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CONSULTANT-CONNECT: I PASS THE BATON

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ABSTRACT

Nurses share a very dynamic relationship with consultants which are very important for executing patient care. Consultant connect was initiated with a collaborative approach involving the two major stakeholders that participates in patient safety. A pool of relevant information is exchanged between a doctor and a nurse who are partners in patient care. Nurses are known to be the advocates of patient and work 24 x 7 at the patient side, providing them quality care. The initiative was aimed at bridging the gaps between the two very important flip sides of the hospital that revolve around the same objective of treating the patient, ensuring the best of care and high satisfaction levels. With healthcare industry being so critical dealing with human lives, any information associated with the patient holds a very important position in the entire care plan.

Key words: Effective clinical communication; nurse-doctor relationship; International Patient Safety Goals (IPSG); Standing order policy (SOP); Acknowledge Introduce Duration Explanation Thank (AIDET) tool

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INTRODUCTION

Problem Scenario

Dynamic is the word that best describes the relationship of a nurse with a physician. Even the experienced nurses and best-trained physicians tend to make mistakes. In order to mitigate these potential of medical errors, nurses and doctors must obtain a level of relationship where it is okay to question a medical decision or provide productive feedback on any aspect of patient care.

To keep a communication effective between all the stakeholders, the handovers are an essential element to keep the continuity in the quality care. [1] The International Patient Safety Goals (IPSG) also emphasize on improving effective communication, which could be from staff to patient or staff to staff.

Delay in passing on the critical information can be fatal for the patient. The critical test result which needs to be informed to the consultant at the same point ensures the nurse to comply with the read back policy. Any delay in shifting the patient to Operation Theatre, if not communicated effectively has a direct impact towards patient care and also in the revenue generation of the organization.

[2] With any verbal order, there is a 100% probability of delayed medicine administration or sample collection. The delays or lack of information led to delayed patient treatment leading to poor patient satisfaction. At the same time, it hinders the care plan of the patient and an increased number of Physician complaints.

Aim

Consultants connect – an initiative to enhance the relationship between a consultant and a nurse was rolled out with primary focus on patient safety.

Initiatives as Actionable

A cluster of activities were redesigned and structured to boost the consultant and nurse connection.

Consultant connect was done to overcome the challenges faced by the physicians/consultants which can be dealt with and meeting up to their expectations. Sessions taken by consultant for the nurse help them understand the consultant's requirement towards the patient care.

Consultant addresses their issues and work towards collaborative solutions. Two sessions in a month, in the Scrub meets Suit (SMS) and specialized session or classes are held. Testimonials by the consultants are a driving force for the staff to walk towards improved quality care.
Centre of Excellence sessions by general physicians and COE expertise boost the knowledge among all the staff.
Clinical Conference (One disease condition/ drug daily) with formats was initiated with an objective that the nurse will build a better understanding towards the disease condition of the patient. The clarity in medical terminology and management of the disease helps the nurse to communicate with the consultant about the disease of the patient. Clinical Conference is centralized for all the staff, which talks about the sign and symptoms, effective surgical/ nursing management and the critical test results (if any) and diagnostic features (Annexure 1). Also, it promotes the reading and exploring skills of the staff who can voluntarily speak about any deviations with the consultants. It aligns the nursing staff to the care plan given by the consultant, with a dual focus on improved patient care and reduced physician complaints. Staffs are re-educated and feedback is taken by the consultants with further periodic follow-ups.
Daily Standing Order Policies (SOP's) on different process and procedures are laid out protocols by the organization to be followed by all (Annexure 2). A staff nurse connecting with consultants more often, provides an opportunity of better understanding specific aspects of a given specialty doctor's instructions. Revision of SOP's collectively with the consultant led to the enhanced standardized protocols.
Read back stickers for carrying out information on critical test and special lab values (Annexure 3)
Consultant Instruction and Intervention (C.I.I) form initiated so that any critical and important information relating to the patient care is not missed out. The form is being practiced during the consultant's visits. Even if the assigned staff is busy with another patient's care, the team leader or available Registered nurse can note the relevant information to ensure there is no break in the continuity of care – Figure 1.

The major parameters included:

- Medications
- Lab Investigations
- Radiological investigations
- Procedures/ Surgery
- Referrals

[3] All the critical information is transferred to the nurse, and she can update and carry out orders and essential information can be communicated.
Achieving and sustaining 100% in the Apollo Quality Plan (AQP) for both the indicators that monitor the Clinical handovers
Percentage compliance to use of nursing handover form for patient handover - Figure 2
Percentage compliance to completion of in house transfer form (Annexure 4) before patient transfer - Figure 3
Increased Voice of customer (Patient feedback) and reduced physician and patient complaints were the major impact - Figure 4 &5.

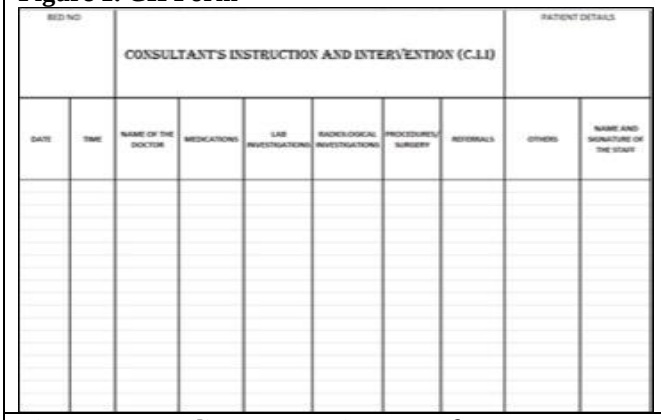
Challenges

[4] Communication was found to be the biggest challenge throughout the passage of handovers.
AIDET which is the communication tool, formulated for all the important touch points with the patient, making all the necessary information being passed in the right way. Uniformity in the language with prepared scripts was found to be a limitation, which did not have a major consequence.
Identification Situation Behavior Assessment Recommendation (ISBAR) tool (Annexure 5) to report to physicians about the patient condition. [5] It may not ensure the elevated confidence level at different levels.
Feedbacks were taken to measure the outcome. Daily tracks were done to check if Clinical Conferences and daily SOP's were being followed through compliance checks and random quiz and training sessions to ensure compliance by Registered nurses.

Impact

A significant shrink in the number of physician complaints was noticed as the staff developed a better understanding of consultant's expectations towards patient care. Also, the communication exercises through actionable helped them to communicate their ideas and share their opinions with the consultants. There is a boost in the discussion between a doctor and nurse over the patient condition, with clinical conference a nurse is well versed with her patient profile (Annexure 6) framed as an acronym for an easy learning by the nurses. [6] Use of AIDET model to acknowledge, introduce, duration, explain and thank led to the effective communication with consultants/ patients or attendants. The adopted communication framework has a positive impact on clinical outcomes.
More appreciations were received from the consultants which becomes a motivational factor for the registered nurses.

Figure 1. CII Form



BED NO | CONSULTANT'S INSTRUCTION AND INTERVENTION (C.I.I) | PATIENT DETAILS

DATE	TIME	NAME OF THE DOCTOR	MEDICATIONS	LAB INVESTIGATIONS	RADIOLOGICAL INVESTIGATIONS	PROCEDURES/ SURGERY	REFERRALS	OTHERS	NAME AND SIGNATURE OF THE STAFF

Figure 2. Compliance on nursing handover

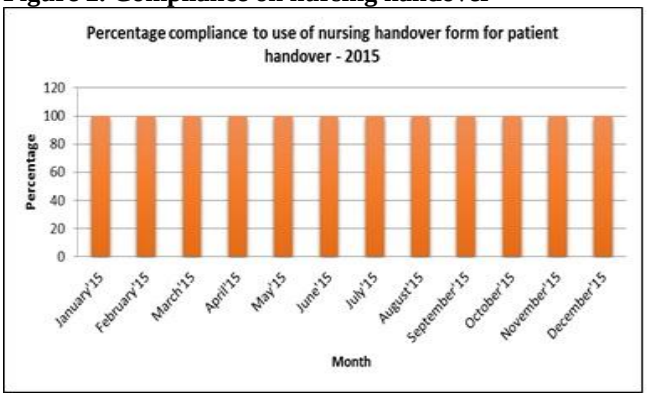


Figure 3. Compliance on patient transfers

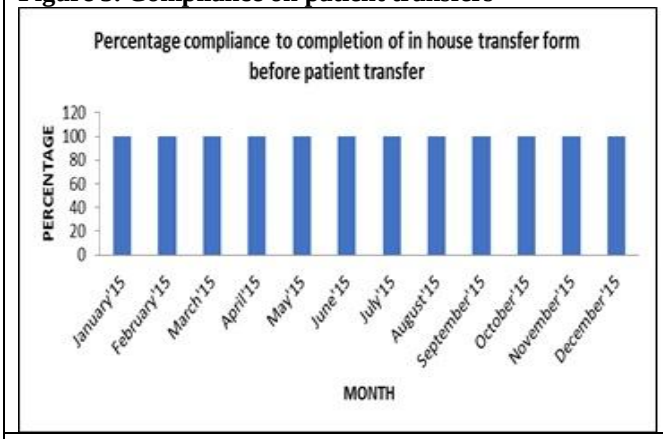


Figure 4. Improved patient feedback in 2015

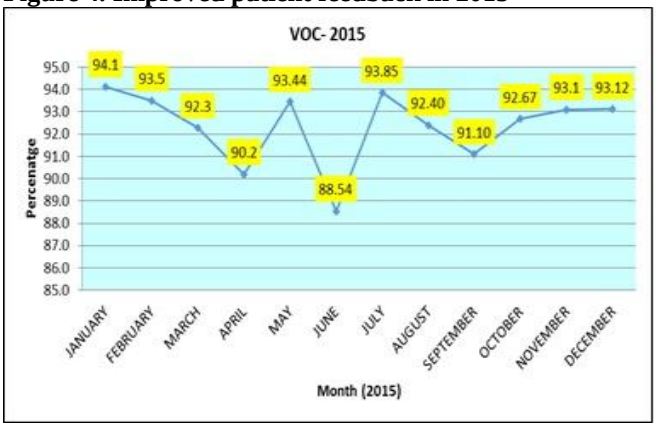
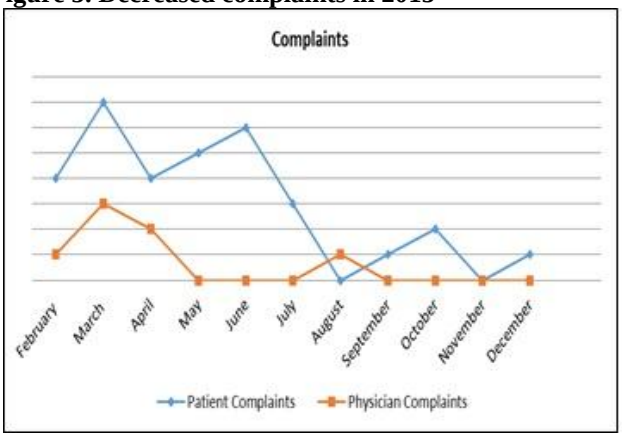
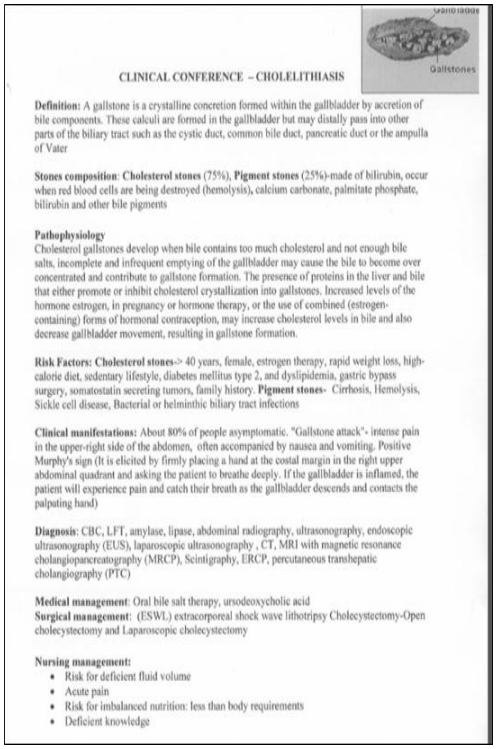


Figure 5. Decreased complaints in 2015



Annexure 1. Clinical Conference on Cholelithiasis



CLINICAL CONFERENCE – CHOLELITHIASIS

Gallstones

Definition: A gallstone is a crystalline concretion formed within the gallbladder by accretion of bile components. These calculi are formed in the gallbladder but may distally pass into other parts of the biliary tract such as the cystic duct, common bile duct, pancreatic duct or the ampulla of Vater

Stones composition: **Cholesterol stones** (75%), **Pigment stones** (25%)-made of bilirubin, occur when red blood cells are being destroyed (hemolysis), calcium carbonate, palmitate phosphate, bilirubin and other bile pigments

Pathophysiology
Cholesterol gallstones develop when bile contains too much cholesterol and not enough bile salts, incomplete and infrequent emptying of the gallbladder may cause the bile to become over concentrated and contribute to gallstone formation. The presence of proteins in the liver and bile that either promote or inhibit cholesterol crystallization into gallstones. Increased levels of the hormone estrogen, in pregnancy or hormone therapy, or the use of combined (estrogen-containing) forms of hormonal contraception, may increase cholesterol levels in bile and also decrease gallbladder movement, resulting in gallstone formation.

Risk Factors: Cholesterol stones-> 40 years, female, estrogen therapy, rapid weight loss, high-calorie diet, sedentary lifestyle, diabetes mellitus type 2, and dyslipidemia, gastric bypass surgery, somatostatin secreting tumors, family history. **Pigment stones**- Cirrhosis, Hemolysis, Sickle cell disease, Bacterial or helminthic biliary tract infections

Clinical manifestations: About 80% of people asymptomatic. "Gallstone attack"- intense pain in the upper-right side of the abdomen, often accompanied by nausea and vomiting. Positive Murphy's sign (It is elicited by firmly placing a hand at the costal margin in the right upper abdominal quadrant and asking the patient to breathe deeply. If the gallbladder is inflamed, the patient will experience pain and catch their breath as the gallbladder descends and contacts the palpating hand)

Diagnosis: CBC, LFT, amylase, lipase, abdominal radiography, ultrasonography, endoscopic ultrasonography (EUS), laparoscopic ultrasonography , CT, MRI with magnetic resonance cholangiopancreatography (MRCP), Scintigraphy, ERCP, percutaneous transhepatic cholangiography (PTC)

Medical management: Oral bile salt therapy, ursodeoxycholic acid
Surgical management: (ESWL) extracorporeal shock wave lithotripsy Cholecystectomy-Open cholecystectomy and Laparoscopic cholecystectomy

Nursing management:
- Risk for deficient fluid volume
- Acute pain
- Risk for imbalanced nutrition: less than body requirements
- Deficient knowledge

Annexure 2. SOP on Receiving of patient in Pre-operative room

SOP - RECEIVING OF PATIENT IN PRE-OPERATIVE ROOM

Purpose:

To establish protocols for receiving of patient in the Pre-Operative Room

Scope:

Applicable to all patients coming to OT for surgery/ procedure

Responsibility:

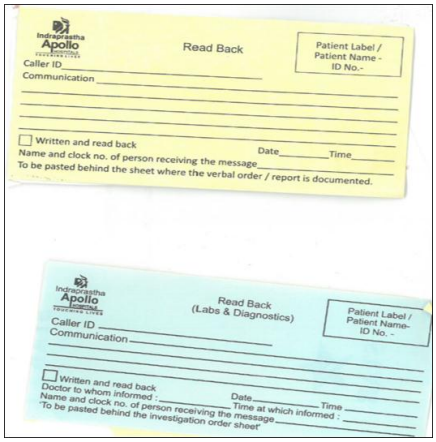
Pre-operative Nurse

Charge nurse/ Nursing Supervisor/ Team Leader

Procedures:

1. Greet the patient with smile.
2. Identification of patients using two identifiers (Name & UHID) and it should match the file
3. Provide the OT slipper to the ambulatory patients
4. Check the Pre-Operative list
5. Check the consent for Surgery and for Anaesthesia
6. Check the sit for operation
7. Check for pre-medications
8. Check whether PAC and Physician clearances are done
9. Check for NBM (Time)
10. Current vital signs to be monitored
11. Check all the investigations ordered by the surgeon are in the file along with the reports
12. Check for X-ray, MRI, CT etc.
13. For any need to go to washroom, bed pan to be provided to the vulnerable patients or the patients on sedation
14. Patients to be accompanied by the Pre-op staff to the washroom
15. Patients while sitting on the commode chair should not be left unattended
16. Patient should not be left alone in the pre op room.
17. Protect the dignity and privacy of patient all the time.
18. The nursing procedure should be explained to all the patients, ie, medication etc.
19. Shift the patient comfortably to OT stretcher and put up the side rails
20. Patients on ventilator should be given care as ordered by anaesthetist and they should be kept in post op room
21. Patient attendants should be informed about the time how long patients would be staying in the recovery room post-surgery

Annexure 3. Read back sticker on Insulin and critical lab values



Indraprastha Apollo Hospitals

Read Back

Patient Label / Patient Name - ID No.-

Caller ID _____

Communication _____

☐ Written and read back Date_____Time_____

Name and clock no. of person receiving the message_____

To be pasted behind the sheet where the verbal order / report is documented.

Indraprastha Apollo Hospitals

Read Back (Labs & Diagnostics)

Patient Label / Patient Name- ID No. -

Caller ID _____

Communication _____

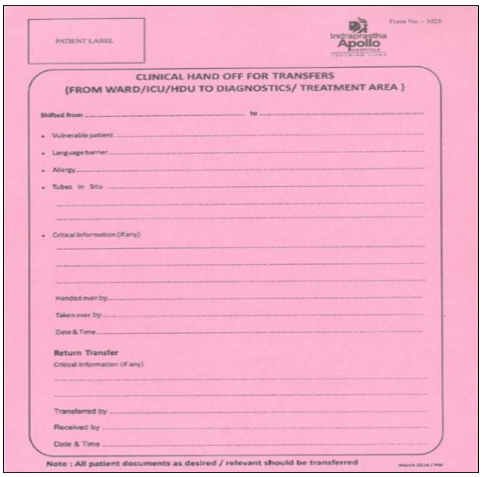
☐ Written and read back Date_____Time _____

Doctor to whom informed : _____ Time at which informed : _____

Name and clock no. of person receiving the message_____

To be pasted behind the investigation order sheet

Annexure 4. Clinical Hand-off form for Transfers



PATIENT LABEL

Indraprastha Apollo Hospitals

CLINICAL HAND OFF FOR TRANSFERS
(FROM WARD/ICU/HDU TO DIAGNOSTICS/ TREATMENT AREA)

Shifted from _____ to _____

- Vulnerable patient
- Language barrier
- Allergy
- Tubes in Situ
- Critical Information (If any)

Handed over by

Taken over by

Date & Time

Return Transfer

Critical Information (If any)

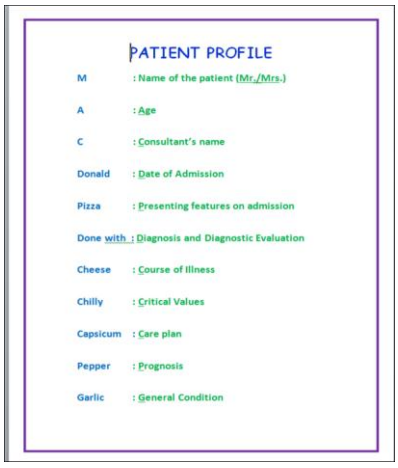
Transferred by

Received by

Date & Time

Note : All patient documents as desired / relevant should be transferred

Annexure 6. Patient Profile acronym



PATIENT PROFILE

M : Name of the patient (Mr./Mrs.)

A : Age

C : Consultant's name

Donald : Date of Admission

Pizza : Presenting features on admission

Done with : Diagnosis and Diagnostic Evaluation

Cheese : Course of Illness

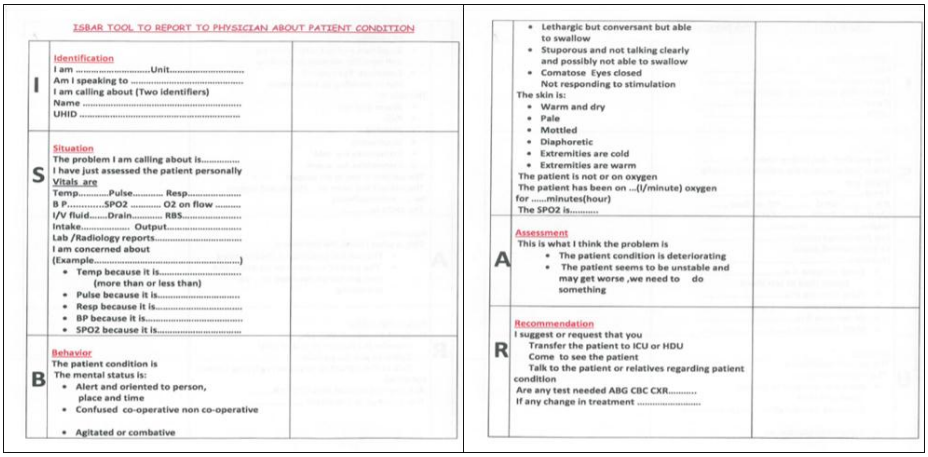
Chilly : Critical Values

Capsicum : Care plan

Pepper : Prognosis

Garlic : General Condition

Annexure 5. ISBAR Tool



ISBAR TOOL TO REPORT TO PHYSICIAN ABOUT PATIENT CONDITION

I

Identification
I am .....Unit.....
Am I speaking to .....
I am calling about (Two identifiers)
Name .....
UHID .....

S

Situation
The problem I am calling about is.....
I have just assessed the patient personally
Vitals are
Temp.....Pulse..... Resp.....
B P.....SPO2 ..... O2 on flow .....
I/V fluid.....Drain..... RBS.....
Intake..... Output.....
Lab /Radiology reports.....
I am concerned about
(Example.....)
- Temp because it is..... (more than or less than)
- Pulse because it is.....
- Resp because it is.....
- BP because it is.....
- SPO2 because it is.....

B

Behavior
The patient condition is
The mental status is:
- Alert and oriented to person, place and time
- Confused co-operative non co-operative
- Agitated or combative
- Lethargic but conversant but able to swallow
- Stuporous and not talking clearly and possibly not able to swallow
- Comatose Eyes closed Not responding to stimulation

The skin is:
- Warm and dry
- Pale
- Mottled
- Diaphoretic
- Extremities are cold
- Extremities are warm

The patient is not or on oxygen
The patient has been on ...(l/minute) oxygen for .....minutes(hour)
The SPO2 is.....

A

Assessment
This is what I think the problem is
- The patient condition is deteriorating
- The patient seems to be unstable and may get worse ,we need to do something

R

Recommendation
I suggest or request that you
Transfer the patient to ICU or HDU
Come to see the patient
Talk to the patient or relatives regarding patient condition
Are any test needed ABG CBC CXR.....
If any change in treatment .....

DISCUSSION & CONCLUSION

Initiatives of such substance have the capacity to improve patient safety by improving the relationship between a nurse and a doctor. Reduction in the number of complaints and reduced errors, it has the potential to take the quality of any organization to the next level. [7] Quality of any hospital is reflection of positive image created by improved processes leading to reduces delays, errors. It can be recommended to health organization of various capacities of bed and staff strength with customized approaches to connect with consultants.

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