



Multidisciplinary Communication: Improving Patient Experience

Amanda R. Beasley, MSN, RN; Debra D. Gillis, MSN, RN, CEN, CHSE;
Margaret Deanes, MSN, CNOR, RNFA



Background & Aim

- Unclear or inadequate communication is frustrating, but communication breakdowns can be dangerous when it comes to patient care.
- Effective communication among multidisciplinary teams has been found to improve the patient experience and potentially increase employee satisfaction.
- Simulation has been used in a variety of ways in the nurse practice setting.
- The current project focused on using a simulation environment to improve multidisciplinary communication at SAMC and ultimately improve the patients' experience.

Developing Mutual Respect: Is the Grass Really Greener?

- Longstanding stereotypes developed from years of working in silos have led to barriers in communication between departments.
- These barriers negatively impact the environment for the staff, as well as the patients, due to misunderstandings related to poor communication

Methodology

- 16 nurses participated in the simulation.
- The simulation scenario incorporated all departments represented in cohort 2 of the Nurse Residency Program.
- Validated that the scenarios emulated evidence-based practice.
- Enlisted the help of the simulation center and the operating room (OR) educator to facilitate simulation.

Scenario Overview

- “32 year old female patient was brought to the emergency department (ED) after being involved in a motor vehicle accident. She is 38 weeks pregnant and has an obvious left ankle fracture. She was cared for in the ED, transferred to the OR for surgical repair of the ankle, when the OB RN noticed “decels” in the baby, an emergency C-section was needed. Post Sx, she was transferred to the inpatient unit and began developing complications.”*

Simulation Phases

Emergency Room Scenario	OR Scenario	Inpatient Scenario
Report received from EMS	Patient safety concepts (including time out, ARCC, communication between staff and patient)	Report from OR/PACU staff on patient and baby status
Initial patient triage and primary assessment	Communication between different healthcare disciplines (anesthesiology dept., surgical tech, RNs, etc.)	Maternal assessment as well as post-op trauma surgical patient
Discussion of consults needed (OB, OR, ortho, anesthesiology dept)	Supplies and equipment utilized in OR setting	Identification of change in patient condition and calling for help
Communication and comforting of patient and family	Preparation for complications and needed resources	SBAR report to Medical Response Team
SBAR communication with accepting nurse	-----	Communicate with patient and family member with new findings
Preparation for complications	-----	-----



CRNA Jill Robertson engages the NRP group in considerations for PACU care and floor admission



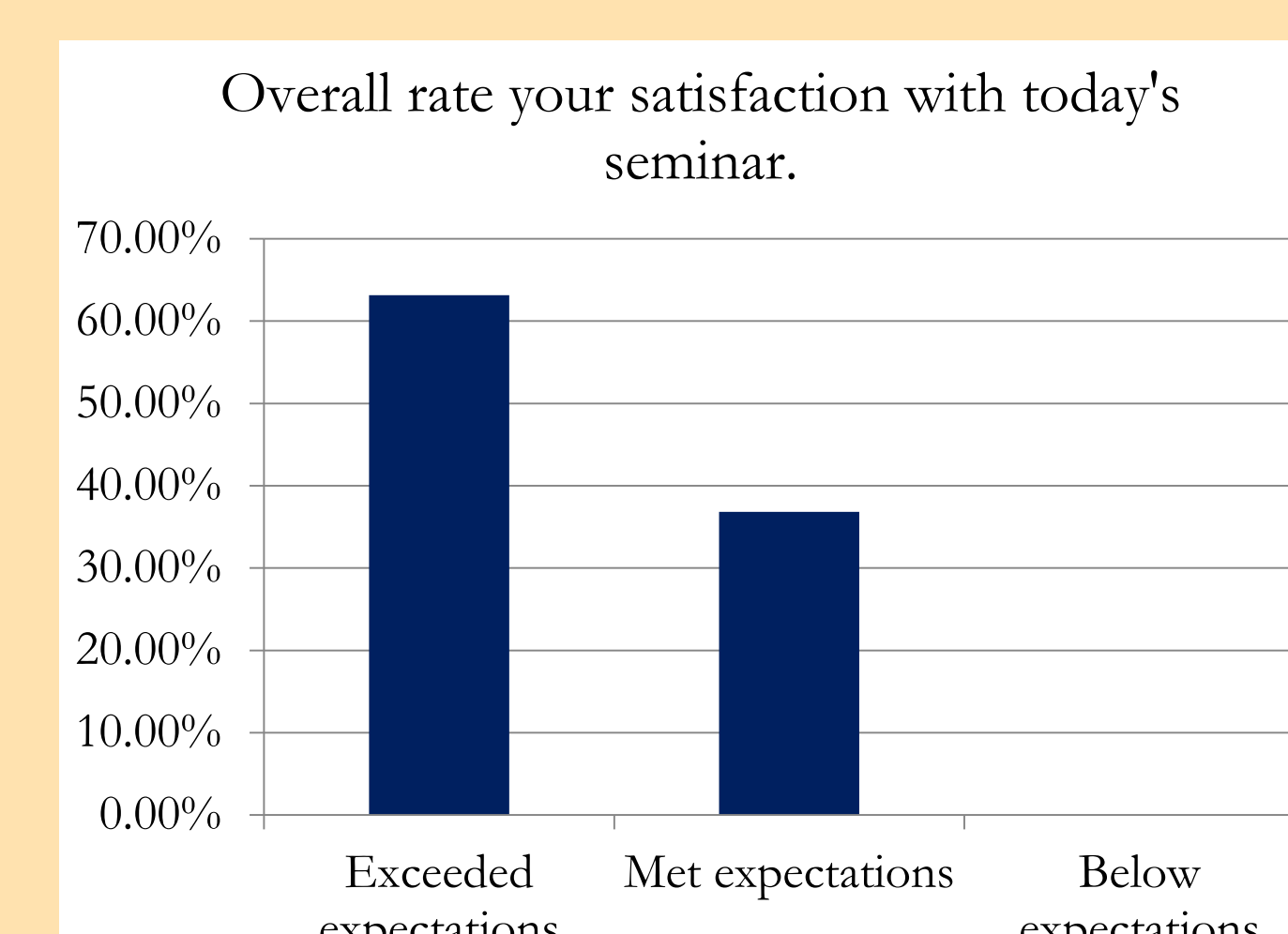
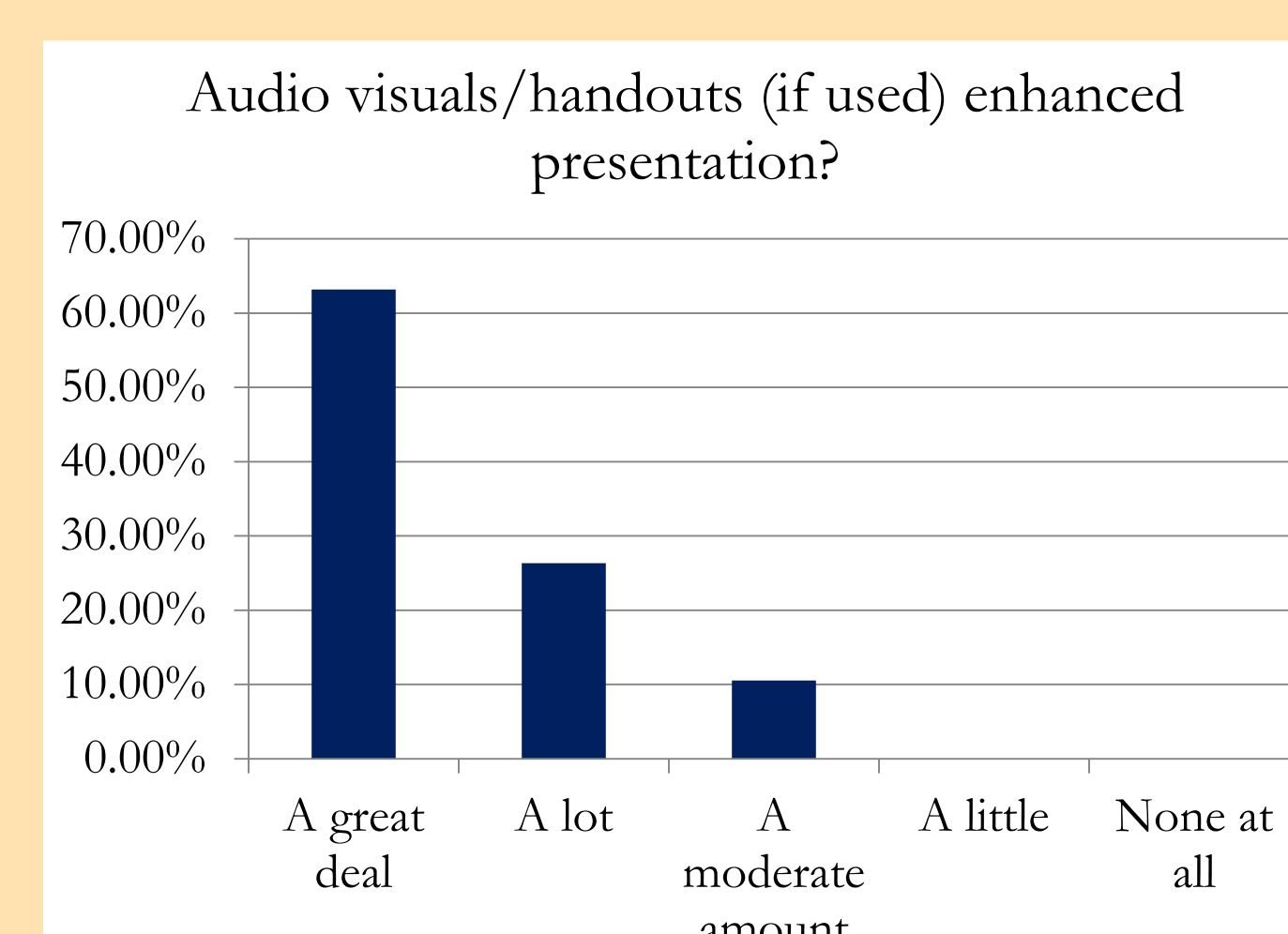
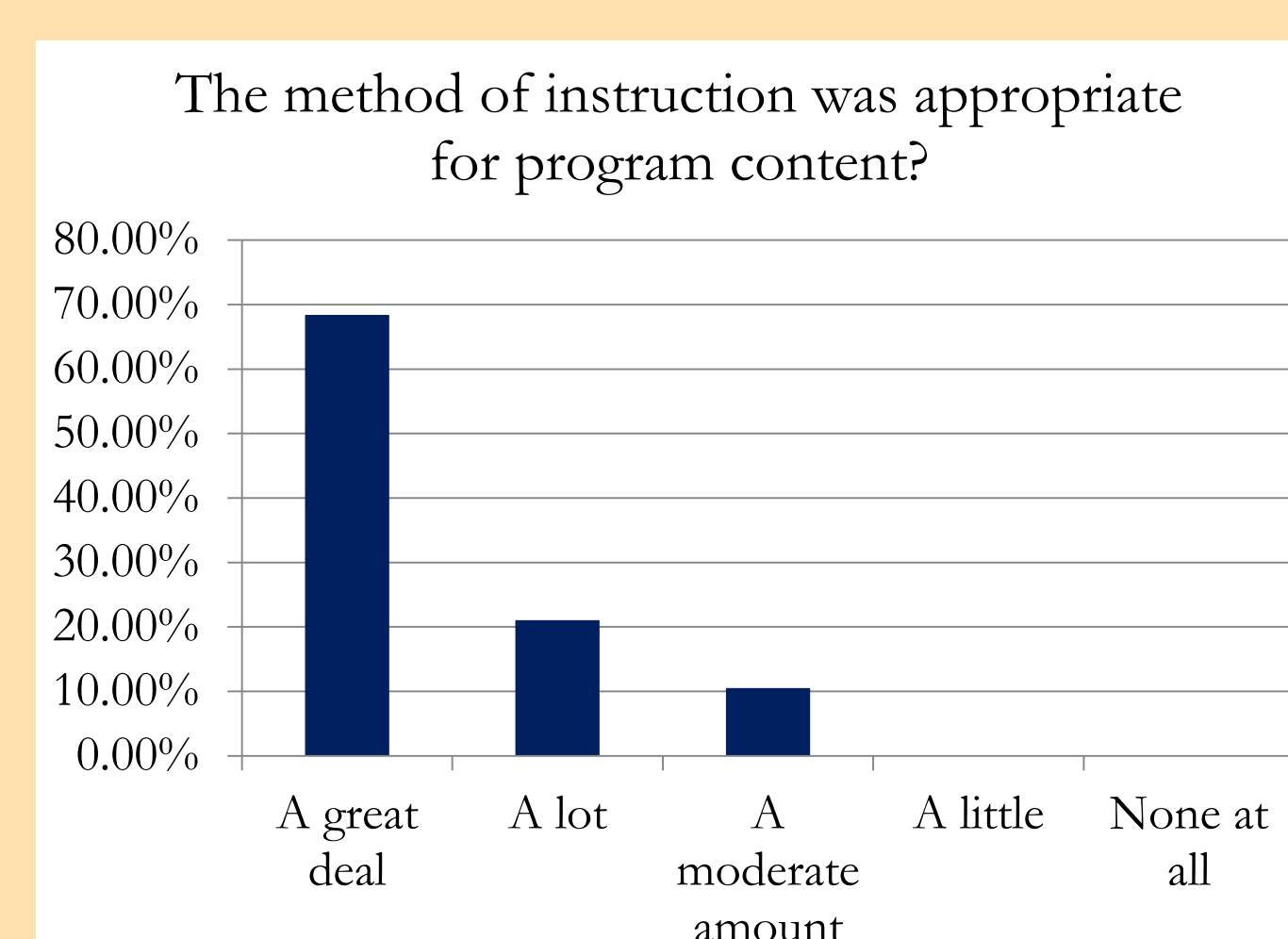
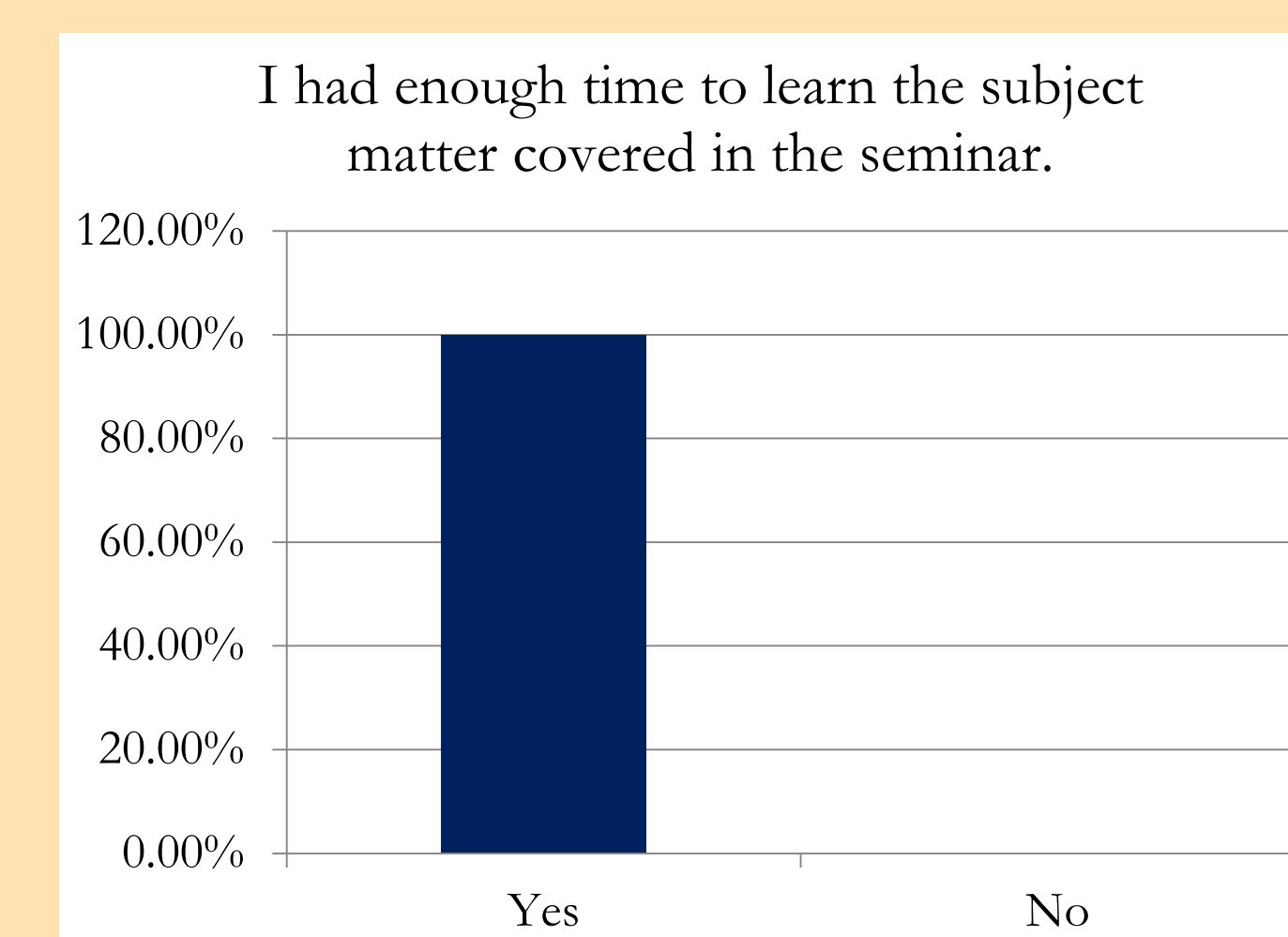
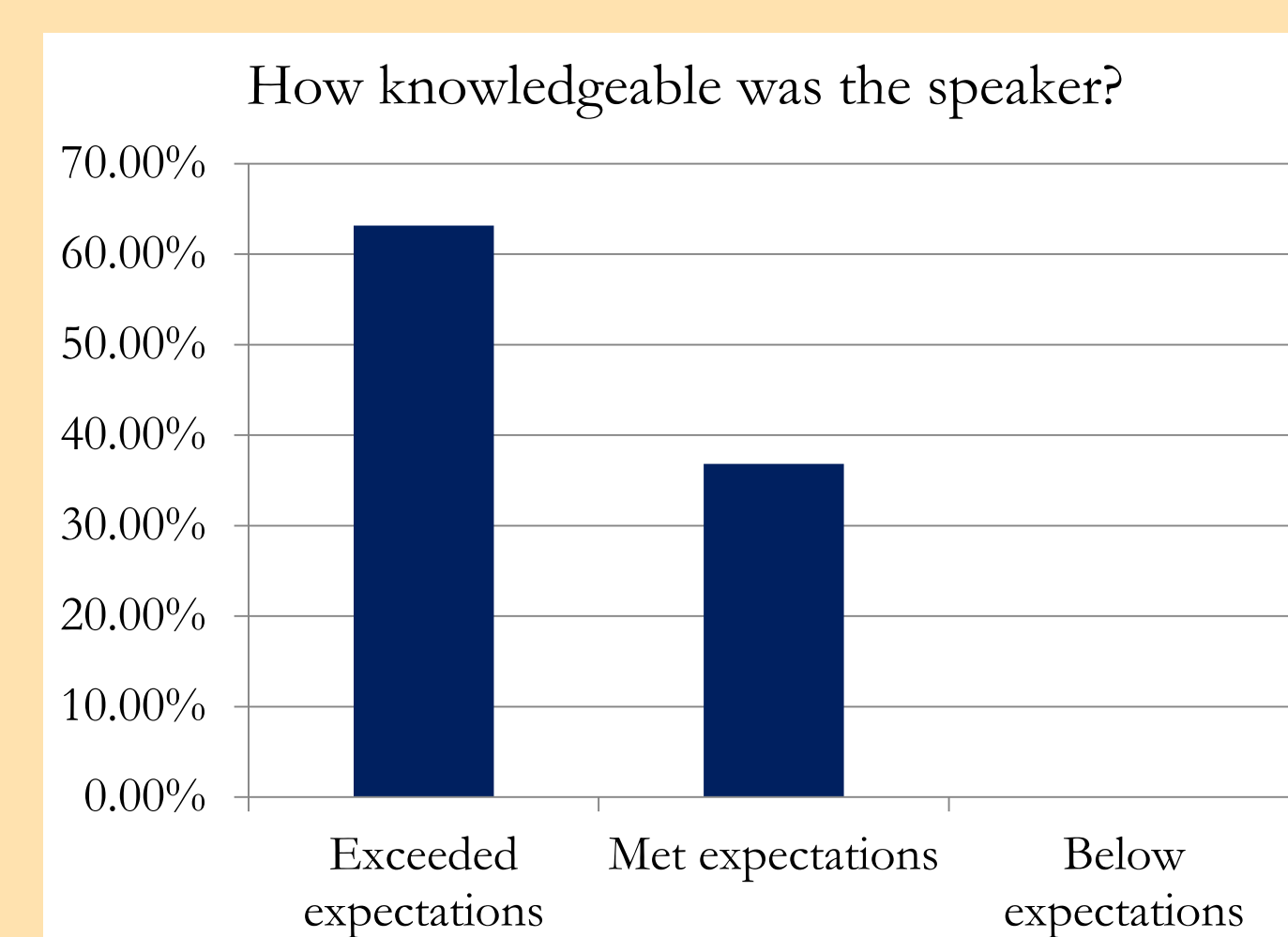
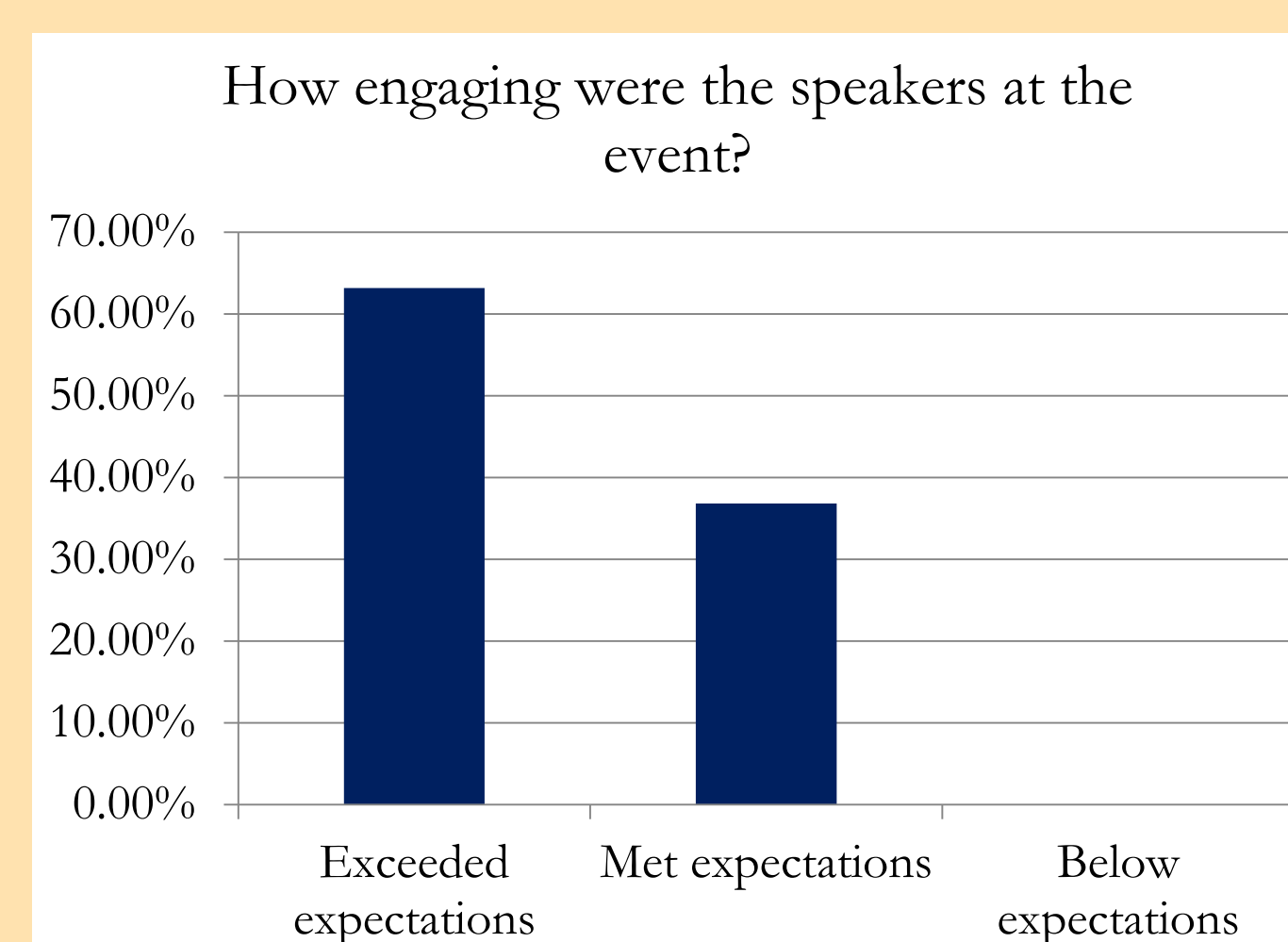
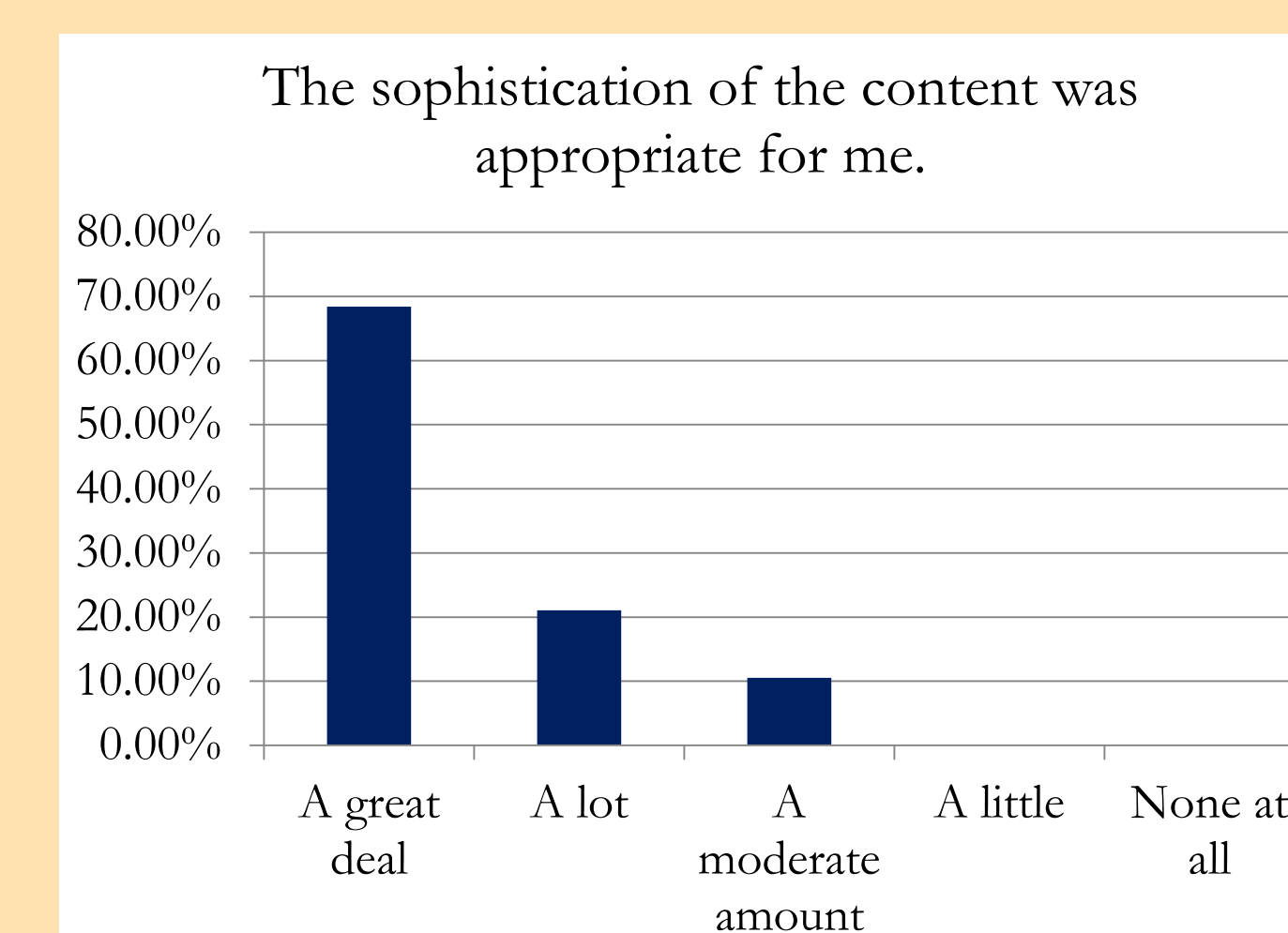
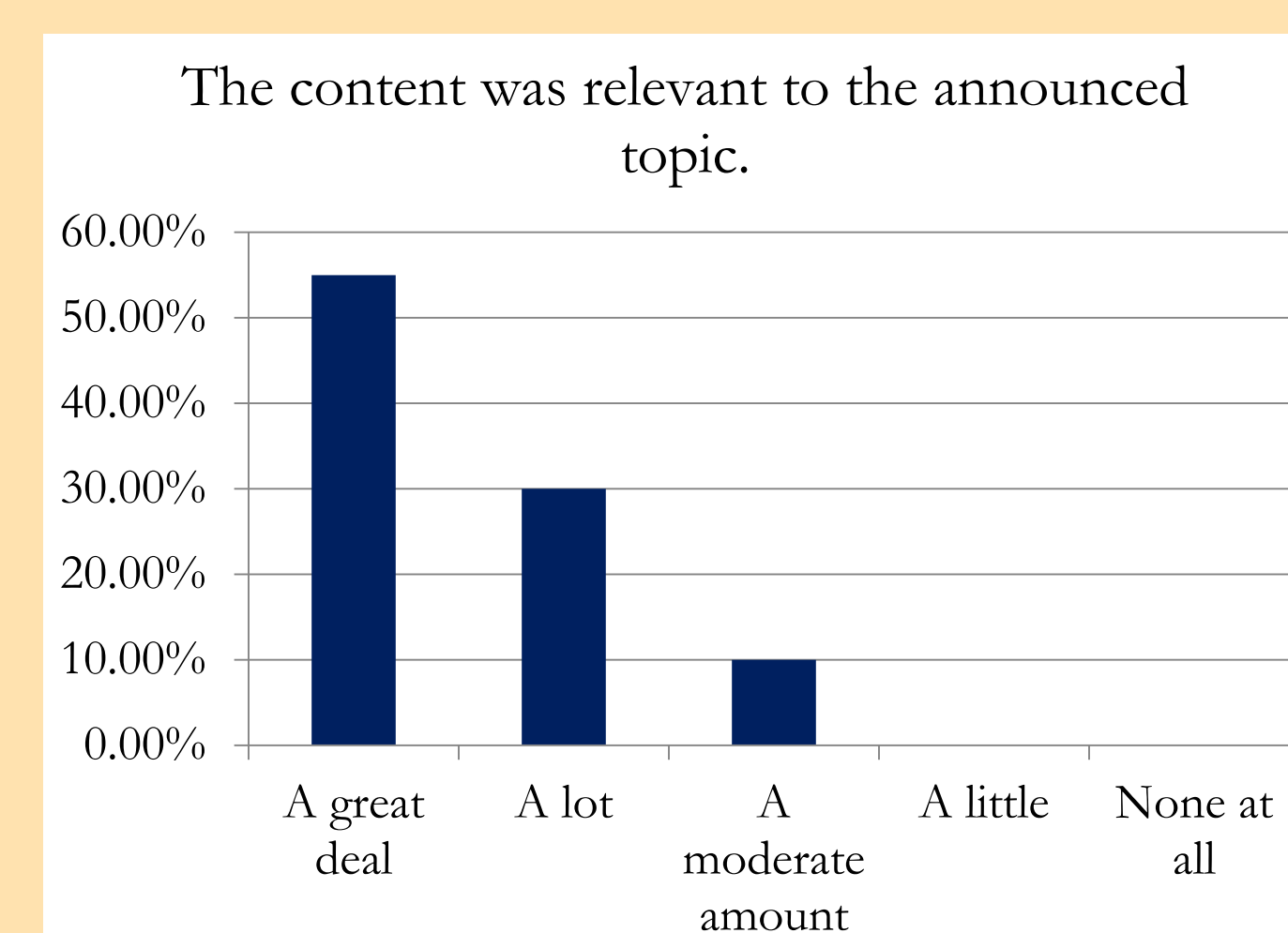
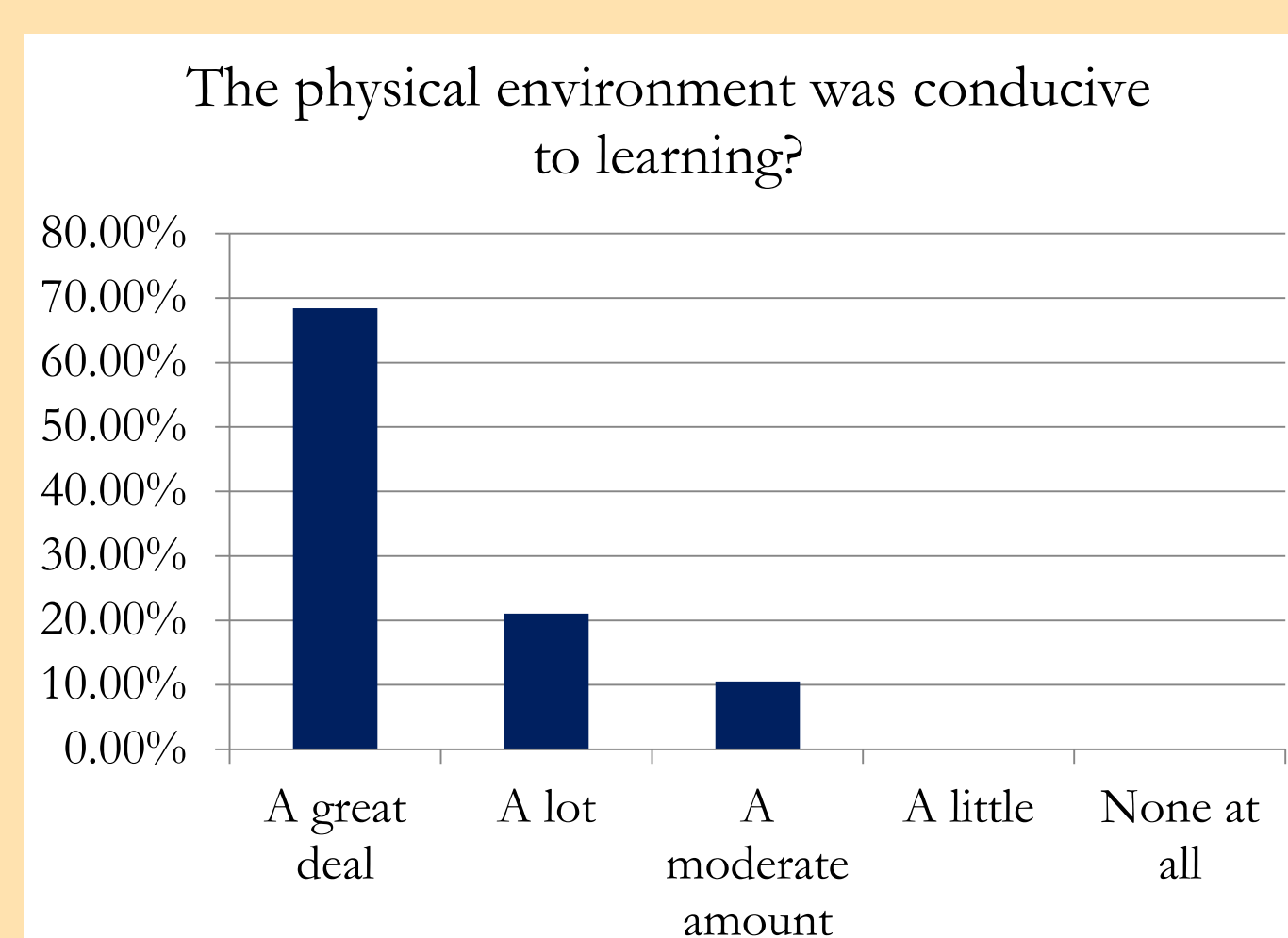
OR nurse Aimee Decoskey receives report from ED nurse Brianna Phipps



Dr. Mulcrone responds to the MRT with ICU Nurse Taylor Noble

Results

- A simulation satisfaction survey was distributed post intervention. The participating nurses were satisfied with the experience and provided positive feedback below.



Simulation Specialist Evaluation and Summary

- Engagement of staff - very excited and active in learning
- Buy-in and participation from Anesthesiologist, CRNA, OR scrub tech, OR educator, and nursing departments
- Teamwork and comradery amongst nurse residents going to varying departments in the hospital
- Ability to see and respect differences in work flows and environments
- Visualize the transition process between different areas
- Review of different equipment in various areas
- Nurse residents took the lead in their department and helped teach other nurse residents

Conclusion

- The project highlighted multidisciplinary communication and the significant impact it had on patient outcomes.
- Fostered understanding of departments impact on each other and the patient experience.
- The key findings transcends all areas of healthcare.
- Nurses gained appreciation for the complexity of patient care in other specialty areas.
- Limitations include only one run of the simulation.

References

- Wajnsztejn, A., Ejnisman, L., Zlotnik, E., Zitron, L. R., Ejnisman, B., & Cohen, M. (2014). Cesarean section and osteosynthesis of lower limb fractures in the same surgical procedure [Abstract]. *International Journal of Surgery Case Reports*, 5(2), 111-113. doi:10.1016/j.ijscr.2013.11.013
- Sorbi, F., Sisti, G., Di Tommaso, M., & Fambrini, M. (2013). Traumatic Tibia and Fibula Fracture in a 36 Weeks' Pregnant Patient: A Case Report. *The Ochsner Journal*, 13(4), 547–549.
- Epstein, N. E. (2014). Multidisciplinary in-hospital teams improve patient outcomes: A review. *Surgical Neurology International*, 5(Suppl 7), S295–S303. <http://doi.org/10.4103/2152-7806.139612>

Contact Information: Please contact Amanda Beasley at abeasley@Sentara.com with questions or comments