



You Can Walk the Walk, but Can You Talk to the Doc?

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April 2019



Outcome

By the end of this presentation, you will be able to:

- Demonstrate effective communication techniques



Why should you care?



Patient Safety Facts

- 42 million hospitalizations globally a year
- 42.7 million adverse events occur during these hospitalizations
- Patient harm is the 14th leading cause of death in the world
- 1 in every 10 patients, while in a hospital, is harmed



Increased Risk of Errors

- Inexperience
- Time pressures
- Inadequate checking
- Poor procedures
- Inadequate information



World Health Organization, n.d.



National Patient Safety Goal (NPSG)

- NPSG.02.03.01- Improve the effectiveness of communication among caregivers
 - Report critical results of tests and diagnostics on a timely basis



Communication

“The message sent is not the same as the message received.

“The decoding of the messages is based on individual factors and subjective perceptions.”



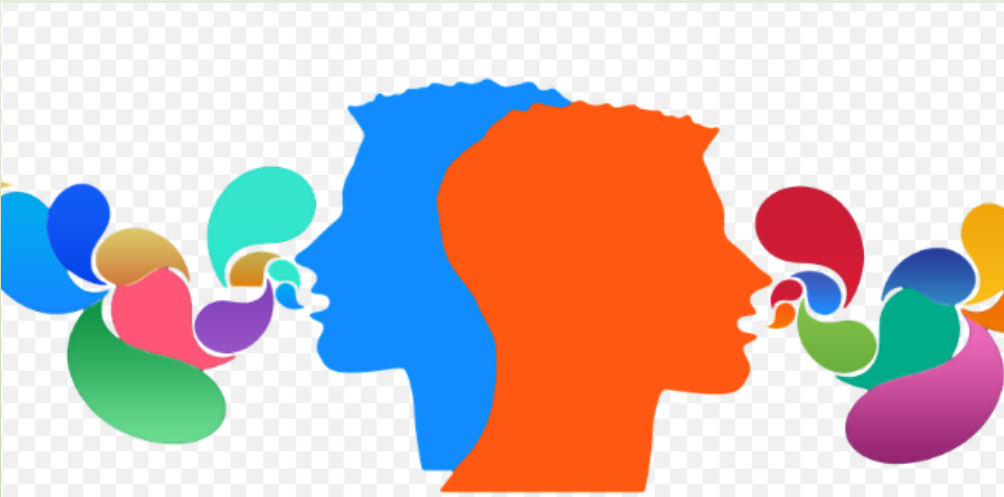
Activity

- Partner up; back to back (NO PEEKING 😊)
 - 1st partner to describe
 - 2nd partner to draw
 - 5 minutes to complete

*Goal: Recreate the visual thru sending and receiving message



Communication



Be assertive

Speak carefully

Be specific

Stay focused

Say less

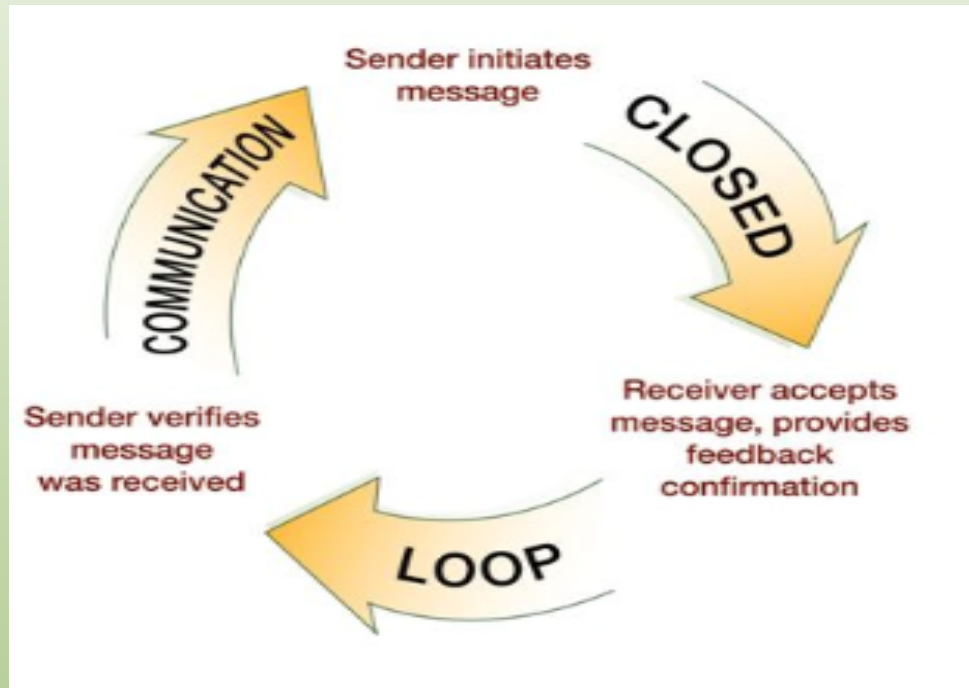
Listen attentively

Respond accurately



Check Back

- Closed loop communication
 - Information sent is the information received





Failed SBAR example

<https://www.youtube.com/watch?v=T9D3h3DFd1c&list=PLRZDe4RI84n1LI1K862haYCXarZYAId-A> Zdogg



Calling the Physician/Prescriber

Prior to calling

- Have I seen & assessed the patient myself?
- Has the situation been discussed with resource nurse or preceptor?
- Have I reviewed the chart for the appropriate physician to call?
- Have I read the most recent progress notes & know the admitting diagnosis & admission date?



Calling the Physician/Prescriber

- Have ready when you call
 - Patient's chart (access to EHR)
 - Current medications
 - Allergies
 - IV fluids
 - Labs
 - Code status
 - Recent vital signs



SBAR

- Situation - why are you calling?
 - Identify self, unit, patient & room number
 - “this is Chastity in ICU, I have Mr. Smith in 5
 - Briefly state the problem
 - “He is complaining of chest pain 6/10 and SOB”



SBAR

- Background –pertinent background info related to the situation
 - Admission diagnosis/date
 - “He was admitted yesterday for pneumonia “
 - “He has a history of CABG 3 years ago”



SBAR

- Assessment – your assessment of the situation
 - “His HR is 95, BP is 115/60. He’s sinus on tele”



SBAR

- Recommendation – What would you do to fix it? What do you want?
 - “I’d like to get an EKG and give him some nitro SL”
- Document the call



References

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