SITUATION, BACKGROUND, ASSESSMENT, AND RECOMMENDATION—GUIDED HUDDLES IMPROVE COMMUNICATION AND TEAMWORK IN THE EMERGENCY DEPARTMENT

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Problem: Thousands of people die annually in hospitals because of poor communication and teamwork between health care team members. Standardized tools and strategies help increase the amount and quality of communication. Two structured communication methods include implementing huddles and the use of the situation, background, assessment, and recommendation (SBAR) communication framework.

Methods: To improve communication among nurse practitioners and registered nurses within a pediatric emergency department, a performance-improvement project with the structured processes of a joint patient evaluation and huddle was implemented. Data were gathered from 32 nurses and 2 nurse practitioners using structured observation and pre- and post-implementation surveys. The following outcomes were measured: presence or absence of joint patient evaluation and SBAR-guided huddle, verbalization of treatment plan, communication, teamwork, and nurse satisfaction.

Results: Eighty-three percent of patient encounters included a joint evaluation. A huddle structured with SBAR was conducted 86% of the time. Registered nurses and nurse practitioners verbalized patients’ treatment plans in 89% of cases and 97% of cases, respectively. Improved teamwork, communication, and nursing satisfaction scores were demonstrated among the nurse practitioners and registered nurses.

Implications for practice: This project showed the feasibility of a simple and inexpensive joint nurse practitioner–registered nurse patient evaluation followed by a structured huddle, which improved communication, teamwork, and nurse satisfaction scores. This performance-improvement project has the potential to enhance efficiency by reducing redundancy, as well as to improve patient safety through the use of structured communication techniques.

Keywords: Communication; Teamwork; Emergency department; Huddle; SBAR

Approximately 180,000 patients die annually in the United States because of adverse medical events.¹ Most of these events are related to miscommunication among health care teams.² Effective face-to-face communication between professionals is crucial for successful teamwork and essential to high-quality patient care.³ Processes to improve communication among ED staff should be standardized as much as possible to improve the efficiency of the emergency department by minimizing the time it takes to carry out a patient’s treatment plan. Teams that jointly evaluate a patient, obtain the patient’s history together, and perform a physical examination conjointly are able to reduce redundancy, save time, and increase patient and staff satisfaction.⁴ Furthermore, well-functioning, patient-focused teams have been associated with increased productivity, increased quality of care, decreased costs, and improved patient outcomes.⁵ In addition, nursing satisfaction improves when nurses are allowed to participate in the team as part of collaboration related to patient care decisions.⁶ The Institute of Healthcare Improvement⁶ and TeamSTEPPS⁷ recommend standardizing communication strategies (eg, huddles) to increase the amount and quality of communication, as well as to prevent adverse patient outcomes. Specifically,
the use of the situation, background, assessment, and recommenda-
tion (SBAR) framework has been implemented across the
US as a best practice in delivering information in a rapid
transmission, which is often necessary in a busy ED setting.

With the goal to improve communication, teamwork,
and nurse (registered nurse [RN]) job satisfaction in our
pediatric emergency department, a performance-improve-
ment (PI) project was instituted in which the nurse
practitioner (NP) provider and RN conducted a joint
history and physical assessment, followed by a huddle
standardized with the SBAR framework. The purpose of
this article is to describe the findings of this PI project,
including the feasibility of initiating this approach and
association with teamwork, communication, and nurse
satisfaction scores.

Methods

ETHICS

Permission to conduct this project was obtained from the
medical center’s nursing and medical leadership teams. In
addition, approval as exempt status was received from the
medical center’s institutional review board.

SETTING

The PI project took place in an academic medical center’s
pediatric emergency department located in western New
York State during the autumn and winter months of 2013–
2014. This pediatric emergency department provides care
to approximately 30,000 children annually and is the Level
I Trauma Center for the area. The sample consisted of RNs who
were employed full time and part time in the pediatric
emergency department, along with 2 board-certified pediatric
NPs. Because the project was a department PI initiative, all RNs
and NPs were included in this intervention.

PROCESS

Staff Education

Before the start of the practice change, a 1-hour
educational in-service was developed and presented to
pediatric ED nursing staff (N = 33). The education
highlighted the importance of effective communication
among team members and the outcomes hypothesized
from implementing structured communication tech-
niques. A verbal, step-by-step scenario of an NP and RN
entering a patient room together to obtain the history and
perform the physical examination, followed by a demon-
stratation of a huddle structured with the SBAR framework,
was provided.

NP-RN Joint Evaluation

After staff education, the NPs and RNs began the process
of conducting joint, simultaneous patient evaluations of
eligible patients. Eligible patients were defined as those
who did not require immediate lifesaving treatment or
resuscitation. The current practice of an NP and RN being
assigned to care for patients based on their workload and
availability did not change. For this PI project, it was
emphasized that once an NP and RN were identified as
assigned to care for the same patient, they coordinated a time
when both were available to go into the examination room
together. Once the NP and RN were in the room, the patient
or family member was asked to relay the reason for coming to
the hospital and precipitating symptoms. After the NP and RN
team heard the patient’s history, they performed a physical
examination together. By doing this, the NP and RN were able
to assess and discuss their findings concurrently.

Huddles Structured With SBAR

After the joint evaluation, the NP and RN were asked to
huddle to discuss the patient’s history and physical findings
using the SBAR format. This huddle could have been
completed within the examination room with the patient
present or outside the room in a private, quiet area where
the plan could be discussed. The option of stepping out of
the patient’s room was given to the team members in case
there were sensitive issues that needed to be discussed, such
as concerns of potential child abuse.

At any time, a team member could speak up and
disagree with what was being said or include additional
information considered important to properly care for the
patient. By following the SBAR format, the team members
could communicate in a concise and anticipated method.
The final element of the huddle included the recommenda-
tion of the treatment plan. Together, the NP and RN
determined a plan of care for the patient and negotiated
who was going to be responsible for each part of the plan,
based on their scope of practice.

METHODS OF EVALUATION

Design

The PI project was evaluated by using a structured
observational audit with the Huddle, SBAR, and Communi-
cation Observation Tool (HSCOT) and self-administered pre-
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