Process design for optimizing text-based communication between physicians and nurses

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Background and Aim

- Communication between physicians and nurses is a cornerstone of high-quality inpatient care.
- HIPAA-compliant text-based methods offer an alternative to the pager for communication between nurses and physicians.
- While messaging is popular in the personal setting, text-based professional communication in hospitals may increase the number of messages without improving coordination between care providers. (1)
- In addition, urgent messages that are more appropriately calls could be missed by the physician, leading to a delay in action. Other institutions use triage systems to communicate a question or clinical change by the urgency of expected physician response, which have attempted to mitigate this issue. (2)
- We aimed to improve bidirectional communication between housestaff and nursing with a communication process developed jointly by both parties using QI methods such as stakeholder analysis and a structured Work-Out session to brainstorm solutions.

"How Might We..." Statements

"How Might We...":

- **Reduce interruptions and alarm fatigue?**
- **Match urgency and communication modality (telephone call vs. text)?**
- **Reduce text-based errors?**
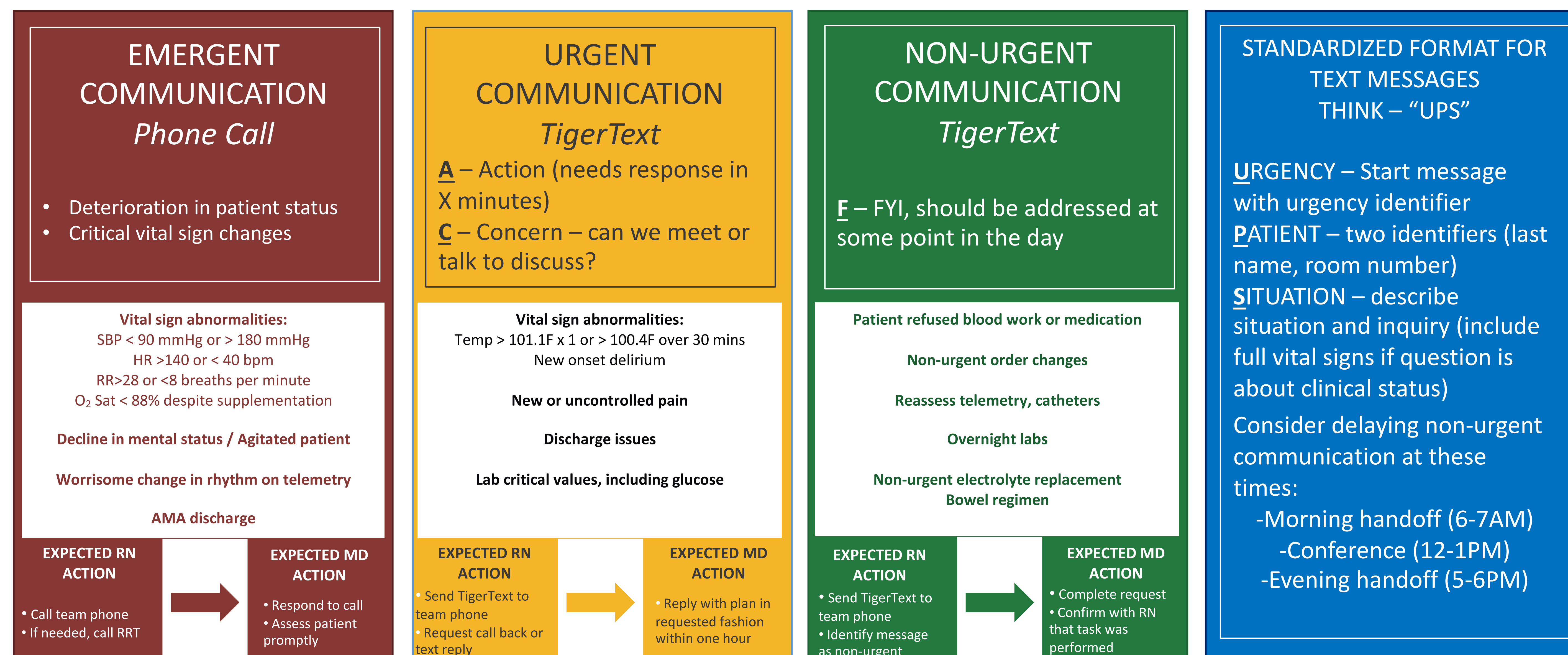
Methods and Process

Proposed Intervention

Figure 1: Proposed educational intervention to be posted at nursing stations and to be distributed to housestaff. This framework synthesizes both the FACS (FYI, Action, Concern, and STAT) urgency hierarchy and RADIUS (Review, Announce, Details, Inquire, Urgency, Signature) standardized message format into UPS (Urgency, Patient, Situation). By initiating the message with the urgency key word, housestaff will know how urgently the nurse expects a response. The nurse is entrusted to identify the appropriate urgency and the same concern may vary in urgency based on experience and other factors.

Lessons Learned/Barriers to Success

- Different units have different workflows (i.e. the communication problems that affect surgery units are not necessarily the same as those on medicine units).
- Early, shared understanding of the problem is critical to create an intervention that incorporates stakeholders' unique insights.
- Although challenging to plan, structured Work-Out sessions provide an excellent setting to jointly develop solutions and galvanize excitement around a QI project.
- Pandemics prevent piloting.

Special thanks

- Therese McGurkin (Director of Nursing Applications)
- Kate Andrews (President, Nursing Governing Body)
- Members of the Housestaff Quality Safety Leadership Council

Initial idea to improve inpatient communication between MDs and RNs → Literature search and collection of institutional efforts in progress (Ex. FACS, RADIUS) → Housestaff Council discusses and designs iteration of intervention → Housestaff Council solicits nursing pain points related to communication → Work-Out session with ~15 MDs and ~20 RNs from various departments

References

1. Wu RC, Morra D, Quan S, et al. The use of smartphones for clinical communication on internal medicine wards. Journal of Hospital Medicine. 2010;5(9):553-559. doi:10.1002/jhm.775.
2. Mendel A, Lo L, Robert W. A Matter of Urgency: Reducing Clinical Text Message Interruptions During Educational Sessions. Journal of Hospital Medicine. April 2018. doi:10.12788/jhm.2959