A Guide to Nurse/Provider Collaboration

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Objectives

The Road Map we will follow:

- Evaluate current practices/data throughout a health system related to medical staff and clinical staff collaboration.

- Analyze a comprehensive program of best practices and resources that will enhance medical staff and clinical staff relationships.

- Demonstrate understanding of leadership behaviors that will foster innovative collaborative relationships between nursing staff and providers.
Problem Statement

- Nurse/provider communication at Norton Healthcare (NHC) is not meeting national benchmarks as measured by:
  - National Database of Nursing Quality Indicators (NDNQI) MD collaborative subscale, which is **below the data base mean**
  - In 2013 NHC reported **53 root cause analyses** in the patient safety reporting system
  - **Communication failure** was identified as one of the root causes, placing it the top most frequently reported process in 2013 and in 2014
• Communication failures
  • are linked to the incidence of **preventable** medical errors
  • are reported to be the **root cause of 60-70%** of all adverse events (Clark & Greenawald, 2013; The Joint Commission, 2002)
  • are **linked to deaths** related to a delay in treatment
  • most commonly occurs **between nurses and providers** (Clark & Greenawald, 2013)
• **affect nurses satisfaction** (Vertino, 2014)
• **creates** conflict among team members
• **place patients at risk** for safety and quality errors
Norton Healthcare (NHC)
Norton Women’s Kosair Children’s Hospital

**NHC largest health system in the region**
- 57% market share
- 5 acute care hospitals
- 100 locations throughout greater Louisville and Southern Indiana

**NWKCH (beta site)**
- 373 bed full service community hospital
- Innovative women’s and children’s services
- Patient/family centered model of care
- On journey to Magnet® designation
Effective Communication

- **Physicians and other members of healthcare team**
  - Assign primary responsibility for patient safety to the nurse
  - Only 8% of physicians recognize nurses as part of decision making team (Greene, 2002)

- **Positions nursing as intellectual peers**
  - Creates partnership with demonstrated positive patient outcomes (Smith, 2004)
  - Helps to set clear expectations
  - Builds a collaborative work environment (The Advisory Board, n.d.)
The goal of the project was to create communication and collaboration strategies between nurses and providers that would result in **improved nurse satisfaction** and **reduced medical errors**.
Communication failures are integrally linked to the incidence of preventable medical errors and are reported to be the root cause of 60 to 70% of adverse events, most notably deaths related to a delay in treatment.

Most commonly, communication breakdown occurs between providers and nurses.

Poor team communication directly affects nurses contributing to decreased satisfaction and conflict among team members that places patients at greater risk for safety and quality errors.

Despite this evidence suggests that physicians and other members of the healthcare team assign primary responsibility for patient safety to nurses; however, only an estimated 8% of physicians recognize nurses as part of the decision-making team.

Behavior expectations and communication standards, which help to set clear expectations in building a collaborative work environment also have significant influence on nurses overall perceptions of their work experience.
Why Collaborate?

Nurse–Physician Collaboration = Improved Patient Care

Mortality per 100 Patients Before and After Implementation of Collaborative Rounds and Other Collaboration Initiatives*

Concord Hospital Cardiac Surgery, July 1998–October 2001

Institution of collaborative rounds and other changes

(4.8) Expected Mortality
(2.1) Observed Mortality

Following collaboration initiatives, patient mortality rate decreases by 56%
Creating a Culture

Successful organizations:

• Establish channels to deal with abusive provider behavior
  • Hospitals with strong cultures of Nurse/Provider collaboration have specific channels in place to deal with abusive behavior by providers.

• Focus on clinical competence
  • Focusing on nursing clinical competence and providing the highest quality of patient care fosters increased Nurse/provider collaboration. Providers will collaborate with individuals with whom they respect professionally.
In developing a culture of collaboration, an organization must consider environmental trends affecting nurse/provider relations.

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<th>Explanation</th>
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<td>Trend</td>
<td>Increased use of hospitalists promotes collaboration and the consistency of trust amongst staff.</td>
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<td>Reduced Resident Work Hours</td>
<td>Use of Hospitalist</td>
<td>Physicians rely more on nurses</td>
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<td>Generational Shifts</td>
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<td>Younger nurses less tolerant of disruptive physician behavior and seek a more collaborative relationship with physicians</td>
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<td>Increasing Inter-disciplinary Education</td>
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<td>Projected Nursing Shortage</td>
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<td>Hospitals need to focus on improving collaboration to decrease nurse turnover and ensure quality and safety.</td>
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Steering Committee

✓ Consisted of both nursing and physician leaders
✓ Reviewed current peer reviewed literature
✓ Determined toolkit contents
✓ Conducted SWOT
✓ Reviewed other data
  * Employee engagement survey results from 2013
  * Agency for Healthcare Research & Quality (AHRQ) survey results from 2013
  * Total number of events reported in the PSRS
  * Section of PSRS where professional practices were identified
  * Policies and procedures
  * Defined budget to be approved
Scope of Change

• Create a toolkit of best practices
• Focus on nursing and provider leaders
• Provide copy of toolkit along with education
  • Nursing continuing education
  • Continuing medical education
• Post presentation evaluation
  • 100% of nursing and providers identified objectives were met
The goal of this project was to create, implement, and evaluate a resource toolkit of best practices from a variety of professional literature that will include tools, tips, and techniques to improve communication and collaboration between nurses and providers. The long-term goal is to improve nurse satisfaction and reduce medical errors.

This toolkit was designed to help the user refine skills in building a collaborative environment with members of the medical staff.

Although this toolkit will provide the user guidance, it will take practice and patience to get to the desired result. Admiral Hyman Richover said, “Good ideas are not adopted automatically. They must be driven into practice with courageous patience.”
In 2006 the Advisory Board Company published a research study entitled "The Case for Strengthening Nurse-Physician Relations"

Best Practice tactics were incorporated into the toolkit including:

1. Empowerment through education
2. Standard communication tool (SBAR)
3. Joint nurse/provider staff meetings
4. Aligning vision and action
5. Physician preference cards
6. Nurse/provider rounding
7. Joint leadership development
8. Joint celebrations/recognitions
9. On-boarding program
Knowledge is power!

The ability to take pride in the field of nursing by staying up-to-date with advances through continuing education, specialty certification and participating in professional organizations are key to staying in touch with changes in the field of nursing.

Nursing research creates new knowledge and can help to change from a tradition without evidence into one that promotes medical staff respect of nursing knowledge.
Increase number of nurses that are BSN or higher
Insure nurses are practicing at the top of their license
Increase number of certified nurses
Conduct nursing research
Consider conducting nurse and provider research
Make sure our medical staff are aware of the above
Budget for ongoing education and research
Physicians and nurses are trained to communicate differently, which can cause miscommunication to occur.

Communication is believed to be the root cause of 60 to 70% of sentinel events.

The use of a common communication tools such as SBAR (Situation, Background, Assessment, and Recommendation) can provide a clear and concise reporting of patient issues when communicating with physicians.

This tool “allows for an easy and focused way to set expectations for what will be communicated and how between members of the team, which is essential for developing teamwork and fostering a culture of safety.”

How to Implement?

* Make sure both physicians and nurses are aware of SBAR
* Set the expectation for all communication
* Laminate name cards with SBAR tips (note pads)
* Create posters for units to discuss at huddles
* Coach if SBAR not being used
* Make sure both physicians and nurses are aware of behavioral expectations
Tool #3: Nurse/Provider Meetings

- Having staff nurses and nurse leaders representing nursing in shared leadership committees that include physician committees can help to build relationships.
- Encourages nurses and physicians to participate in open dialogue around patient care outcomes.
- Providers need to have feedback on issues raised so tracking issues and providing follow up is essential to help build trust and respect.
How to Implement?

- Develop feedback tracking system
- Invite physicians to staff meetings
- Create working teams of both staff nurses and physicians
- Tailor efforts to be concise and easy to track
Tool #4: Align Vision and Action

- Transparency and open dialogue begin with the executive team can help to facilitate nurse-physician relationships.
- Creating a culture that promotes partnership among all staff that is relationship based must occur and all parties must be held accountable.
- Staff must feel supported by senior leaders and know that issues will be addressed. In turn, nurses must have accountability to create an environment in which employees and physicians expect to have issues addressed.
How to Implement?

- Post department scores where providers can review
- Leaders must be committed
- Written policies on code of conduct must be understood by both nurses and providers
- Increase visibility with providers
- Recognize and reward staff and providers who exhibit appropriate behavior
Four things that essentially all providers are seeking:

- Quality - physicians want to know their patients are receiving quality and service,
- Efficiency - a physician can lose up to 30 minutes a day if the lab, radiology, or surgery departments are not efficient or a nurse is not prepared when calling a physician,
- Input - chooses things the physician can impact, focus on them, and then communicate the results again,
- Appreciation - physicians like staff needs to know they are appreciated by the organization.

Developing preference cards is a proactive way to capture.
How to Implement?

- Create preference cards for key providers in area
- Make sure they are updated
- Make sure staff is aware of cards and how to access
- Follow sample implementation process
Tool #6: Nurse-Physician Rounding

- Unit leaders and the charge nurses are encouraged to participate in provider/nurse rounding on both a formal and informal level.
- Nurses are encouraged on a daily basis to "see the patient with the doctor," give valid information to the physician, and at the same time, ask important questions about care.
How to Implement?

- Set expectation of rounding
- Primary nurse should attempt to go with the provider to see their patient
- Incorporate into unit orientation programs and the new graduate residency program, where a new hire is given the opportunity to "round with a doctor" towards the end of their orientation
Tool #7: Joint Leadership Development

- Include managers and above in an off-site meeting that includes key physician leaders for the opportunity to incorporate learning, networking, and fun.
- Encourage leaders and physicians to think positively about how to work more collaboratively.
How to Implement?

- Invite key providers to staff meetings or educational offerings
- Have staff write thank you notes to providers and providers to nurses.
- Gather input from staff on how they feel they could create a friendly workplace for providers
Tool #8: Joint Celebrations/Recognitions

- Including both nurses and providers in celebrations will help to create a more collegial relationship.
- Include nursing staff in physician recognition programs such as doctor day activities and encourage staff to nominate physicians for physician of the year.
- Include physicians in nurse celebrations such as nurse week celebrations.
How to Implement?

- Encourage staff to nominate physicians for physician categories
- Make sure providers are aware of nominations for nurses
- Take pictures of the most collaborative physicians, those that participate in the RN-MD initiatives, and put them on the walls of the nursing unit where they are participating and their patients are admitted
Tool #9: On-boarding Program

- On-boarding should be considered for any new member to the medical staff just like new nursing staff.
- Clear expectations should be set at the beginning including a best practice of requiring all medial staff to take the Hogan as part of the credentials process.
- Set clear expectations for all staff (nurses and providers).
How to Implement?

- Make sure staff is aware of new providers
- Develop preference cards for any new provider
- Make sure to introduce new nurses to providers
- Insure both providers and staff are aware of code of conduct
- Report any behaviors (nurse or provider) through patient safety reporting system or through chain of command
Implementation Journey

• Policy and Procedures
  • Code of conduct
  • Medical Executive Committee support

• Training of the toolkit
  • Copies provided
  • CE and CME provided
  • 98% of nurse leaders trained at beta site
  • 100% of hospitalist (adult and pediatric) trained at beta site
  • Unit base rollout to all nursing staff
Implementation Journey

- Communication
  - Weekly updates in hospital newsletter
- Formal communication model (SBAR) adopted through policy change (policy #4117.6)
- Monitoring of data entered into PSRS system related to communication and tracking trends in data
- Focused education in areas of concern
Implementation Successes

Toolkit nine- Onboarding and Toolkit five-
Physician preference cards

June 2015 NCH medical group created new provider/physician orientation. Beta site went live in September with first hospital based orientation

Toolkit two- Standard communication

NHC has adopted SBAR as standard communication tool. Hand off policy (policy #4117.6) was changed in August 2015 to include components. Added to “reaching for zero campaign”
Implementation Successes

**Toolkit three- Joint nurse/provider staff meetings**
- The following joint nurse/provider meetings are occurring where nurses and providers are sitting together to create change:
  - Adult hospitalist meetings
  - Pediatric hospitalist meetings
  - Emergency department meetings
  - ICU task force meetings
  - OR meetings

**Toolkit eight- Joint celebrations/recognitions**
- March 2015, Doctors Day celebrations where staff chose winners. Replication has begun at other NHC facilities
• Toolkit one- Empowerment through education
  • Beta site established preference for bachelors (BSN) prepared nurses, as of August 2015 58% are BSN prepared
  • Campaign to increase certified nurses- as of August 2015 34% of eligible nurses are certified an increase of 6% from 2013
  • Nursing research (nurse driven research) at the beta hospital currently has
    • 10 IRB projects underway
    • 2015, 2 manuscripts published
    • 2015, 2 national podium presentations
    • 4 research projects presented at Research Louisville from the beta site
Short Term Outcomes

• Baseline reporting remained **constant or increased** reporting identified in patient safety reporting system (PSRS)

• **50% reduction in errors** reported where communication was identified as root cause
Short term outcome

- NWKCH reporting through October 2015 number 1 in system
- NWKCH on track to exceed 2013 and 2014 reporting

Short term outcome

Root Cause Analysis 2013 to 2015 (through October), which indicated communication as a factor for NWKCH

- Root cause events related to communication went from 4 to 1
- **75% reduction in errors**

Long Term Outcome

- Improvement in NDNQI scores on the practice environment scale in the collegial nurse-physician relations subscale to **above the national mean** on the April 2015 survey
Long term outcome

- Participation increased by 7% 2013 to 2015
- Highest participation of hospitals in system (NHC)

Source: Norton Healthcare CIA department, 2015
Long term outcome

NDNQI RN Survey Results NHC 2013 & 2015
Collegial Nurse-Physician Relations Subscale

- NWKCH scored 3.14 which is above national mean of 3.10 in subscale

Source: Norton Healthcare CIA department, 2015
Recommendations/Implications

- Expand the education and implementation to all hospitals in the NHC system
- Incorporate other components of the toolkit best practices into the “reaching for zero campaign”
- Expand the toolkit beyond nurse/provider to nurse/nurse communication and collaboration
- Continue evolution (based on feedback and results) to refine the toolkit to further enhance the sustainability of the project
- The ongoing dissemination beyond NHC has already begun with state and potentially national exposure to the results of this project
Conclusion

• This project:
  • Addressed an innovative delivery of care model to improve communication and collaboration
  • Resulted in decrease harm events where communication was identified as root cause
  • Resulted in improved nurse satisfaction as measured by NDNQI instrument
  • Can easily be replicated using tools created
Increasingly, health care providers are exploring communication cultures, communication devices, and educational opportunities to foster more effective communication while promoting safe, high quality, timely, and cost effective patient care environments.

This project will help to establish common goal achievement by giving power and respect to each member of the healthcare team in order to achieve optimal outcomes for the patient and staff.