



Background

According to Galatzan & Carrington, 2018, "Miscommunication that occurs during the exchange of information between healthcar providers accounts for approximately 80% o adverse events in the healthcare setting". Miscommunication among healthcare professionals in the workplace continues to problem that is not adequately addressed. Miscommunication has a major impact on t quality-of-care patients receive, patient satisfaction, healthcare costs, and patient outcomes. A literature review of 64 studies conducted and several different types of miscommunication within the healthcare sy were identified. These areas include medica errors, miscommunication among patients and/or caregivers and staff, and communication errors in patient handoffs. Language barriers and cultural differences can also have an im on communication in healthcare. The goal c this intervention is to improve communication among healthcare professionals in the workplace, with the overall goal of improving patient outcomes.

> This part SBAR of determines what Is going on and why health care Professionals are needed

SITUATION

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Miscommunication Among Healthcare Professionals in the Hospital Setting: A Quality Improvement Project

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NURB 361: Introduction to Nursing Research, Baccalaureate Nursing Program

Definition & Purpose Statement

	The purpose of this quality				
	improvement project is to				
e	determine the effectiveness of				
of	communication between healthcare				
	professionals based on renewed				
	SBAR (Situation, Background,				
be a	Assessment, Recommendation)				
	guidelines for improved handoff				
he	communication in the healthcare				
	setting. According to the Harvard				
	Public Health Review, "effective				
was	communication can be defined as				
	verbal speech or other methods of				
stem	relaying information in order to get				
tion	a point across" (Ratna, 2019).				
	Communication among healthcare				
tion	professionals must be redefined in				
S	order to improve patient				
pact	outcomes				
of	Implementation -				
on					
	SBAR Checklist				



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<u>Sbar</u>	Nursing	Handoff	Template

se y/o m / 1	Tutte	
SITUATION- Admission date: Foday's Date:		()C-Diff ()MRSA ()VRE
Chief complaint/Admitting DX: Physician: Allergies: Advanced directives:		()FULL CODE ()DNR
BACKGROUND-		
) COPD) Diabetes; () Type I or () Type II) Heart Failure) Hypertension) Angina		nritis eoporosis cer; specify :
) Hypotension) CAD) Palpitations) Stroke/TIA; date:) MI; date:	() Hyp () Smo () Men	erthyroidism othyroidism ker; specify pack/year: tal illness; specify:
Seizures SSESSMENT-	() Dem	
<u>atest Vital Signs:</u> Frequency: q 3P:, HR:,Temp:, O2 sat		
Activity) Ambulates independently quadrants	<u>Neuro</u> () Alert	<u>GI/GU</u> () BS present x4
) Ambulates with assist of) Bedridden) RISK FOR FALLS <u>Transfer</u>	() Oriented x1 / x2 / x3 <u>Respiratory</u> () Regular RR	() Last BM: () Incontinent () Foley Date of
nsertion:) 2 person assist) Draw sheet) Hoyer lift <u>Skin Integrity</u>	 () Labored () Shallow () Use of accessory muscles 	() Nausea () Vomiting () Diarrhea () Abdominal
distention) Intact) Pressure injury;	() O2 therapy; <u>Cardiac</u>	<u>Isolation Precautions</u> () None

Location: Stage: () Lesion Location: () Wound care			() ()	()Heart rhythm: ()Beta blocker ()ACE inhibitor ()EF: <u>Diet:</u>			() Airborne		
Qh			()	() NPO					
Schedule	ed Mediatio	ns:							
Pertinent	labs:								
WBC	H&H	PLT	PT/INR	Na	K+	BUN	Creatini ne	Other	
IV () Peripheral Location: Gauge: () Central line () PICC line () Implanted Port			Drains/tubes () JP () NG tube () G-tube () continuous feeding () intermittent feeding () Chest tube			Assistive devices () Glasses () Hearing aid () Walker () Wheelchair () Dentures () Other:			
24h I&O:		Daily	weight:	L	atest FSBS):	-		
	MENDATIC endations f		ient:						
Patient e	ducational	needs:							
Dischard	e planning:								

Literature Review

There was a full literature review done examining 64 peer-reviewed research articles covering the topic of communication in the healthcare system. One emerging theme that was noted was that nurses close the gap in communication between physicians, patients, patient's families and the rest of the healthcare staff when they round with the providers. This theme showed to have positive result with patient satisfaction and dramatically decreased patient errors (Rahman A., 2019). Another theme that was noted was that the implementation of the safety huddle increased effective communication among members of the healthcare team by reducing errors due to miscommunication and supporting a culture of patient safely. This huddle acted as the final safety barrier between nurses coming off shift and nursing coming on shift to create an effective communication to improve patient safety (Kylor, C., 2016).

A final theme noted was that the more competent a healthcare professional is at communicating, the more effective patient care is performed, which improved patient satisfactory rates. Nurses are aware that there is inadequate SBAR handoff communication between all members of the healthcare team especially between nurses and their patient's primary care provider. Poor communication between nurses and physicians showed to be a major cause of patient injury and increased healthcare cost (Forbes III, T. H., Larson, K., Scott, E. S., & Garrison, H. G., 2020).

> providers will: provider to another.



Objectives

- After training about improving communication using the SBAR model handout, health care
- 1.) Effectively communicate during transfer of
- patient clinical information from one health care
- 2.) Have improved patient outcomes related to a decrease in miscommunication.
- 3.) Be able to teach new health care providers on the SBAR communication model.