

Nurse-Physician Communication: How It Affects Patients and Providers

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Disclosure:

Nurse and physician engagement are part of my performance evaluation.

Objectives

- Describe positive impact of nurse-provider communication:
 1. On patient
 2. On nurse
- List factors that impair nurse-provider communication.
- Outline an approach to enhance communication.

Ineffective communication is commonplace.

30% of “procedurally relevant exchanges” involved communication failures:

- absence of a key team member
- transfer of inaccurate information

Results:

- Inefficiency
- Tension
- Delay



Top 10 most frequently reported Sentinel Events

1. Unintended retention of a foreign body — 116
2. Fall — 114
3. Wrong-patient, wrong-site, wrong-procedure — 95
4. Suicide — 89
5. Delay in treatment — 66
6. Other unanticipated event* — 60
7. Criminal event — 37
8. Medication error — 32
9. Operative/postoperative complication — 19
10. Self-inflicted injury — 18

*Includes asphyxiation, burn, choked on food, drowned, or being found unresponsive.

**60% involve
communication error.**

41% of malpractice cases included lack of timely acknowledgment and effective communication.

Other factors:

1. lack of appreciation for clinical significance or decline
2. variation in willingness to escalate concerns
3. poor communication due to lack of team structure and function
4. delay in care management and effective response



How Communication Among Members of the Health Care Team Affects Maternal Morbidity and Mortality

Rita Allen Brennan and Carol Ann Keohane

Communication Is
Essential to Good Patient Care

KEEPING PATIENTS SAFE

Transforming the Work Environment of Nurses



QUALITY CHASM SERIES

INSTITUTE OF MEDICINE
OF THE NATIONAL ACADEMIES

Recommendation 5-6.

HCOs should take action to support interdisciplinary collaboration....

1. Adopt interdisciplinary practice mechanisms like interdisciplinary rounds
2. Provide ongoing formal education and training in interdisciplinary collaboration

Allianz

zürich



Reality

Variable providers

Variable time

Variable acuity





Interdisciplinary Communication Is Multidimensional

It's not as simple as 'you have it' or 'you don't'.

Precursors to Collaboration

1. Clinical competence
2. Trust and respect
3. Shared goals
4. Effective communication
5. Shared decision making
6. Conflict management

Building Relationships Takes Time



Threats to Relationships

STAFF
TURNOVER



**HIGHER NURSE
WORKLOADS**

are associated with more patient deaths, complications, and medical errors.

AHRQ Healthcare Innovations Exchange, 2012

 National Nurses United

A photograph of two female nurses in blue scrubs working together in a hospital setting. They are looking at a document on a table. The nurse on the left has a stethoscope around her neck and is holding a mobile phone. The nurse on the right is also looking at the document. The background shows grey cabinets and a white wall.

hospital culture

Organizational Structures that Work

1. Leadership modeling of collaborative behaviors
2. Build nurse expertise (evidence)
3. Work and works
4. Interdisciplinary mechanisms (rounds, meetings, work
5. Training
6. HR policies



Colleen Swartz, DNP
VP Hospital Operations
UK Healthcare
UK College of Nursing



Improved:

1. attitudes toward team communication
2. motivation
3. advocating for patients
4. self-efficacy
5. situation monitoring
6. mutual support
7. communication





What is mindfulness?

Paying attention
from moment
to moment
to whatever arises.



Mindfulness

emotional
intelligence

personal
effectiveness

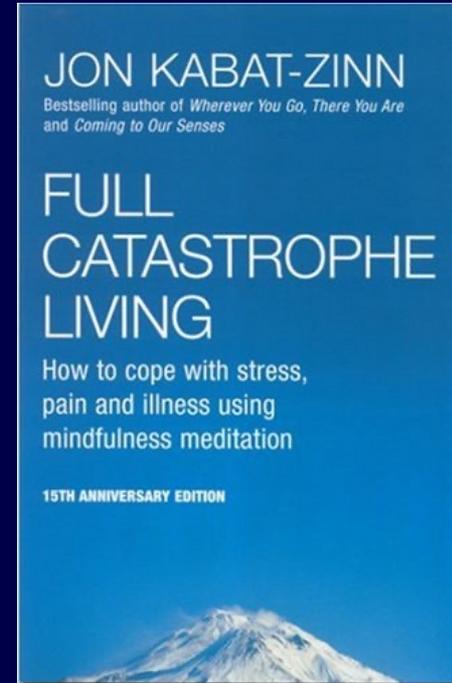
stress
reduction

Mindfulness Training

- develops self-awareness
- understanding of others
- improves concentration and creativity
 - perform better at work
- fosters empathy and emotional intelligence
 - helping leaders to build resonant relationships
 - Clients
 - Colleagues

Mindfulness Training

- enables leaders to more quickly renew themselves
 - offsets effects of power stress
 - avoids burnout
- allows one to be fully present in the moment
 - able to give one's whole attention to clients (patients), colleagues and the task in hand





Mindfulness in business

Mindfulness in healthcare





“Patient safety
requires a state of mindfulness.”

“mindfulness is a preoccupation with continually updating mental models of risk and understanding the context in which processes for minimizing risk are implemented”

Managing Complex Systems in Perioperative Medicine

Andrew Friedrich, MD
University of Cincinnati
Cincinnati, Ohio

■ Introduction

At the present time, most clinicians find it difficult to get through a day without exposure to new reports in the mainstream media lamenting the failures of the modern medical system. Although the problem of the high cost of United States healthcare took center stage during the first term of the Clinton administration, the larger and more deeply rooted systems problems endemic to the field of medicine came to national attention with the Institute of Medicine's seminal reports "To Err is Human: Building a Safer Health System" in 1999¹ and "Crossing the Quality Chasm: A New Health System for the 21st Century" in 2001.² These reports highlighted the prevalence of systemic problems of "misuse", or failure to execute clinical care plans properly, "overuse", or use of resources in the absence of evidence of benefit, and "underuse", the failure to employ practices of proven benefit.³ Since that time, clinicians and hospitals have been increasingly forced to comply with a torrent of new systems and performance standards, initiated by organizations such as the Institute for Healthcare Improvement, the Leapfrog Group, the Joint Commission, and the Surgical Care Improvement Project. Concepts such as "bundles"⁴ and pay for performance measures, unknown at the beginning of this decade, are now commonplace. However, although the application of systems approaches to healthcare delivery is a relatively new phenomenon, this

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High Reliability Organizations

VS

High Efficiency Organizations

High Reliability or High Efficiency?

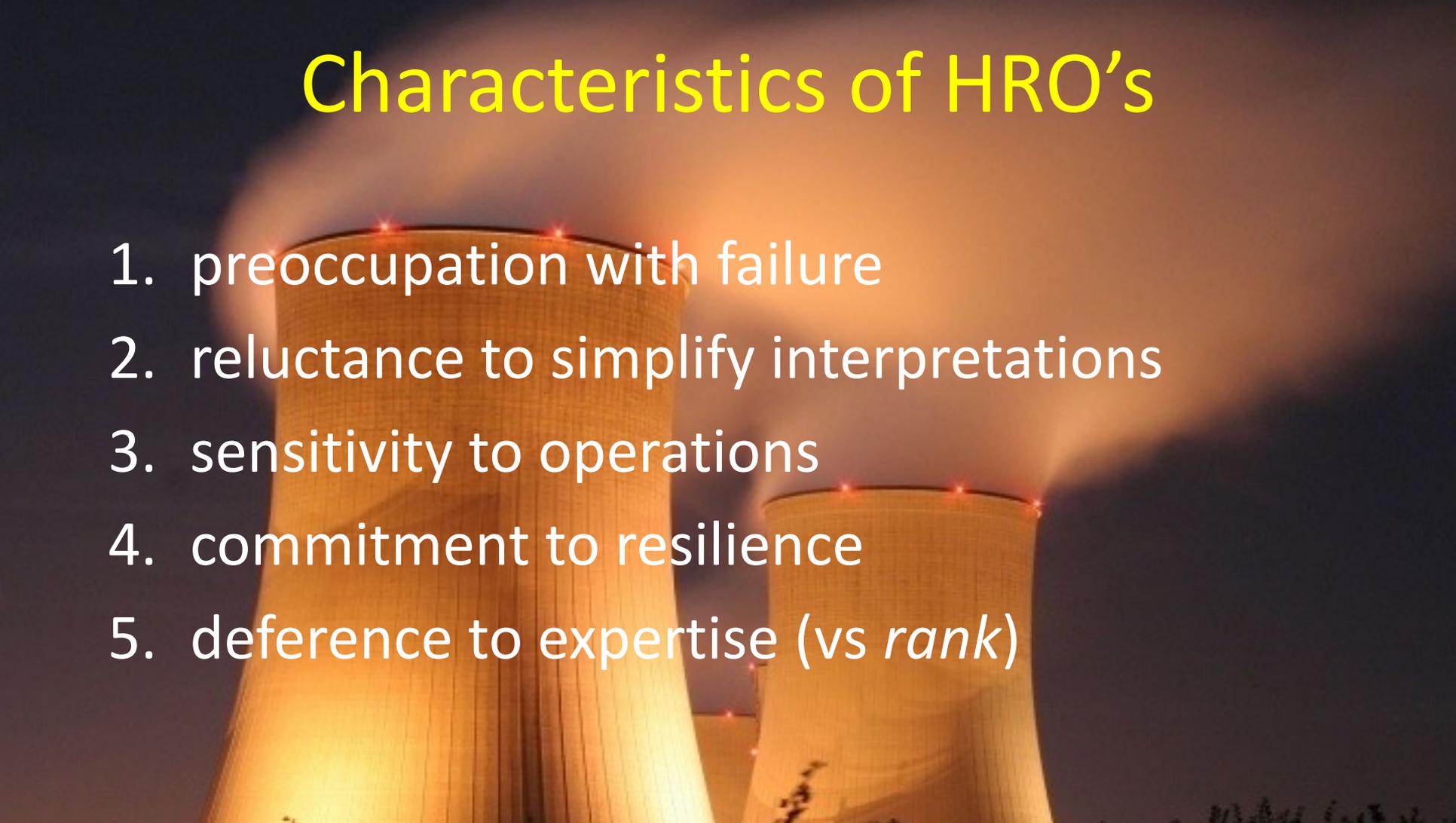


High Reliability or High Efficiency?

‘continuous, nearly error free operation, even in multifaceted, turbulent, and dangerous task environments’



Characteristics of HRO's

The background of the slide features two large, cylindrical cooling towers from a power plant, illuminated from below with a warm, orange glow. The towers are set against a dark night sky, with some faint lights visible at their tops. The overall atmosphere is industrial and somewhat mysterious.

1. preoccupation with failure
2. reluctance to simplify interpretations
3. sensitivity to operations
4. commitment to resilience
5. deference to expertise (*vs rank*)

Culture Change

Tenerife



Tenerife –

the crash that changed the airline industry

- Deadliest crash in aviation history
 - 538 fatalities
- 1977, Tenerife Island, Canary Islands
- Collision of KLM and Pan Am Boeing 747's



Captain Jacob van Zanten

KLM. From the people who made punctuality possible.

Building an airline of KLM's stature requires a special kind of punctuality. Like making a mistle of being punctual. A quality that's very much part of the Dutch.

It was a brilliant insight, after all, who gave it that punctuality - when he invented the spring balance that made automatic timepieces possible. A machine without which our timepieces wouldn't be so accurate. It's not true, but that machine that inspired Dutch ability for doing things well. As well as the way when you fly KLM you'll find your flight is always on time. With efficiency, punctuality and friendly understanding.

For that is the way the people of Holland see. They're always on time. And they're always on time. As your travel agent will advise.

 KLM



A right royal time is what you have on KLM's Royal Class forward in galley and pantry. Choose for instance, it always starts off with a choice of seven different coffees. But then it's only in keeping with that stylish class for too good to be called just food.

Best of all, you can enjoy Dutch hospitality on every trip to Europe. You see KLM flies you straight to the heart of Europe - Amsterdam - via the only daily morning TAT service to New York and Chicago. With direct air service from Houston. Call your travel agent for all the details.



 KLM

The reliable airline of those surprising Dutch.

Tenerife – the crash that changed the airline industry

- Cockpit KLM 747
 - Captain Jacob van Zanten - a star
 - Copilot – first officer
 - Flight engineer – second officer
- Dense fog, one runway
- Pan Am 747 on runway out of sight of KLM 747

Tenerife – the crash that changed the airline industry

- Captain van Zanten puts KLM plane on runway and is in a rush to take off
- Copilot says with great hesitation “wait we do not have clearance yet!”
- Air traffic control clearance given but takeoff clearance not given and captain begins throttling up
- Copilot rushes to try and get clearance, communication poor with tower but copilot gives pilot the OK to takeoff.
- Copilot focuses on his duties to assist the captain and says nothing

Tenerife –

the crash that changed the airline industry

- At 45 knots, the very junior flight engineer speaks up lightly and says “is he not clear then, that Pan Am?”
- Pilot and copilot say “What?”
- At 80 knots, the flight engineer repeats in a soft voice “is he not clear then, that Pan Am?”
- “Yes” snaps Captain van Zanten

At 112 knots, Captain van Zanten sees Pan Am 747 sideways on runway and tries to leapfrog over the plane.... collision occurs.....538 fatalities.



Why ?



Several reasons:

- Myth that senior airline captains are infallible; avoiding mistakes due to their experience, strength of personality and wits.
- Assumption - a person of such stature is presumed to be perfect
- Culture of the airline cockpit before Tenerife
- Misunderstood words or phrases
- Lack of communication

The Response



- 1978 – NASA research:
 - majority of airline disasters NOT due to pilots lack of technical skill or mechanical failure
 - BUT from errors associated with breakdowns in:
 - Communication
 - Leadership
 - Teamwork

The Response

Cockpit or Crew Resource Management (CRM) evolved:

- Focus on human and systems issues
- Work culture within cockpit gradually modified
- All members of crew empowered to provide feedback, opinion, ask questions, “hard stop”
- Error management
- Standardized checklists, forcing functions and language of cockpit communications

Think about this...

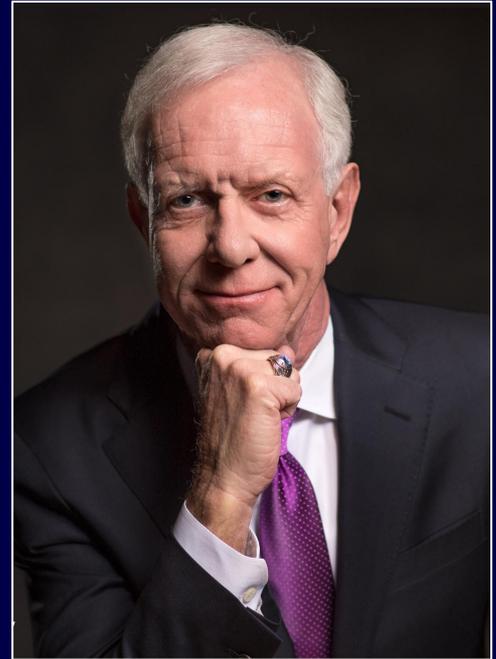
Technical excellence and
intelligence alone does not
always guarantee a positive
outcome

Think about this...

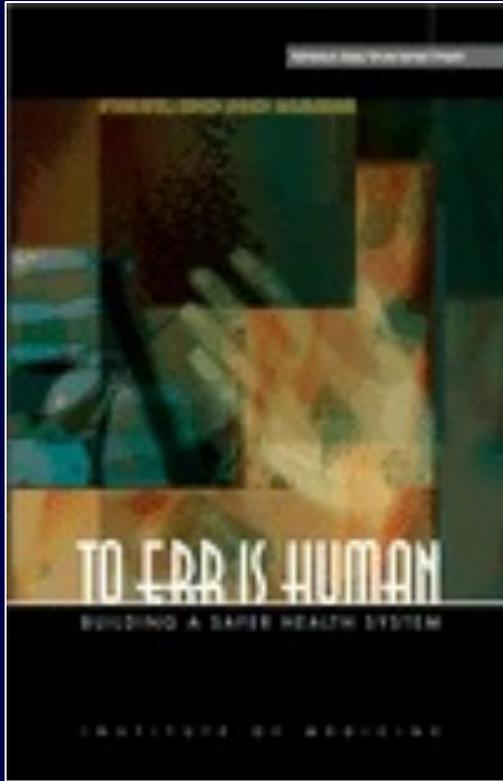
Being a good leader and getting the most from a team are not directly linked to your technical expertise or intelligence

The Impact of Crew Resource Management (CRM) on the Commercial Airline Industry

- Improved cockpit team interactions
- Fewer errors
- Better morale (lower staff turnover)
- Commercial flight more cost effective
- Overall rate of airline incidents has declined
- Commercial aviation is the safest form of transportation on a per mile basis



Medicine's Tenerife



- 15,000-98,000 deaths annually due to error
 - (IOM 2009)
- Near misses even higher
- Hospital acquired illnesses occur
- Long delays to get appointments, wait times in physician offices, delays in getting test results
 - (Murray and Berwick 2004)

Hypothesis

Mindful residents perform better.

Methods

- 50 house staff
- Surveyed:
 - Communication
 - Mindfulness
 - Performance
- Performance evals
- 3 nurses

TABLE 2. Self-Assessment vs. Other (MD/RN Raters), Mean Differences, by Quartile for Clinical Decision-Making and Mindfulness

Resident Quartiles	Rater Group and Competency			
	MD CDM	RN CDM	MD MDFL	RN MDFL
Top 25%	1.26	1.41	1.12	1.22
Upper 25%	0.44	0.42	0.57	0.88
Middle 25%	0.25	0.1	0.21	0.3
Lowest 25%	-0.72	-0.57	-1.03	-0.89

CDM, clinical decision-making; MDFL, mindfulness. For the top 25% of residents, faculty rated their performance 1.25 higher on average than they rated themselves. Conversely, in the lowest 25%, average faculty ratings were 0.8 below that of average self-assessments by residents.

TABLE 3. Correlation of Resident Clinical Decision-Making With Resident Mindfulness, Positive Affect, Communication

Variable	Coefficient	p
Phase I mindfulness	0.59	<0.001
Phase I positive emotional affect	0.39	<0.01
Phase I negative emotional affect	-0.03	0.4
Phase I communication	0.27	<0.05

TABLE 5. Rankings of Negative Affect and Rater Assessment of Performance, by Quartile

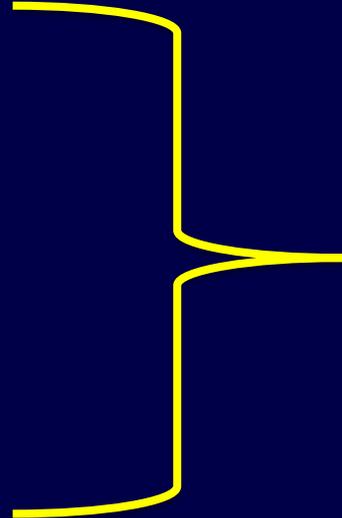
Resident Negative Affect by Quartiles	Rater Assessment of Performance by Quartile			
	Lowest 25%	Middle 25%	Upper 25%	Top 25%
Highest 25%	6	2	4	1
Upper 25%	7	2	0	1
Middle 25%	0	7	6	5
Lowest 25%	0	1	3	6
Total	13	12	13	13

All of the lowest 25% for clinical decision-making were in the upper 25% to top 25% of self-reported negative affect.

Communication Failures Also
Threaten Nurses

Risk factors for Burnout

- Age
- Single marital status
- Work overload
- Lack of fairness
- Lack of control
- Conflicting values
- Lack of reward



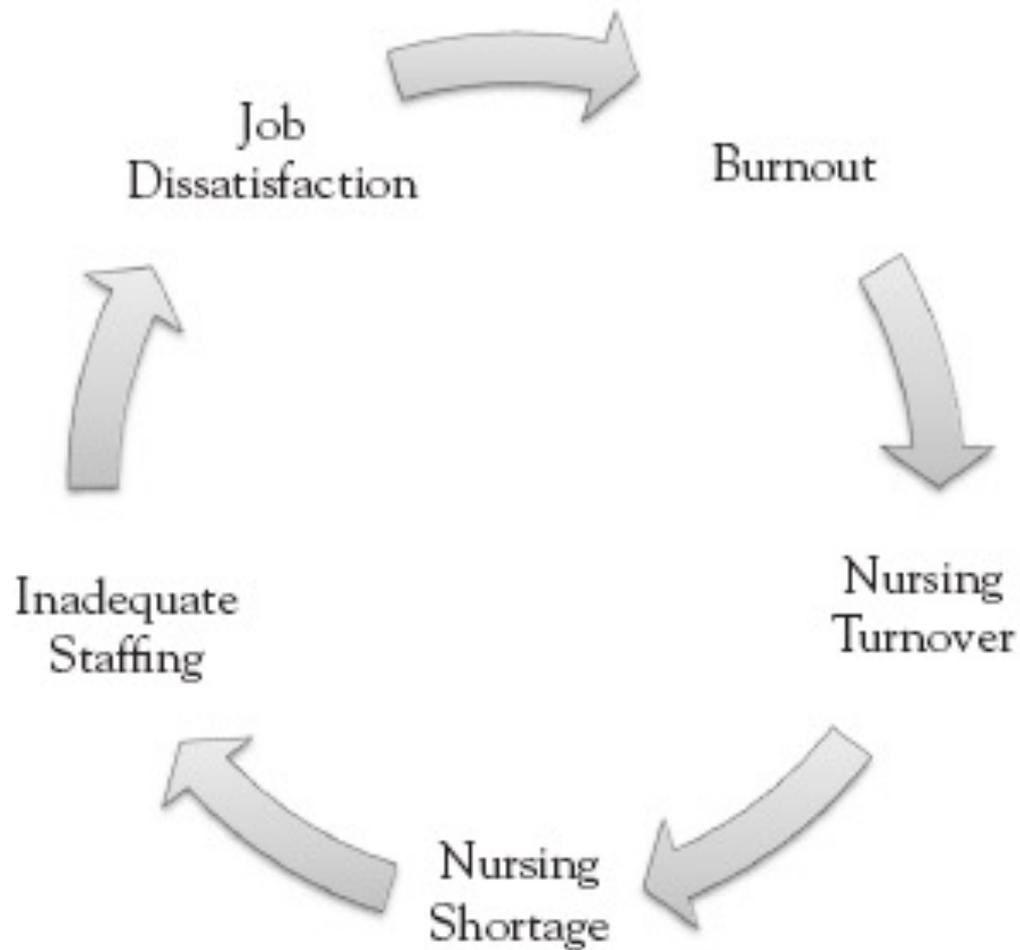
Nurse-Provider
Communication

BURNING OUT ABANDONING CAREERS



8 OUT OF 10

**KNOW SOMEONE WHO LEFT NURSING
DUE TO CHALLENGES WITH WORK
AND FAMILY RESPONSIBILITIES**



Risk factors of Burnout

- Med errors
- Infections
- Increased costs
- Worse patient experience
- Absenteeism
- Poor recruitment/retention

\$37,700 - \$58,400

Cost of losing one nurse.

17%

National nurse turnover rate in 2015.

43%

Newly licensed nurses who
change jobs in first 3 years.

33%

Newly licensed nurses who
change jobs in first 2 years.

18%

Newly licensed nurses who
change jobs in first year.

7%

Nurse vacancy rate nationwide.



Organizational
Stability

Nurse Job Satisfaction

Patient
Safety



Better Communication = Healthier Patients

Better Communication = Healthier Nurses

What to do to enhance Nurse-Provider
communication?

Job Satisfaction in Relation to Communication in Health Care Among Nurses: A Narrative Review and Practical Recommendations

**Peter Vermeir^{1,2}, Sophie Degroote¹, Dominique Vandijck^{1,2,3},
An Mariman^{1,2}, Myriam Deveugele², Renaat Peleman^{1,2},
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1. Underline the importance of the **psychosocial work environment** and the relationship between burnout, role conflict, job satisfaction, and psychosomatic health (problems) in health care staff.

2. Acknowledge that improvements in this field should be a priority and that the implementation of interventions, which focus on the intrinsic values of nurses can help to prevent job burnout, increase job satisfaction, and reduce turnover.

3. Acknowledge that **culture change is necessary**. Care should be transformed from the culture of the individual expert physician to a truly collaborative team environment.

4. Create and maintain a work environment in which participative management thrives. This can be achieved by increasing psychological empowerment, while reaffirming and strengthening the role as well as the skills of nurse leaders.

5. Strive to improve work motivation by creating proper work environments that enhance autonomy and enable nurses to work as specialists. Work motivation can be increased by showing appreciation for work performed well.

6. **Implement simulation training** of interprofessional teams as a first step in establishing improved communication skills within practicing clinical teams.

7. Embed standardized tools and behaviors into the care process, such as the SBAR method, to improve safety.

8. It is imperative that hospital management **acknowledge the relevance of enhancing job and communication satisfaction** to clinical practice and organizational integrity.

Why not?

Excuses

- *'I can't find the nurse.'*
- *'They're often not able to break right away to round with me.'*
- *'I am too busy to find the nurse.'*

Moral:

If you want to round with the nurses, you will.

If you don't, you won't.

< Back

07.100 TSS ICU

Pav A



- Names
- Roles**
- Rooms



Patient Clerical Assistant (...)

Debra Brock-Caliguiri

● Available



Pav A RT 1

Megan R Hill

● Trauma



PT-Ortho

Mollie Hash

● Available



PT-Trauma/Plastics

Mollie Hash

● Available



Registered Nurse (RN)

● 7 Available ● 0 Busy



Trauma DCN

Morgan Freedman

● Available



Directory



Alerts



Texts



Menu

Communication Guideline (When to Notify)

ICU (Notify Fellow or Chief):

Persistent Hypoxia
Arrhythmia with Hypotension
Persistent or Worsening Lactic Acidosis
New and Unresponsive Oliguria / Anuria
Increasing Ventilator Needs
Significant Worsening of Physical Exam, Laboratory / Radiographic Test, Vital Signs
Consideration of Another Service Consult

Floor (Notify Chief):

All of the above for ICU, plus:
Requests for AMA
Rapid Response Calls
Persistent Nursing Calls on a Single Patient
Difficult Family Interaction

All (Notify Attending):

Call: Major Family Conflict
Transfer to ICU
Missed Injury
Change in disposition from OR/ED (planned to ICU but now PACU)
New Admissions / Consults
Conflicts with Consult Services
Procedure Complications
New, Refractory Organ Failure
Code
Death (if not DNR, WOC)

Text: Death (if DNR/WOC)
Consult Service procedures/operations
Before Invasive Procedures
Pt leaving AMA
Transfer from Floor to Progressive Care

If no answer with notifications to chiefs or chief unavailable, call the attending.

Search

Topics

- Acute Care Surgery (6)
- Acute Complications (4)
- Airway/Mechanical Ventilation/Tracheostomy (6)
- Antimicrobial Therapy and Infection Control (3)
- Bleeding/Coagulation (8)
- Burns (28)
- Chemical Dependency (2)
- ED-Abdominal Trauma (5)
- ED-Extremity (2)
- ED-Facial Trauma (2)
- ED-Neck (2)
- ED-Resuscitation/General (10)
- ED-Thoracic Trauma (10)
- End-of-Life Care (6)
- General Operational Guidelines (10)
- Geriatric (1)
- ICU-General (6)
- ICU-Resuscitation (1)
- Nutrition (6)
- OR (1)
- Ortho (1)
- Pregnancy (3)
- Prophylaxis (3)
- Routine Care/Prophylaxis (3)
- Spinal Trauma (2)
- Spine (1)
- TBI (6)

Twitter

 @bernardtrauma

Follow by Email

Rounding 'Bundle'

1. Find the nurse
2. Nurse in room
3. Write orders in room
4. Run problem list and plans for each
5. Review meds

All using AIDET communication.

Inpatient HCAHPS FYTD21

Unit	n	Rate hospital 0-10
COMBINED	96	58.3%
A07C	30	63.3%
ETS	28	35.7%
A07K	9	88.9%
8W	6	66.7%
A07L	5	40.0%
8S	3	100.0%
A07J	3	100.0%
8E	3	66.7%
A06L	3	33.3%
APSB	2	50.0%
A07A	1	100.0%
2MED	1	100.0%
APSA	1	100.0%
4E	1	0.0%

Unit	n	Rate hospital 0-10
TOTAL	241	63.5%
7E	1	100.0%
7S	1	100.0%
A06K	1	100.0%
A07A	1	100.0%
A07J	3	100.0%
A06A	1	100.0%
2MED	1	100.0%
APSA	2	100.0%
S6E	1	100.0%
A10A	1	100.0%
A07K	16	81.3%
8S	14	78.6%
8W	16	68.8%
A07C	67	68.7%
8E	10	60.0%
A06L	9	55.6%
ETS	63	55.6%
A07L	24	50.0%
APSB	2	50.0%
4N	1	0.0%
4E	1	0.0%
A08A	1	0.0%
A09A	1	0.0%
A10J	1	0.0%
A10B	2	0.0%

Subjective

'I get paged less.'

'Patient was grateful!'

Nurses 'love it'.

*Color coding based on FY21 Rate Hospital 0-10 Enterprise Goal

Shading key:	Below Threshold	Threshold - 73.7%	Target - 74.3%	Max - 74.8%
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Critical Role of Trauma and Emergency Surgery Physicians in Patient Satisfaction: An Analysis of Consumer Assessment of Healthcare Providers and Systems, Hospital Version Data from 186,779 Patients and 168 Hospitals in a National Healthcare System

Check for updates

Mark J Lieser, MD, FACS, Dorraine D Watts, PhD, RN, Tabatha Cooper, MS, John Chipko, MD, Matthew M Carrick, MD, FACS, Gina M Berg, PhD, Nina Y Wilson, MSN, RN, Ransom J Wyse, MPH, Jeneva M Garland, PharmD, RPh, Samir M Fakhry, MD, FACS



JACS April 2021

GROUP	Primary Driver	Secondary Driver	Tertiary Driver
Trauma	Nurses Nurses treat you with courtesy & respect	Physicians Doctors treat you with courtesy & respect	Care Transition I had a good understanding of managing my health after discharge
	Top Box 78.9%	Top Box 83.4%	Top Box, 90.5%
		Not Top Box 45.5%	Not Top Box, 72.5%
	Not Top Box 20.1%	Top Box 33.3%	Top Box, 68.7%
		Not Top Box 10.5%	Not Top Box, 37.8%
			Top Box, 54.1%
		Not Top Box, 23.9%	
		Top Box, 28.4%	
		Not Top Box, 8.8%	

For the trauma group:

1. If **primary driver** (“Nurses treat you with courtesy and respect”) top box score (9 or 10), **78.9%** also give overall rating of the hospital a top box score.
2. If **both primary and secondary** drivers a top box score, **83.4%** top box overall score.
3. If **all 3 drivers** top box scores, **90.4%** would award the hospital a top box overall score.

Conclusion

- RN-MD communication:
 - Improves patient outcomes
 - Improves nurse outcomes
- Requires training
- Requires leadership/mentoring
- Needs champions
- Achievable



“In this case, we have three factors. One involves human control, the other involves mechanical, and the other involves electronic device.”

CRACKS IN THE FOUNDATION

Undermine Nurse Resilience

Hospitals and health systems have never been more committed to engagement, retention, and wellness. Yet nurses around the world are stressed, overworked, and burned out.



According to Maslow's hierarchy of needs, individuals can't reach their full potential if they are struggling with basic needs. In today's care environment, there are unaddressed needs, or "cracks in the foundation," undermining nurse resilience and leading to frontline burnout.



To build a more resilient nursing workforce, leaders must repair four cracks in the foundation of the care environment:

1 Violence and point-of-care safety threats are now commonplace in health care settings.

Challenge:
Nurses don't feel equipped to respond to point-of-care safety threats. As a result, they often feel unsafe at work.

Executive Strategy:
Reduce response time to routine point-of-care threats.

2 Nurses feel they have to make compromises in care delivery.

Challenge:
Staff feel they can't deliver safe care to their patients because they perceive that staffing levels are "unsafe."

Executive Strategy:
Surface and address frontline perceptions of "unsafe" staffing.

3 Staff bounce from traumatic experiences to other care activities with no time to recover.

Challenge:
Nurses don't have time to recover from emotionally challenging situations, and they are too busy to use services that can help them debrief and process traumatic experiences.

Executive Strategy:
Make emotional support "opt out" only.

4 New technology, responsibilities, and care protocols cause nurses to feel "isolated in a crowd."

Challenge:
The unintended consequence of electronic documentation and efficient care delivery is that nurses spend more time working in isolation, with limited opportunities to meaningfully connect with their nursing peers.

Executive Strategy:
Reconnect nurses through storytelling.

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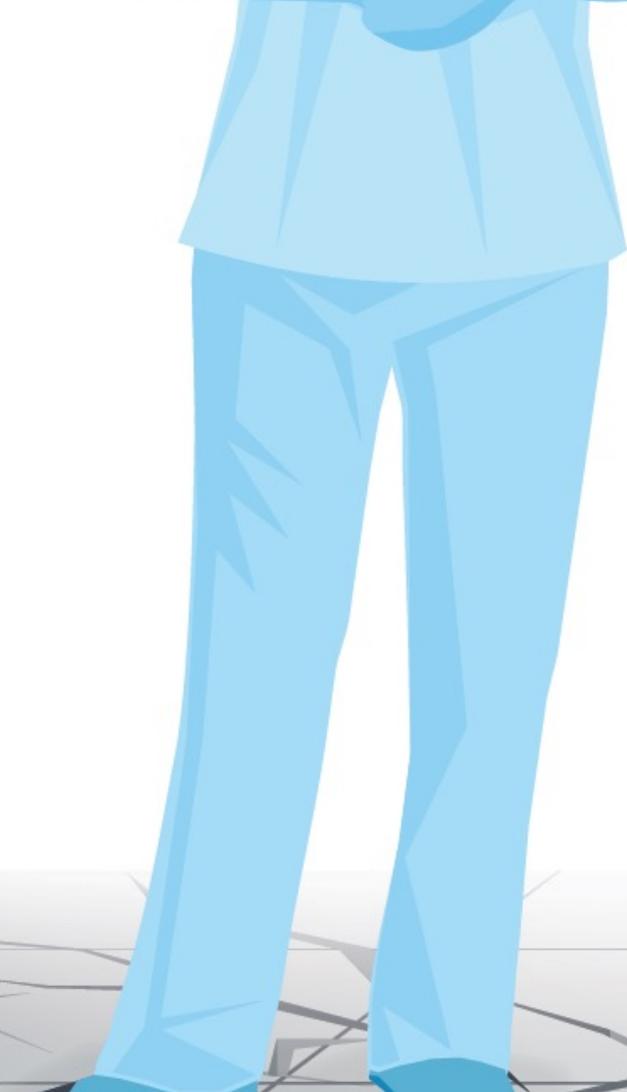
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