Communication Works

- improving communication amongst the paediatric intensive care team

Toyin Ocholi[1], [1] PICU, University Hospital Southampton

BACKGROUND

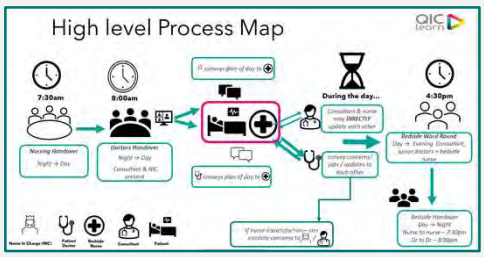
"Communication works for those who work at it." John Powell

In the care of critically unwell patients, effective doctor-nurse communication is essential

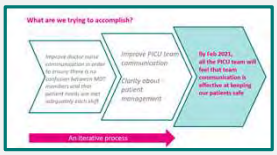
Poor communication has been associated with increased length of stay, increased patient harm, and inefficient use of resources*.

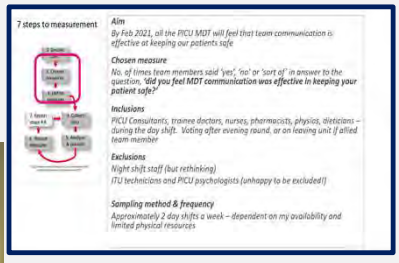
Yorkshire contributory factors framework +

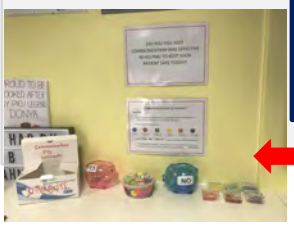
DIAGNOSTICS



AIM & MEASUREMENT DEFINITION







Measurement Tools - Communication Pigs!

CHANGE IDEAS

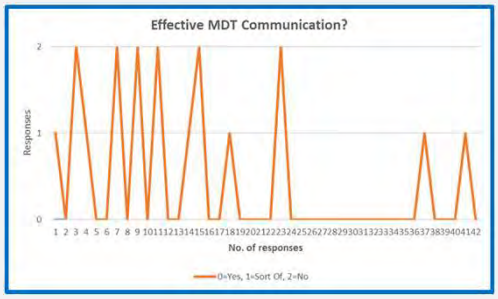
1. Ask bedside nurse to mention at 12pm ONE area of concern to be addressed prior to evening ward round
2. Night nurse to present concerns during nursing handover, to be collated by Nurse in charge for day and presented during morning handover
3. Walk round/ Bedside formal daytime round with consultants at MDT – nurses are present. Comprehensive plan can be made with bedside nurse included
4. Nurse-led evening consultant handover – in part (shared with patient's doctor)/ fully if nurse is confident
5. Nurse safety checklist by bedside with day doctor at start of shift
6. 'Traffic Light' system when nurses present concerns to doctors – 'Red': I'm very concerned about the patient/ I would like this addressed immediately, 'Amber': my concerns are important – please address prior to 4:30 consultant WR or 'Green': not urgent, please address during the shift when you have time

PDSA cycles

PDSA Test #	PLAN	Do	STUDY	ACT
1.1	Team Engagement 1.0	Informal discussions with nurses (including senior team) and other MDT members to guauge importance of subject	Noted many vocal team members who felt strongly that this was an important issue to be addressed	Began process of designing QI Project on MDT communication
1.2	Team Engagement 2.0	QIC Course and Project Ideas discussed with Supervisor and Senior Sisters	Approved by leadership team	Posters on unit with baseline measure and voting tokens
1.3	Team Engagement 3.0	Explained Project Informally in face- to face conversations on unit	Moderate interest demonstrated with some voting using tokens and a few comments	Collected baseline measures for approximately 1 month
2.1	Publishing Baseline Measures	Email sent to MDT publishing baseline measures data and requesting change ideas, team members to join	Almost no response to email with 1 to 2 notable exceptions who offered detailed suggestions Voting with tokens becoming intermittent and eventually almost non-existent	Continued to collect data on chosen measure

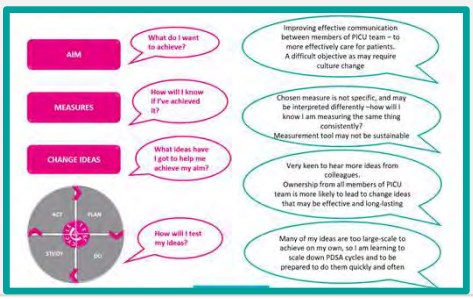
PDSA Test #	PLAN	Do	STUDY	ACT
3.1	1st Change idea	Ask bedside nurse to mention at 12pm ONE area of concern to be addressed prior to evening ward round	Forgot to ask nurse! Very busy shift, spent majority of shift by one patient's bedside. Despite this, bedside nurse seemed to be a little dissatisfied at end of patient interaction - ?differing priorities	Abandon □ Again □ X Adapt □ Adopt □ Extend □
3.2	2nd Attempt	Ask bedside nurse to mention at 12pm ONE area of concern to be addressed prior to evening ward round	Decided not to ask nurse! Intervention was not necessary as nurse very frequently expressing concerns and requests throughout shift	Abandon □ X Again □ Adapt □ Adopt □ Extend □ Next steps... attempt a different change idea
4.1	2nd Change Idea (ongoing)	'Traffic Light' system when nurses present concerns to doctors – 'Red/Amber/Green'		

RUN CHART



Baseline Measures

REFLECTIONS & LEARNING



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