

Hospitalist Paging 4SPS in Collaboration with Nursing



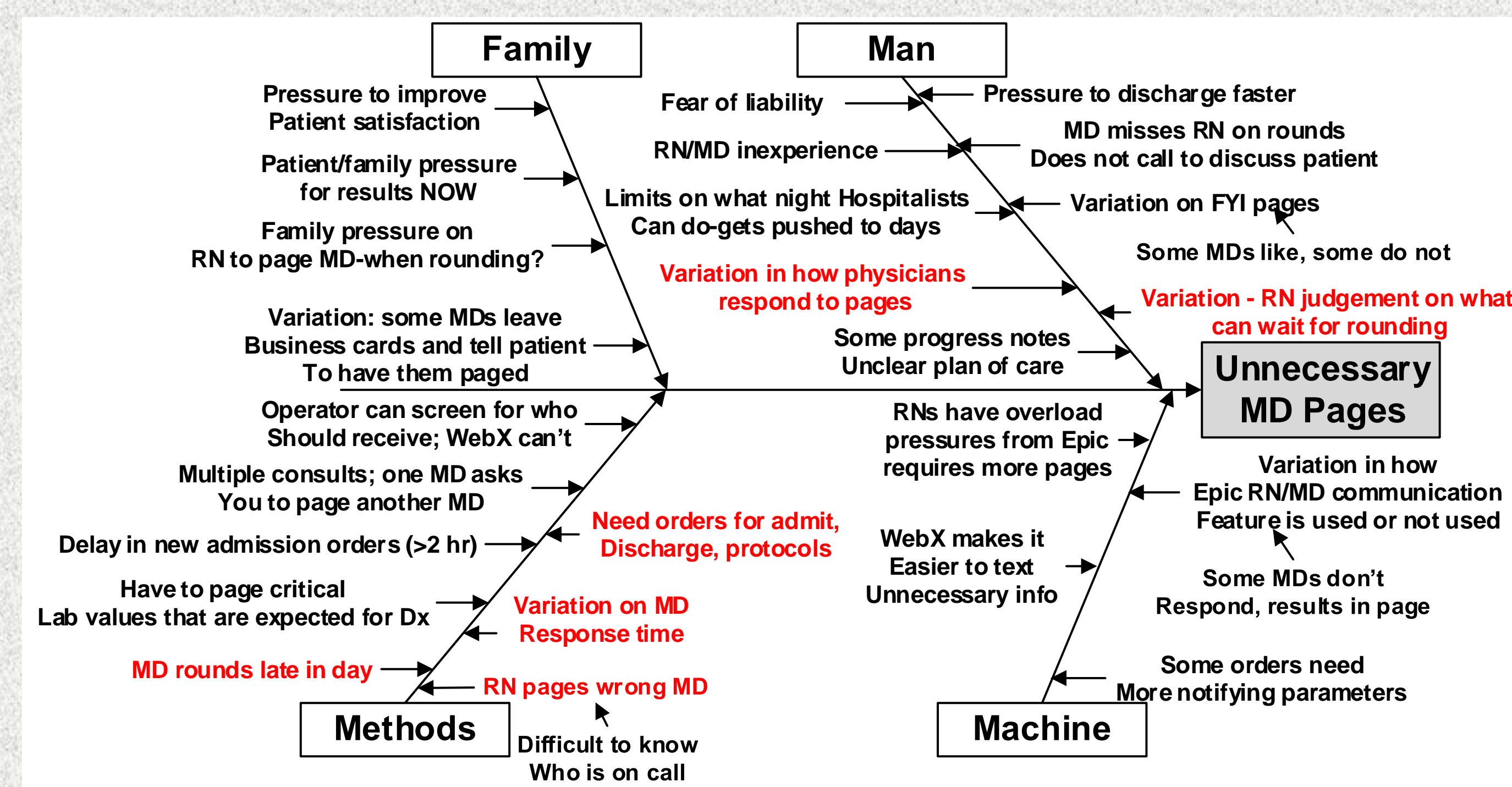
Background: With WebX text paging, the number of pages increased, causing frequent unnecessary interruptions in the provider's work day. These interruptions have significant impact, potentially causing errors in physician and nursing decision-making leading to poor patient outcomes.



What Should be Happening: 90% of pages sent to MDs should be appropriate for the needs of the patient and nurse (or other interprofessional).

What is Actually Happening:

- 30% unnecessary pages - Dr. Tate, 2016.
- 12% gap measured by 4SPS team



Root Cause: Inadequate Standard

Hypothesis:

If standard work for RN Paging and MD rounding is implemented and adhered to, there will be a 65% reduction in unnecessary pages.

Countermeasure:

Standard Work Tested in Med Tele, IMCU, Gen Med

- Criteria for paging (RN)
- Criteria for rounding (MD)

STANDARD WORK: Interprofessional Communication to streamline MD/Provider Paging by Front Line Staff	
Purpose: Meet the immediate needs of the interprofessional front line staff to assure patient safety and quality. Assure non-urgent needs are met using alternative methods of communication to minimize disruption to MD/Provider workflows.	
Inputs: Urgent need for Provider "CALL BACK"/"ACTION"; WebXchange; Switchboard; Patient/family communication regarding Provider Rounding (see Appendix A)	
CONTENT IN SEQUENCE	
Sequence	Brief summary of task
1.	Situation prompts interprofessional front line staff to page a provider.
2.	Assess criteria for need to page: Always Page: (See Step #8 for Night Shift) <ul style="list-style-type: none"> • Acute change in clinical condition • RRT Call • New critical lab result • Clarification/need for an order that could imminently affect clinical condition • Direct admission arrival • Admission orders delayed > 1 hour • Situation that significantly delays patient discharge • AMA or patient safety concern (including acute delirium, sun-downing, CTWA, leaving unit) • Code status needs update • Diet order clarification (NPO with or without meds, no order, or unsafe to swallow) • Hostile environment (contact MD after charge RN notification and utilization of management, patient advocate and NAC as necessary) Rarely Page: (See Step #8 for Night Shift) <ul style="list-style-type: none"> • Bowel care protocol order • Time of rounding (see step #8 for exceptions) • Clarification of non-critical electrolytes for replacement • Non critical lab results or labs showing improvement • Request for non-urgent lab orders • Request for electrolyte replacement protocols when the electrolyte is within normal limits, even if replaceable per our protocols. This should only be addressed during daily MD rounding.
8.	Hospitalists are expected to: <ul style="list-style-type: none"> • Check Epic MD Communication Notes that are "active" (see Navigator) for their patients at the beginning and the end of their respective shifts. • Connect with the primary RN at the time of rounding either face-to-face or by phone if necessary. • Place crucial orders in EPIC before noon (such as consults to Care Management; PICC order; DC Foley; PT order; RT evaluate and treat for any patient on nasal cannula or other type orders.
9.	RN and MD standard for use of Epic Physician (provider) Communication Note RN Standard: <ul style="list-style-type: none"> - Determine RN/patient need or request (use always/rarely page items as guidelines) - Encourage NOC shift RN to write in physician communication items that meet rarely page criteria during their shift prior to change of shift (0700) - Enter Communication note by 0900: Include request date (your name will automatically be signed as the note's author). - RN to remove notes if items addressed on rounds with MD MD (provider) Standard: <ul style="list-style-type: none"> - MD will review active Epic MD Communication Notes anytime, but are minimally encouraged to do so at the beginning and end of their respective shifts. - After MD reviews the request and addresses any needs, then the provider will add a simple response (e.g. "done" or "initials") to each request in the MD communication box. - RN to review communication and enter note indicating interaction/action.

Acceptable Paging Examples



TOC Unit	MD Connection with Primary RN Baseline	MD Connection with Primary RN (target = 90%)	% Appropriate Pages Baseline	% Appropriate Pages (target = 90%)
Med Tele	86%	97%	88%	97% days 61% nights
IMCU	94%	90%	97%	96%
General Medicine	81%	88%	97%	Inadequate Data
OVERALL: MDs very satisfied with reduction in unnecessary pages				

Data Limitation:

Inadequate MD Data on General Medicine.

Conclusions:

- Paging criteria effective to reduce unnecessary pages
- MD connection with RN during rounding is crucial
- Action or Call back standard to WebX text paging helpful to MDs

Next Steps

- CBT for all RNs and all Hospitalists – Launch July 1, 2018
- Continue to collect data for check and adjust

4SPS TEAM MEMBERS

Dr. Tate – Salem Clinic	Abby Crawford – IMCU
Dr. Batra - Kaiser	Carlee Bizon – Gen Med
Dr. Loa - SHMG	Julie Stauffer – IMCU
Nancy Dunn – Facilitator	Amy Stokes – Clinical Ed.
Jessica Reese – Med Tele	Laura DiDomenico – IS
Ellie Barnhart – IMCU	Rebeca Cowin – IC
Kim Mullins – NTCU	Brenda Umulap – Gen Med
Alex Morrison – NTCU	Jennifer Kameshima - Float

Per Dr. Tate: "I have been concerned about this problem for over a decade. Unnecessary paging interrupts our workflow and creates a patient safety hazard. This team worked collaboratively to prove my hypothesis that meeting with the RN face-to-face every time I round on a patient reduces unnecessary pages. This is further enhanced when RNs use standard criteria for paging. The results of this test make us all successful in providing quality patient care by minimizing waste and promoting more efficient and effective workflows both the physician and the nurse".