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Minding the gap: Interprofessional communication during inpatient and post discharge chasm care☆

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ABSTRACT

Objective: Poor communication is cited as a main cause of poor patient outcomes and errors in healthcare, and clear communication can be especially critical during transitions such as discharge. In this project, communication was standardized for clarity, and techniques were implemented to continue care from inpatient, to discharge, across the post-discharge chasm, to hand-off with the primary care provider (PCP).
Methods: The interprofessional (IP) quality improvement initiative included: (1) evidence-based teamwork system; (2) in situ simulation; (3) creation of an IP model of care; and (4) innovations in use of telehealth technology to continue care post-discharge.
Results: Measures inpatient/parent satisfaction and the attitudes of the care team have improved.
Conclusions: Traditional methods of communication and transition do not meet patient or healthcare provider needs. Communication must be standardized to be understandable and be used by the IP team. Care must continue post-discharge by utilizing technology to increase quality and continuity of care.
Practice implications: Improving and practicing communication skills may lead to reductions in healthcare errors and readmissions, and may decrease the length of stay and improve satisfaction of care teams.

1. Introduction

Unquestionably, teamwork and effective communication throughout the healthcare continuum are important for providing efficient, quality care that leads to excellence in patient outcomes [2]. Healthcare is complex and dependent on many professionals communicating and coordinating care to avoid fragmentation, delays, and ever increasing healthcare costs. In 1999, the Institute of Medicine (IOM) released a landmark report titled *To Err Is Human: Building a Safer Health System* [3]. The report estimated that as many as 98,000 Americans die each year as a result of healthcare errors. Since the release of the report, there has been a dramatic shift within healthcare focusing on reducing such errors including communication, which is listed as one type of error cited in the report. The healthcare system is turning to other high-risk industries to study their approaches for increasing safety industries such as aviation that have processes in place for communication and teamwork [4]. Faulty communication practices have been studied thoroughly and blamed for many disastrous events in aviation such as the Challenger explosion [5]. Because of the history and implications of these disasters, one of the safety and teamwork processes in aviation is standardized communication. The Joint Commission on Accreditation of Health Care Organizations (TJC) added standardized communication as a new patient safety goal because communication breakdown is frequently implicated in serious adverse events [6,7]. Since the release of the IOM report the Agency for Healthcare Research and Quality (AHRQ)

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has focused on improving team performance with standardized communication techniques in care delivery. In 2006 Team Strategies and Tools to Enhance Performance and Patient Safety (TeamSTEPPS®) was released by AHRQ [8].

1.1. Project description

The University of Kansas School of Nursing (KUSON) is leading an exemplary quality improvement project for interprofessional (IP) collaborative care teams to assist children and their families with their unique healthcare needs during hospitalization and through transition back to their pre-hospital setting and PCP. The IP collaborative care team concept was initiated in partnership with the University of Kansas Hospital (KUH). Through a grant, the IP Collaborative Acute-Care Practice-Pediatric Project (ICAP-Peds), support for IP collaboration with the introduction of tools for use in standardized clear communication is now in place. The foundational system of standardized communication was launched through implementation of TeamSTEPPS® (TS), AHRQ's teamwork system, for the project team, the direct care providers, and the indirect care providers [8]. Once the foundation for communication was in place, the goal was for ICAP-Peds to continue supporting activities to incorporate the concept of IP collaborative care teams into daily practice at the KUH Pediatric Unit.

IP collaborative care teams include individuals from KU Schools of Nursing, Health Professions, and Medicine. KUH staff includes direct and indirect care providers: personnel from nursing (the nurse manager, point of care nurse, clinical nurse specialists); medicine (physicians, residents, interns, students); therapists (physical, speech, occupational, art, music); informatics; dietetics; and pharmacy. Each patient's care team is individualized so that it is unique to, and directed toward that patient's needs throughout the course of hospitalization. As a result, the composition of each team is inherently flexible.

The project was submitted to the University of Kansas Medical Center (KUMC) Institutional Review Board (IRB). The IRB categorized the project as Quality Improvement and deemed that no approval was necessary. These findings are available under University of Kansas Medical Center IRB # 13444.

2. Methods

2.1. Change method: plan-do-study-act

The Plan-Do-Study-Act (PDSA) methodology was utilized as a continual process quality improvement framework for project evaluation and ongoing process improvement for the IP ICAP-Peds project. The PDSA cycle tests changes in real work settings and is a tool to accelerate improvement, per the report *Science of Improvement: How to Improve* by the Institute for Healthcare Improvement. The PDSA cycle was used in the ICAP-Peds project iteratively to test changes in the plan and to measure the success of the changes implemented [9].

2.2. TeamSTEPPS® Training Intervention

TS training, utilizing train-the-trainer methodology, was basis of the ICAP-Peds transitional care model. TS tools helped establish a common and safe culture of communication among all members of the IP healthcare team. The project team and TS trainers surveyed the pediatric unit and decided to focus on three standardized evidence-based TS tools (see Figs. 1–3). The needs of the pediatric unit as seen and understood by those who work on the unit drove the selection of the TS tools to be utilized. This is another part of the sustainability plan for this project that promotes ownership of the project with those who will use the tools.

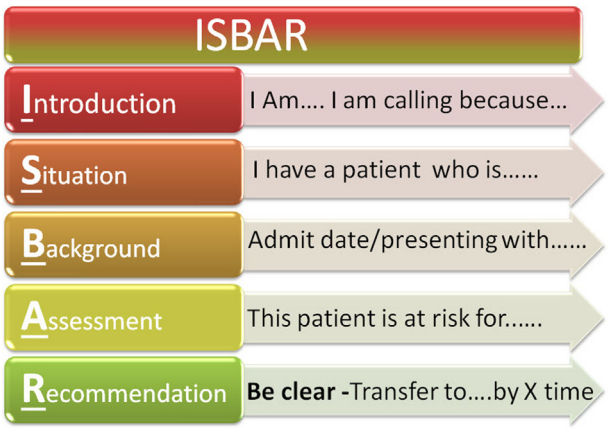

Fig. 1. ISBAR creates a standard interprofessional communication, with a clear, concise and organized format. I – introduction; S – situation; B – background; A – assessment; and R – recommendation.

Fig. 2. Brief: a short planning session prior to starting care.

2.2.1. TeamSTEPPS® tools utilized

Information is standardized and operationalized in the following, ISBAR format: I – introduction; S – situation; B – background; A – assessment; R – recommendation. All IP tam members are therefore utilizing communication with a clear, concise, and organized format for communicating important information to each other [8].

Briefs have been incorporated every morning. Members of the team provide a 1 min summary for each patient reviewing plans of care, procedures, discharges, and admissions. The daily brief has been instrumental in delivering seamless care while ensuring the entire healthcare team is regularly updated [8].

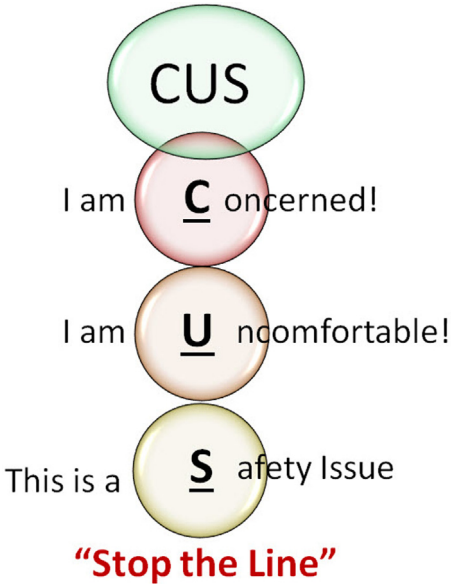

Fig. 3. CUS a communication tool to gives interprofessional team members a constructive approach to openly discuss an identified safety concern. C – I am concerned; U – I am uncomfortable; and S – this is a safety issue.