Interprofessional teams of 4-6 students paired with a health mentor from the community

- Tasks include exploring and documenting

- Exploration of roles and orientations of the different professions involved and skills building in teamwork and communication.
The Clinical Transformations Program

- The Center for Advancing Professional Excellence (CAPE) has dedicated space and staff to perform a variety of sophisticated simulations with video monitoring and learner feedback

- TeamSTEPPS
The Interprofessional Clinical Rotations Program

- Facilitate students’ participation in interprofessional collaborative practice

- Work with each school and program to develop requirements for interprofessional clinical experiences
The Future

- Continue to educate others regarding the importance of communication in the health care setting
- Integration of curriculum
- Pursue grants for education of all disciplines
Questions