

# 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.<sup>1</sup> Most of these events are related to miscommunication among health care teams.<sup>2</sup> Effective face-to-face communica-

tion between professionals is crucial for successful teamwork and essential to high-quality patient care.<sup>3</sup>

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.<sup>4</sup> Furthermore, well-functioning, patient-focused teams have been associated with increased productivity, increased quality of care, decreased costs, and improved patient outcomes.<sup>3</sup> In addition, nursing satisfaction improves when nurses are allowed to participate in the team as part of collaboration related to patient care decisions.<sup>5</sup>

The Institute of Healthcare Improvement<sup>6</sup> and Team-STEPPS<sup>7</sup> recommend standardizing communication strategies (eg, huddles) to increase the amount and quality of communication, as well as to prevent adverse patient outcomes. Specifically,

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the use of the situation, background, assessment, and recommendation (SBAR) framework has been implemented across the US as a best practice in delivering information in a rapid transmission,<sup>6</sup> 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-improvement (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 techniques. 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-

stration 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 recommendation 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 Communication Observation Tool (HSCOT) and self-administered pre-

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