A TALE OF TWO SIDES: UTILIZING SIMULATION TO IMPROVE COMMUNICATION

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GOAL

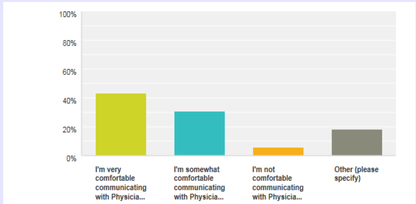
The goal of this project was to improve performance, communication and efficiency in the Behavioral Health Clinical setting among both Nursing staff as well as Hospitalists, as the department is transitioning to a more medically acute psychiatric model.

INTRODUCTION

- There were boundaries in the aptitude to efficiently communicate about the psychiatric patient with medical needs due to nursing not being immersed continuously in the medically acute environment.
- The current form of communication was not meeting shared communication needs among nursing or the hospitalists.
- When calls were made to the hospitalist about the medically acute patient, the contents of the information given required structure and focus on the specific needs of the patient.
- Lack of communicative guidance was evidenced by preforming a Learning Needs Assessment of the Behavioral Health Nurses exploring the need for further education.
- Results displayed a need for utilization of the SBAR (Situation Background Assessment Recommendation) format and improved prioritization of the information communicated to the hospitalists
- Our current medical providers only had one hospitalist covering the inpatient Behavioral Health unit so it was imperative that nursing staff understand their limitations, as providers, thus better prioritizing calls, while maintaining patient safety.

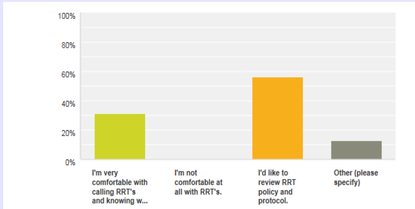
BASELINE DATA

1. How comfortable are you utilizing the SBAR (Situation Background Assessment Request) Report when calling a physician for a change in patient status? *



Answer Choices	Responses	
I'm very comfortable communicating with Physicians using SBAR.	43.75%	7
I'm somewhat comfortable communicating with Physicians using SBAR.	31.25%	5
I'm not comfortable communicating with Physicians using SBAR.	6.25%	1
Other (please specify) Responses	18.75%	3
Total		16

2. How comfortable are you with calling the Rapid Response Team (RRT), and knowing when to call? *



Answer Choices	Responses	
I'm very comfortable with calling RRT's and knowing when to call.	31.25%	5
I'm not comfortable at all with RRT's.	0.00%	0
I'd like to review RRT policy and protocol.	56.25%	9
Other (please specify) Responses	12.50%	2
Total		16

*These two questions were the most significant for this project as they are based upon communication skills. They were pulled from a collection of 14 questions included in the Learning Needs Assessment survey given to the Behavioral Health nurses

Pre-Implementation Survey-PROVIDER (Table 1.)

	Provider
Rate the following questions using a 1-5 scale, highest 5	
The quality of information I received from the Psych RN was complete.	3.20
The information about the patient was pertinent and accurate when I received a call from the Psych RN.	3.20
The information was communicated in an organized (SBAR) format.	2.80
I understood the limitations of the inpatient psychiatric unit well, in regards to what the RN's could and could not do for the patient (e.g.: Level A unit, No O2 or suction in rooms, locked code cart, etc.)	3.20

Pre-Implementation Survey-Behavioral Health R.N. (Table 2.)

	Behavioral Health Nurse
Rate the following questions using a 1-5 scale, highest 5	
The quality of information I gave Provider was sufficient.	3.63
The information I conveyed in regards to the patient's medical needs were pertinent and accurate.	3.88
I was comfortable with the medically acute psychiatric patient and communicating info in the SBAR format to the Provider	3.25
I understood the limitation of availability of the Provider and their need to prioritize calls.	3.25

ACTION PLAN: SOLUTIONS IMPLEMENTED

- The simulation lab staff toured the Behavioral Health Unit to get a better understanding of our environmental layout. This was then used to model the scenario rooms.
- Scenarios were created from past medical emergency situations that had occurred on the unit.
- Medical Provider leadership was contacted to participate in 1:1 Behavioral Health Critical Skills scenarios.
- The assessment of the scenarios were based upon the RN's ability to do a physical head to toe assessment taking both psychiatric diagnosis as well as possible medical diagnosis into consideration and then being able to communicate that information effectively to the provider.
- With that information, the RN was to establish whether to call the provider or not, and utilizing the SBAR form of communication, convey the information to the provider who was blind to the actual scenario.
- Communication between RN and Provider was then discussed during a debriefing held in a separate room. Here, both RN and Provider were able to verbalize what they obtained and what they did not obtain from the phone exchange as well as how they can possibly do things differently.
- Identified barriers to reaching expectations needed for the patient scenarios from a physician standpoint as well as nursing.
- We identified the need to implement the SBAR framework of communication in both Crisis as well as the inpatient unit, from the nursing standpoint immediately, as this is an existing format utilized on medical floors systemwide.
- Elicited feedback from nursing and provider staff based on the SBAR style of communication and the quality of the information conveyed after Critical Skills was completed.

OUTCOMES

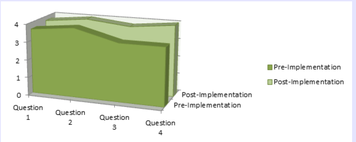
Post-Implementation Survey-PROVIDER (Table 3.)	Provider
Rate the following questions using a 1-5 scale, highest 5	
The quality of information I received from the Psych RN was complete.	3.40
The information about the patient was pertinent and accurate when I received a call from the Psych RN.	3.60
The information was communicated in an organized (SBAR) format.	3.20
I understood the limitations of the inpatient psychiatric unit well, in regards to what the RN's could and could not do for the patient (e.g.: Level A unit, No O2 or suction in rooms, locked code cart, etc.)	4.00

Post-Implementation Survey- Behavioral Health R.N. (Table 4.)	Behavioral Health Nurse
Rate the following questions using a 1-5 scale, highest 5	
The quality of information I gave Provider was sufficient.	3.75
The information I conveyed in regards to the patient's medical needs were pertinent and accurate.	4.00
I was comfortable with the medically acute psychiatric patient and communicating info in the SBAR format to the Provider	3.75
I understood the limitation of availability of the Provider and their need to prioritize calls.	4.00

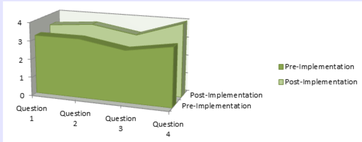
ANALYSIS

The goal of improving communication and partnership between Medical Providers as well as Behavioral Health Nurses was met with the application of the SBAR format within the simulated setting.

Pre- Vs. Post-Implementation Survey Behavioral Health R.N.
(Compares Table 2. and Table 4.)



Pre- Vs. Post-Implementation Survey Provider
(Compares Table 1. and Table 3.)



APPLICATION

- Upon completion of Behavioral Health Critical Skills in January of 2016, staff began to prioritize information that should be communicated to medical providers utilizing the SBAR format. Now the nurses can discern the medical complications that can occur within our psychiatric population and take the appropriate measures in order to address these concerns.
- Going forward, nursing staff has become acquainted with the "Patient Handoff Summary" tab located within a patient's chart in Powerchart (our computer medical records). Here, information is broken up into Situation, Background, Assessment and Recommendation. It is our hope that in the future, we can give report solely based around this tab to not only physicians, but to each other as well within the department.

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