

Enhancing Clinical Communication

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Chief Executive

Hunter New England Health

Why Communication became a Priority

Researching HNEH Clinical Communication

HNEH data on incidents (reported by staff) and complaints (from patients and families) from calendar year 2006

This was found to include:

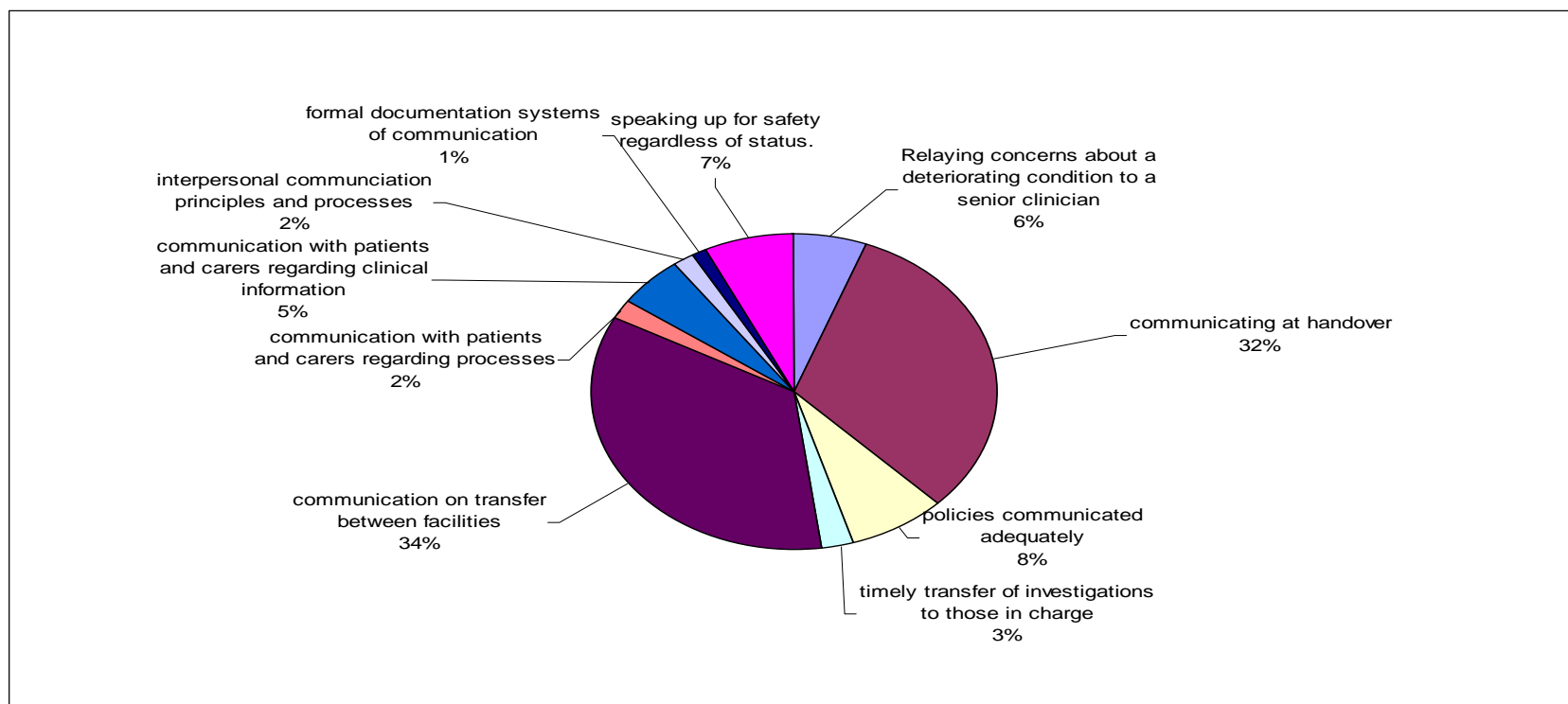
- 403 incidents reported as involving clinical communication.
- 171 complaints involving clinical communication
- 127 RCAs with outcomes/factors identifying communication

Clinical Communication in Incidents and Complaints

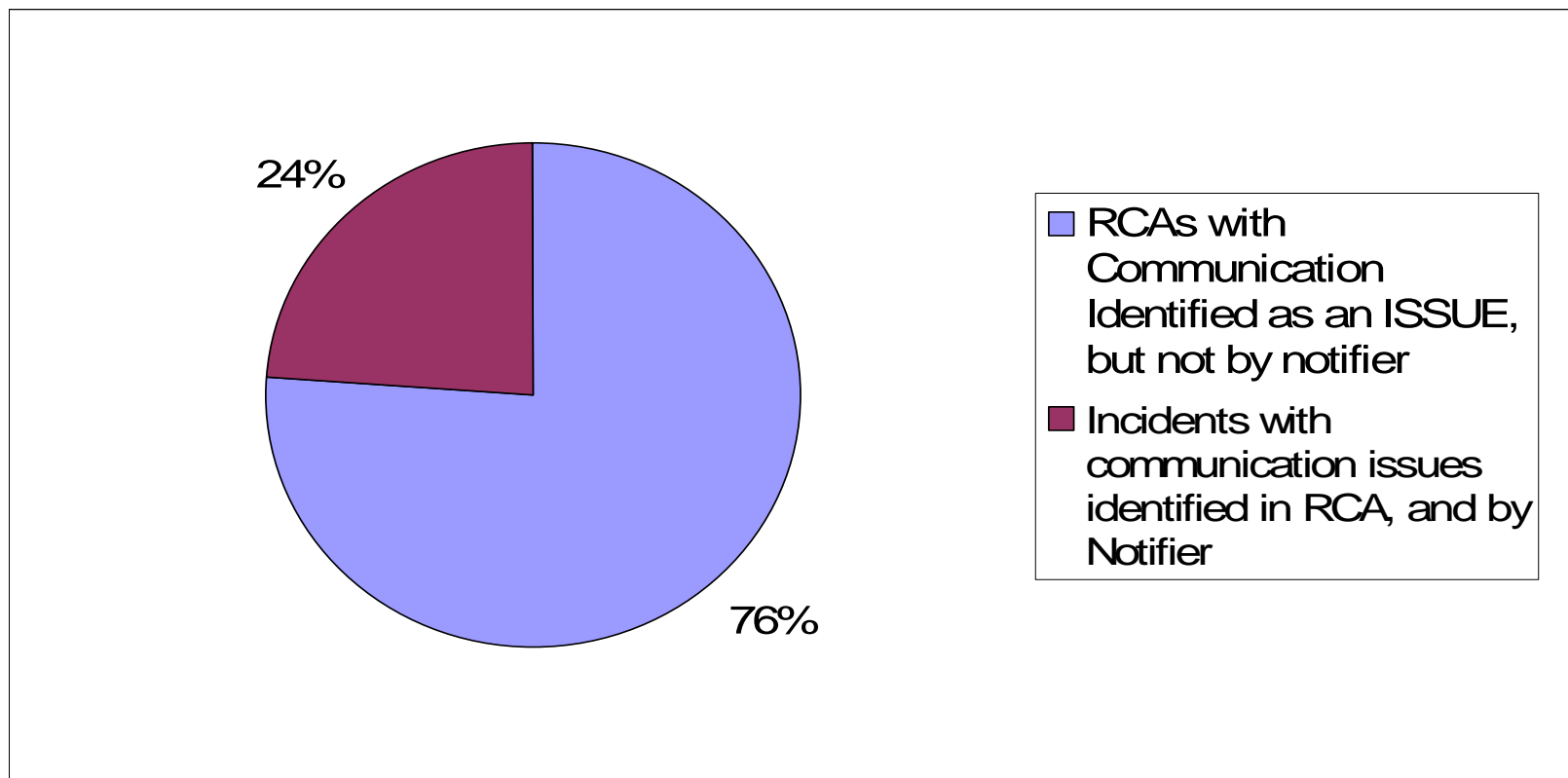
Finding 1 – Describing Categories for Communication

- Communication at Handover
- Communication on transfer between facilities
- Communication with patients and carers re processes of care
- Communication with patients and carers about clinical care and information
- Interpersonal communication principles and and practices
- Formal documentation
- Relaying concerns about deteriorating clinical condition to senior staff
- Speaking up for safety

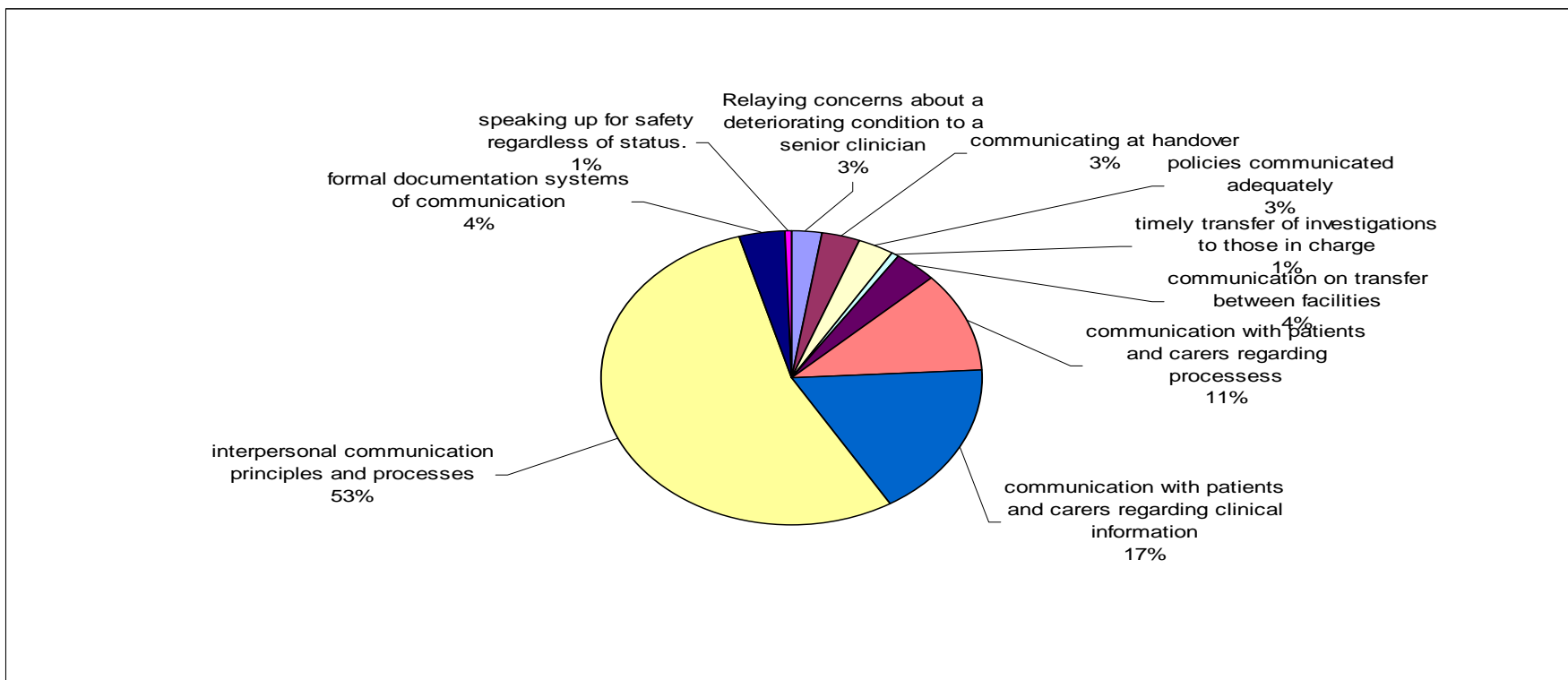
Finding 2 - 2006 Incidents associated with Communication reported via Incident Information Management System (IIMS)



Finding 3 - Comparison of Root Cause Analysis findings relating to Communication and with an Initial Incident Report in 2006



Finding 4 – 2006 Complaints associated with Communication reported through Incident Information Management System (IIMS)



Summary of Findings

Incidents and complaints have markedly different communication issue profiles

96 out of 127 root cause analyses identified communication as a contributing factor

Only one in four of the initial incident notifications that led to the root cause analysis had identified communication as a factor

Clinical communication endeavours reported in the literature were often focussed within a specific clinical setting, and describe an intervention within that specific setting

Published reports of classification for categories of communication were limited

Choosing the Strategy for Change

Identifying an Organisation-wide Approach – ISBAR

A readily transferable standardised format for communication in clinical and administrative settings, and already successfully used elsewhere in health and defence

Identification/Introduction

Situation

Background

Assessment

Recommendation/Request

Reaction from Clinical Councils: enthusiasm, offering of anecdotes, response to a practical innovation, desire to engage in training

Implementation Now Underway

Implementation Now Underway

Some of the implementation includes:

- Widespread communication strategy dissemination to develop engagement

- Senior champions identified as part of a HNEH Reference Group

- Area Executive Briefing template transferred into ISBAR format

- Local ISBAR tools created and disseminated to those who have attended training – but then they have been passed on independently by enthusiasts

- ISBAR training in medical and nursing student university training, and junior medical, nursing and allied health staff in-service

- Area Managers trained through Area Management Forum in 2008

- HNEH Clinical Governance received grant funding from the National Commission in Safety and Quality in Health Care to undertake trial of ISBAR in inter-hospital transfer situation - due to report in early 2009.

National Commission in Safety and Quality in Health Care Communication Initiatives

HNE Health's Grant...

“Identifying and Solving BARriers to Interhospital Transfer”

Twelve month study incorporates a pre- and post-interventional study into the impact of a standardised communication framework in the context of inter-hospital patient transfer

Study deliverables:

A readily transferable standardised format for clinical communication to enhance clinical handover in inter-facility transfer

A procedural model using a standard operating procedure in communication around inter-hospital handover

A governance framework that sets out the parameters of application of an ISBAR-based standard operating procedure for clinical communication in inter-hospital transfer

Due to Report March 2009

The Project Team

Dr Kim Hill, *Director Clinical Governance, HNEH Project Sponsor*

A/Prof Anne Duggan, *Associate Director Clinical Governance.*

Dr Margaret Sanger, *Director Medical Services, Maitland Hospital*

Dr Rosemary Aldrich, *Associate Director Clinical Governance*

Professor Kichu Nair, *Director of Continuing Medical Education, HNEH*

Ms Kim Lane, *Senior Project Officer, ISBAR Project*

REMEMBER

ISBAR

Clinical conversations should be clear, focussed and the information relevant.

Poor communication risks patient safety and contributes to adverse outcomes.

I – Identification

“I am..... (name and position)”

“I am calling from”

S – Situation

“I have a patient (age and gender) who is

- a) stable but I have concerns
- b) unstable with rapid/slow deterioration”

“The presenting symptoms are.....”

B – Background

“This is on a background of.....”

(give pertinent information which may include:

Date of admission/ presenting symptoms/ medications/
recent vital signs/test results/status changes)

A – Assessment

“On the basis of the above:

- o The patients’ condition is
- o And they are at risk of
- o And in need of”

R – Recommendation

Be clear about what you are requesting.

e.g. “This patient needs transfer to/review

Under the care of.....

In the following timeframe”

Prompt Card



NEW ENGLAND

NSWHEALTH

Prompt notepad

Before making the call:

1. Assess the patient
2. Read most recent notes

ISBAR Template

I Introduction	
S Situation	
B Background	
A Assessment	
R Recommendation	

ISBAR Project. For more information contact Clinical Governance on 49214168

Phone prompt



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Information Sheet

What is the Problem?

Interhospital transfer (IHT) is an everyday part of clinical practice where poor communication risks patient safety contributes to adverse outcomes. Hunter New England Health Incident Information Monitoring System (IIMS) data confirm this and, consistent with national and international experience, show that there is considerable room for improvement. However, as yet it would appear that there is no single strategy known to help clinicians to do this well.

What is the project?

A group of Hunter New England clinicians, managers and senior staff in Clinical Governance are seeking to assess whether a standardized format for communication can improve patient outcome and increase clinician job satisfaction. The project will test the impact of the ISBAR communication format on the transfer of patients from The Maitland Hospital to John Hunter Hospital.

What is ISBAR?

ISBAR is an acronym. It stands for:

I – Introduction

S – Situation

B – Background

A – Assessment

R – Recommendation

ISBAR provides a framework to frame conversation is conveyed between people in a consistent and reliable way. Evidence shows that when a standardised approach is implemented, the effectiveness of that approach increases. The listener knows what to expect and becomes more attuned and the speaker, knowing what is expected, can participate fully to meet the listeners needs. ISBAR has been adopted by a number of high-risk industries, including health, and so it does have an evidence background.

How will the project be implemented?

The planned project design is a prospective observation and intervention study. There will be four phases to the project:

- an **establishment** phase to introduce the project,
- a **development** phase to characterise existing handover practices and ask clinicians their views on how to improve the process,
- an **implementation** phase to test the subsequently developed standardised format for handover communication, and
- an **evaluation** phase to evaluate the effectiveness of the implemented solution, disseminate the findings and assess the wider transferability of the solution.

Identifying and Solving Barriers to Effective Handover in Interhospital Transfer Project

ISSUED: May 2008

Informed by the experience of clinicians who transfer patients elsewhere we will develop, implement and evaluate a communication tool to assist in clinical handover of patients transferred between the Maitland Hospital and the John Hunter Hospital, Newcastle.

Who is involved in the project?

The Australian Commission on Safety and Quality in Healthcare had funded the 12-month project.

Dr Kim Hill, *Director of Clinical Governance, is the HNEH Project Sponsor*

A/Prof Anne Duggan, Clinical Lead Acting Associate Director Clinical Governance.

Dr Margaret Sanger, Director Medical Services, Maitland

Dr Rosemary Aldrich, Associate Director Clinical Governance

Prof Kichu Nair, Director of Continuing Medical Education

Kim Lane, Senior Project Officer.

There will be broad consultation with consumers, carers and clinicians across the Maitland and John Hunter sites.

What will this mean for Hunter New England Health?

The results of this project will inform subsequent decisions about the application of the standardised format more broadly, as well as recommendations about the wider transferability of the solution.

For more information on this project please contact:

A/Prof Anne Duggan, Clinical Lead, on 0418167464 (Speed dial 68414)

anne.duggan@hnehealth.nsw.gov.au or

Kim Lane, Senior Project Officer, on 49855322

Kim.lane@hnehealth.nsw.gov.au or

Dr Rosemary Aldrich on 49 214 935 or 0423 782 182 or

rosemary.aldrich@hnehealth.nsw.gov.au

Some thoughts:

The “I” in ISBAR is very important

The “R” requires thought

Creating the space for communication is necessary

Everyone seems to have a story

ISBAR delivery needs to be just as instinctive as taking a clinical history

Training must start as students, and continue all through practice

Training should be concise, short and repeated

“...Science may never come up with a better communication system than the tea break...”

Earl Wilson, American Columnist, 1907-1987

Thank You

Discussion and Questions