Striking the right note in clinical communication

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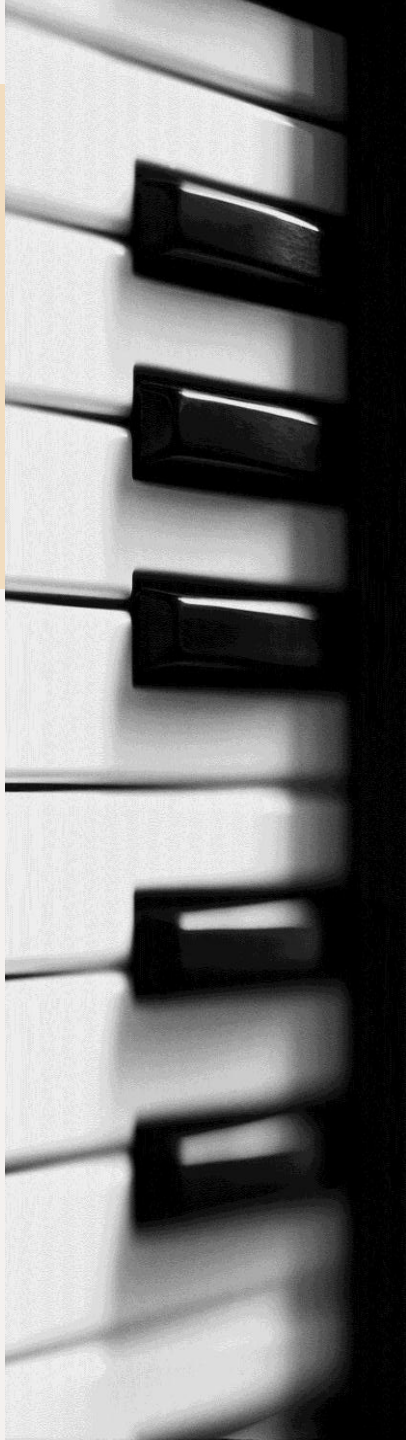


JCI – Voluntary report of Sentinel Events Root Cause Analysis –wrong patient, wrong site, wrong procedure

2004 through 2013 (N=1037)

Leadership	851
Communication	**711**
Human Factors	711
Information Management	377
Assessment	367
Operative Care	336
Physical Environment	96
Patient Rights	62
Anesthesia Care	52
Continuum of Care	38

Voluntary report of Sentinel Events Root Cause Analysis – Op and Post op Complication

2004 Through 2013 (N=796)

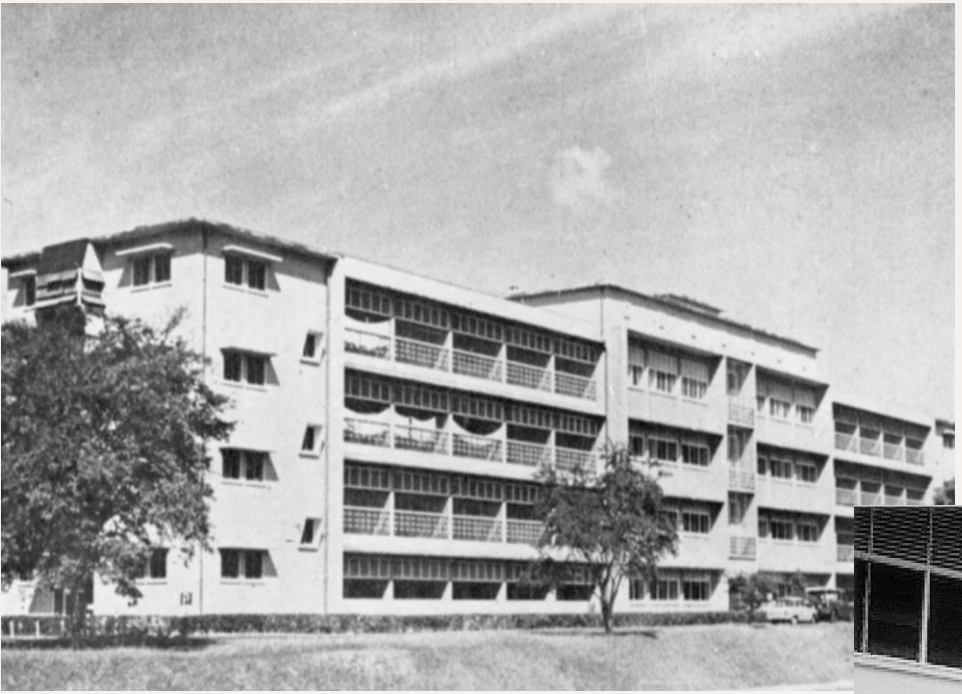
Human Factors	495
Communication	**424**
Assessment	388
Leadership	322
Information Management	150
Operative Care	107
Physical Environment	87
Care Planning	82
Medication Use	76
Continuum of Care	67

Voluntary report of Sentinel Events
Root Cause Analysis - Delay in Treatment

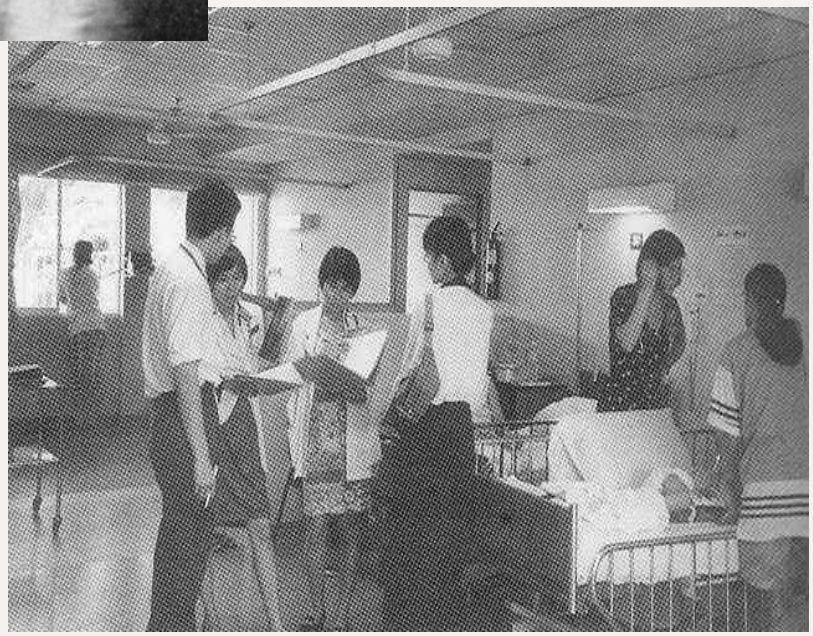
(Resulting in death or permanent loss of function)
2004 through 2013 (N=903)

Communication	**728**
Assessment	700
Human Factors	642
Leadership	609
Information Management	270
Continuum of Care	241
Care Planning	165
Physical Environment	140
Medication Use	71
Patient Rights	27

The good old days



The good old days



JCI Center for Transforming Healthcare identifies problems in handoffs

- Delayed or inappropriate treatment
- Adverse events
- Omission of care
- Increased length of hospital stay
- Avoidable readmissions
- Increased costs
- Inefficiency from rework

Increasing complex healthcare environment

- Flexi time, duty hours regulation, multi professional healthcare team
- Challenge to provide continuity of care
- Discontinuity creates opportunities for errors
- 4000 daily handoffs in an academic center

Handoffs causing patient harm

- 2006 Survey in MGH
- 238 residents in medicine and surgery
- 161 response (68%)
- Results

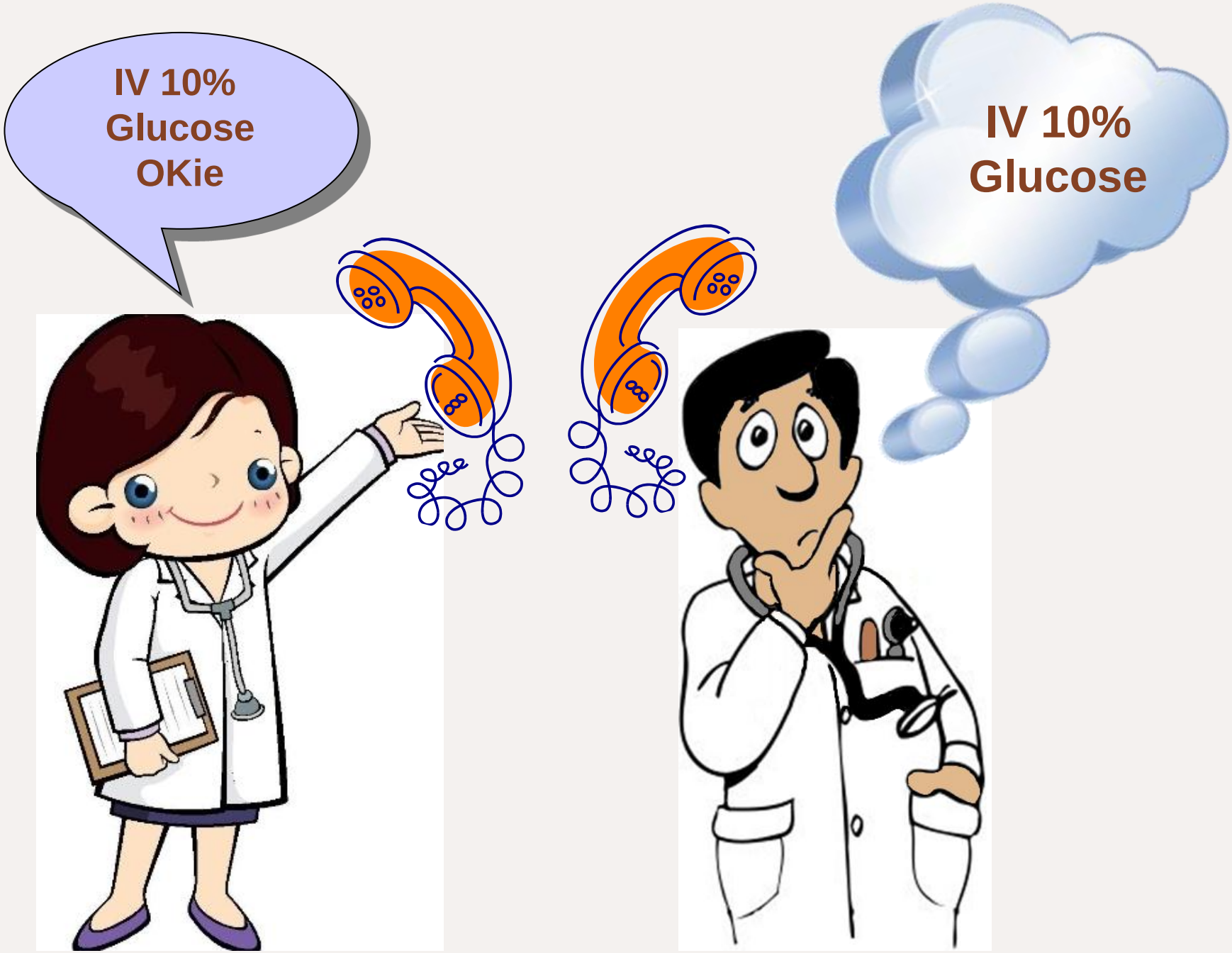
  50% reported patient harm due to problematic handoffs

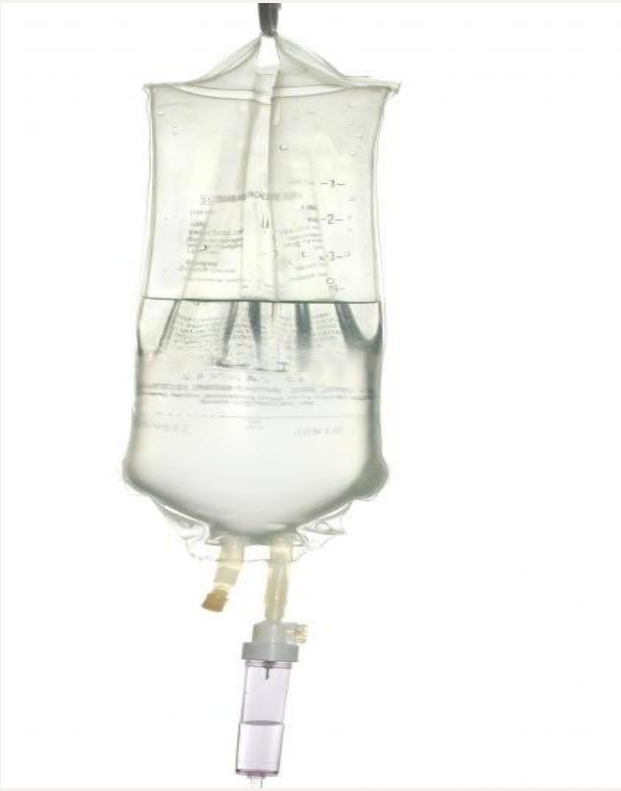
  12% major harm to patient

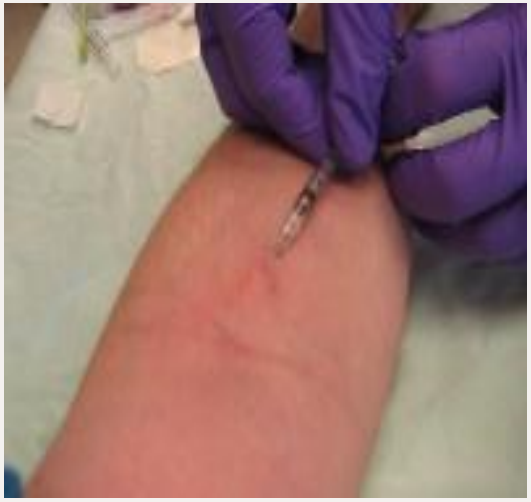
Kitch BT et al. Jt Comm J Qual Patient Saf. 2008;34:563-57

From B&W to

SMS, Twitter, QQ, Instagram, Tumblr, Facebook, Skype, WhatsApp..


IV 10%
Glucose
OKie
IV 10%
Glucose





Next day Ward Round

10% Glucose. OK

10% Glucose

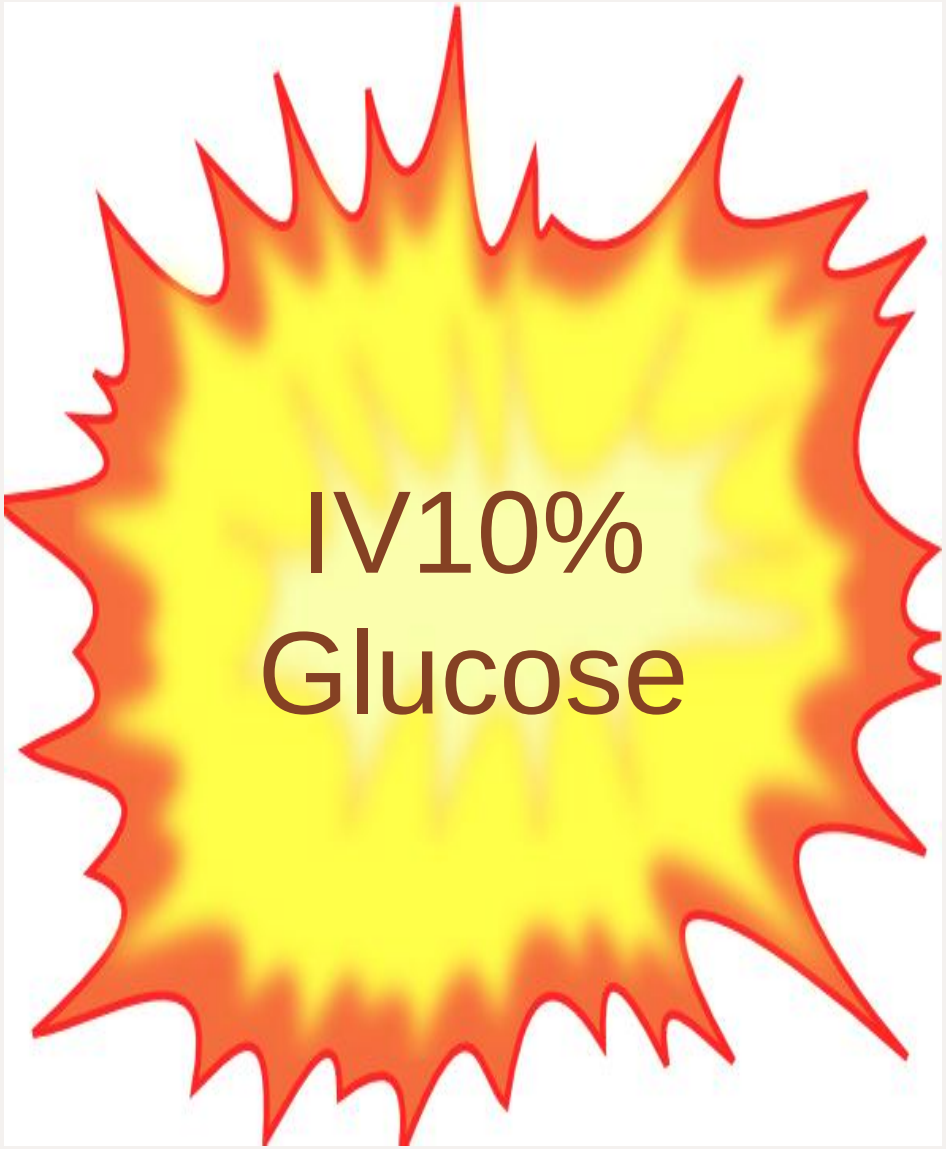
IV drip

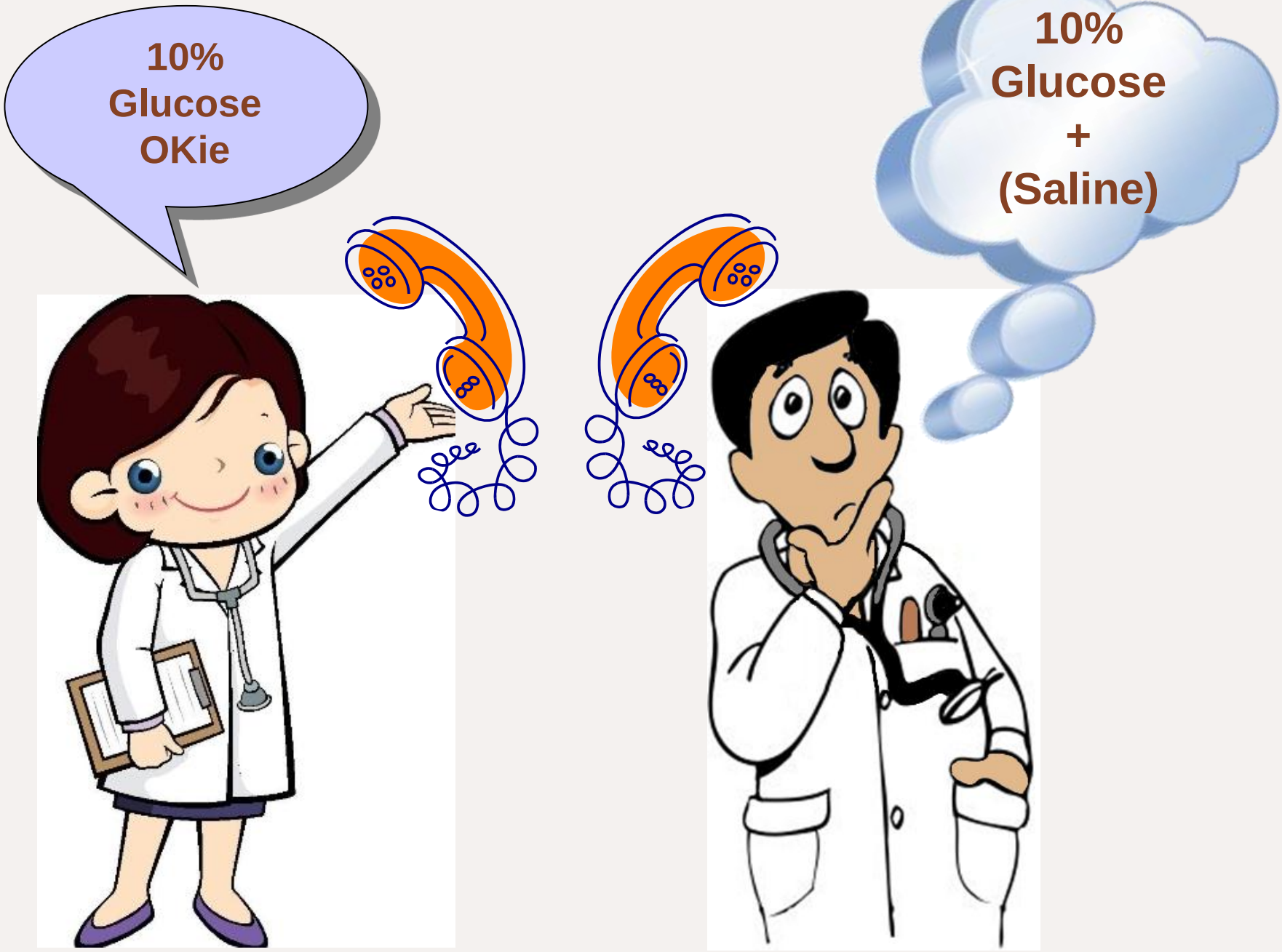
Afternoon

NA 125???


Check Drip,
Check
Orders

BINGO




10%
Glucose
OKie
10%
Glucose
+
(Saline)

10% Glucose + (Saline)

10% Glucose

10% Glucose + (Saline)

Increasing complex healthcare environment

- Barriers to good communication
  - Too little information
  - Too much information
  - Limited opportunity to ask questions
  - Interruptions
  - Environment, e.g. too noisy
  - Inconsistent standard
  - Equipment failure

Increasing complex healthcare environment

- Define pertinent content
  - Summary of history
  - Required action
- Clarification and inquiry

Welsh et al. Nursing Outlook,2010;58:148-154

Hospitalist Handoffs: a Systematic Review

- A formal handover process should be instituted at the end of shift or change of service (Class1 Level of evidence C)
- Dedicated time during shift for verbal exchange of information (1C)
- Template or technology solution for assessing and recording patient information (1B)
- Training of new users (1C)
- Tracking for the correct hospitalist taking care of a patient after service change (1C)

Arora VM. J Hosp Med. 2009 ; 4(7): 433–440.

Hospitalist Handoffs: a Systematic Review

- Verbal Communication Recommendation
  - **Interactive process is used during the verbal exchange (Class1 Level C)**
  - **Ill patients given priority during exchange (Class1 Level C)**
  - **Insight on what to anticipate and what to do during the verbal exchange (Class1 Level C)**

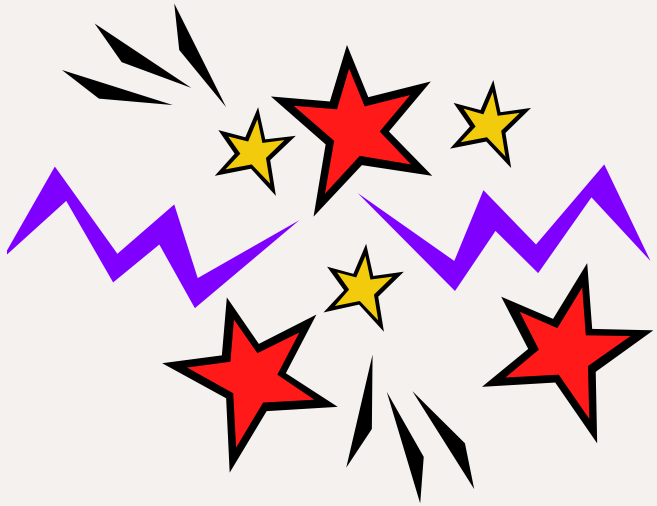
Arora VM. J Hosp Med. 2009 ; 4(7): 433–440.

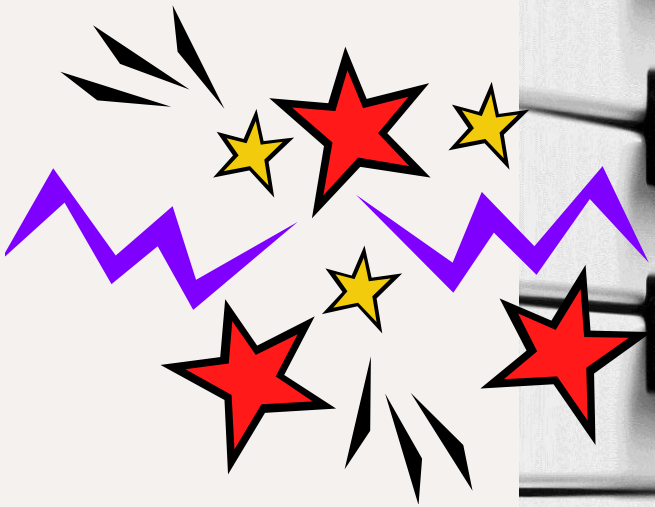
Hospitalist Handoffs: a Systematic Review

- Pertinent Content Recommendations
  - **All patients handed off must be included**
  - **Contents are up to date**
  - **Kept in a centralized location, easy access**
  - **Action items are highlighted**
  - **Anticipated events are highlighted**

Arora VM. J Hosp Med. 2009 ; 4(7): 433–440.

Will system interventions improve communication in the “gray” zone?





Intervention Outcomes

- Face to face verbal communication and electronic template
  - **39 IM interns, about 9,200 handoffs**
  - **Significant improvement in intern satisfaction and significant reduction in data omission**
  - **Reduction in near misses**

Graham KL. J Gen Intern Med. 2013 Aug;28(8):986-93.

Intervention Outcomes

- 84 Residents and 1255 patient admission

  Significant reduction in medication error 33.8 to 18.8 per 100 admissions

  (95% CI, 14.7-21.9; p < .001)

  Significant reduction in preventable adverse events 3.3 to 1.5 per 100 admissions

  (95% CI, 0.51-2.4; p =0.04)

Starmer AJ.JAMA. 2013 Dec 4;310(21):2262-70

Increasingly complex healthcare institutions

Inter professional teams

Speak in one language

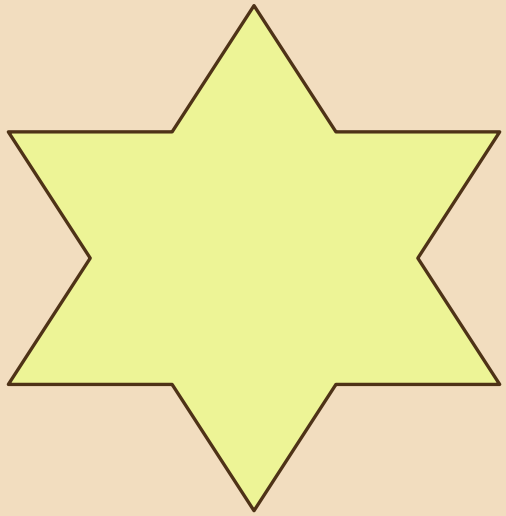
- Define pertinent content
  - Summary of history
  - Required action
- Clarification and inquiry

Striking the right note

We got to strike the right note

Succinct

Timely



Actions

Received

Conclusion

Ebony and Ivory live together in perfect harmony

Side by side on my piano keyboard…

Ebony, Ivory, oh

We all know that people are the same wherever you go

There is good and bad in everyone
We learn to live when we learn to give each other

What we need to keep, OUR PATIENTS SAFE
(survive, together alive)