

Improving Teamwork and Communication by Standardizing RN/PCT Report

Introduction of the Problem

With an increase in acute care patients in the hospital, nurses (RNs) must partner with patient care technicians (PCTs) to provide the complex care these patients require. Poor patient and staff satisfaction, missed care, and medical errors can occur when healthcare workers are unable effectively work together. This project took place on 12 Reisman, a 44-bed acute medical/surgical unit, with high patient turnover rates and a geographically large circular layout. Due to the size of this unit, RNs and PCTs historically reported difficulty finding each other for report at the start of their shift. As a result, PCTs would often work for a large portion of their shift without receiving report from RNs. This frustrated both RNs and PCTs, as work was sometimes duplicated or missed, and often staff were working independently, instead of as a team.

Aim/Goal

- Improve delegation practices between RNs and PCTs through education on effective delegation techniques
- Create a culture of collaboration and teamwork by promoting frequent and effective communication between staff
- Reduce the occurrence of delayed or missed care to improve the quality of patient care
- Empower PCTs to request report if they did not receive it within first hour of their shift

The Team

- Nicolette Burnham, MSN, RN, Nurse Director, 7 Stoneman
- Jenny Thomas, MSN, RN, Nurse Educator, Float Pool
- Katherine Willetts, MSN, RN, Clinical Nurse IV, 7 Stoneman
- Ancillary support from 12 Reisman Nursing and Patient Care Technician Work Group

Interventions

A pre-intervention survey was created and sent to staff to evaluate their perception of delegation, workflow, collaboration and teamwork on the unit. Additionally, questions were asked about communication practices and delegation techniques.

Based on the results of the study, a standardized report tool was created, utilizing BIDMC's policy, Change of Shift Nursing Report (#100-3) as a template. This script was developed to ensure RNs were giving complete and thorough report to PCTs at the beginning of their shift. This script was also given to PCTs so they would know what information to expect in report. If information was missed, PCTs were encouraged to ask RNs to cover all information on the script. The script was modified once during the project, based on feedback from the staff on the floor.

An expectation was also put in place that RNs give report to the PCT within one-hour of starting their shift, and of PCTs to request report from RNs if they had not received it within that first hour

The Standardized Report Script

****Please discuss each item of this script with the PCT you are working with for EACH patient****

RN: "Today we are working together to care for (Patient's name) in room (number)...."

Review:

- ~Patients name and Room Number
- ~Admission Date and Diagnosis
- ~Mental Status (oriented, confused, language spoken if not English)
- ~ADLs (1 or 2 person assist with care: ADLs, toileting, ambulation)
- ~Ambulation device (walker, crutches, contact guard)
- ~Fall Risks (review fall precautions)
- ~Diet (NPO, clears, regular, etc)
- ~Precautions (C.Diff, neutropenic, droplet, etc)
- ~Individualized patient care
 - *Vital Signs (Q4 hours or Q8 hours)
 - *Blood Sugar checks (Q6 hours vs. before meals)
 - *Telemetry (remind to change leads with ADL care)
 - *Daily weights (bed vs. standing scale)
 - *I+Os (review drains and frequency of monitoring output)
 - *Code Status
 - *If the patient is scheduled to leave the floor for procedures
 - *If the patient will be discharged **AND time frame**

Plan a check-in time for any changes and updates on plan for day

The Process

The standardized report script was distributed to all staff via email, copies were placed in the break room, and also laminated and attached to vital signs machines. Flyers were also placed around the unit reminding staff to use the script.

A team of 12 Reisman staff members were recruited to help implement this project. Compliance was audited daily by team members to encourage and ensure implementation of the script. Team members would check in with the floor staff each day, asking two questions:

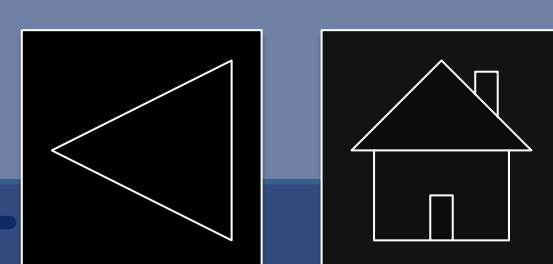
- Did you give report within an hour of starting your shift?
- Did you use the script?

If either question received a response of "No", team members would ask "why not" and record responses.

The intervention stage ran for three months. At the end of the three months, a post-intervention survey was sent to the staff. The survey asked staff about how they felt the project had changed their workflow and teamwork on the unit

For more information, contact:

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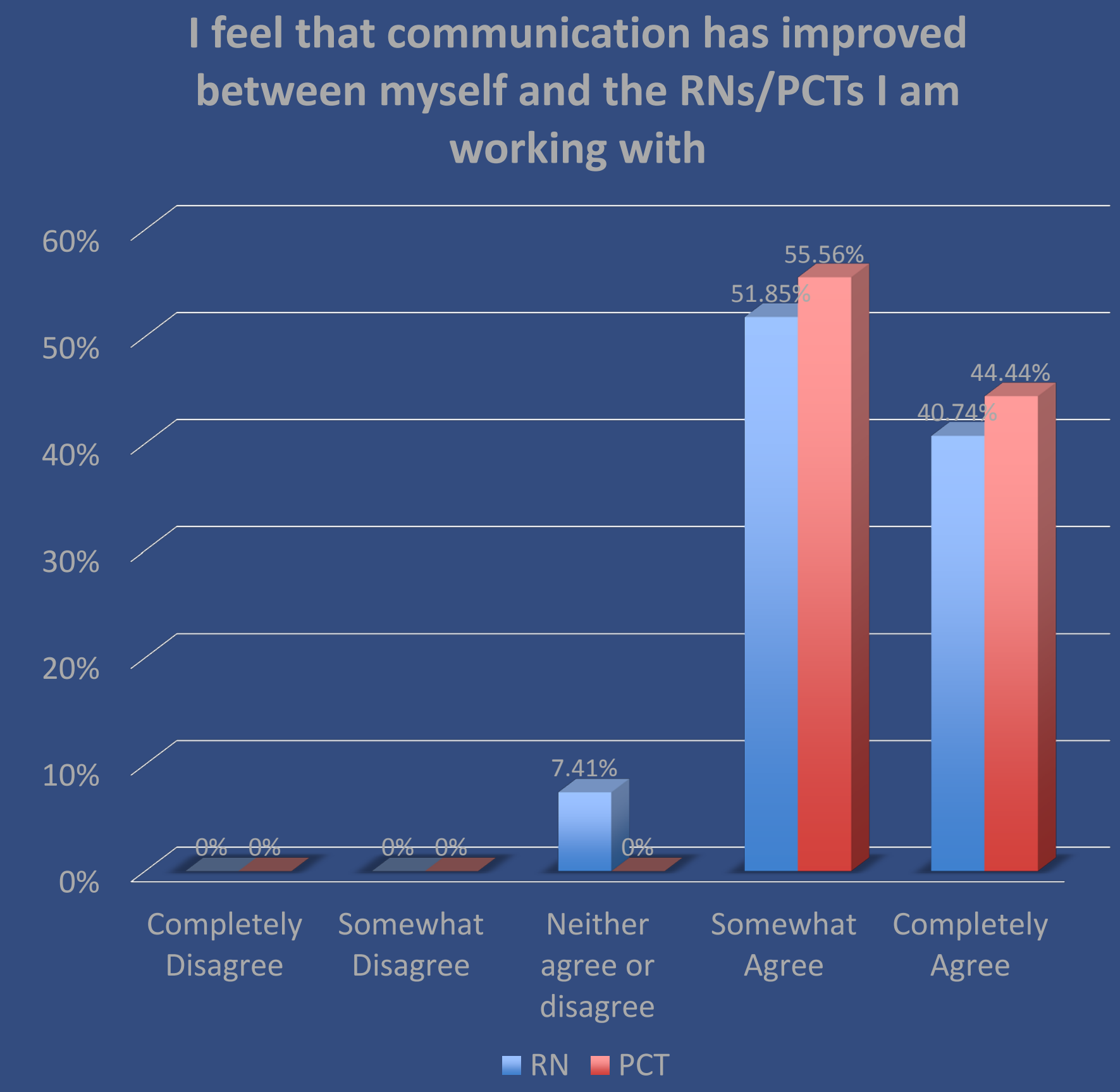
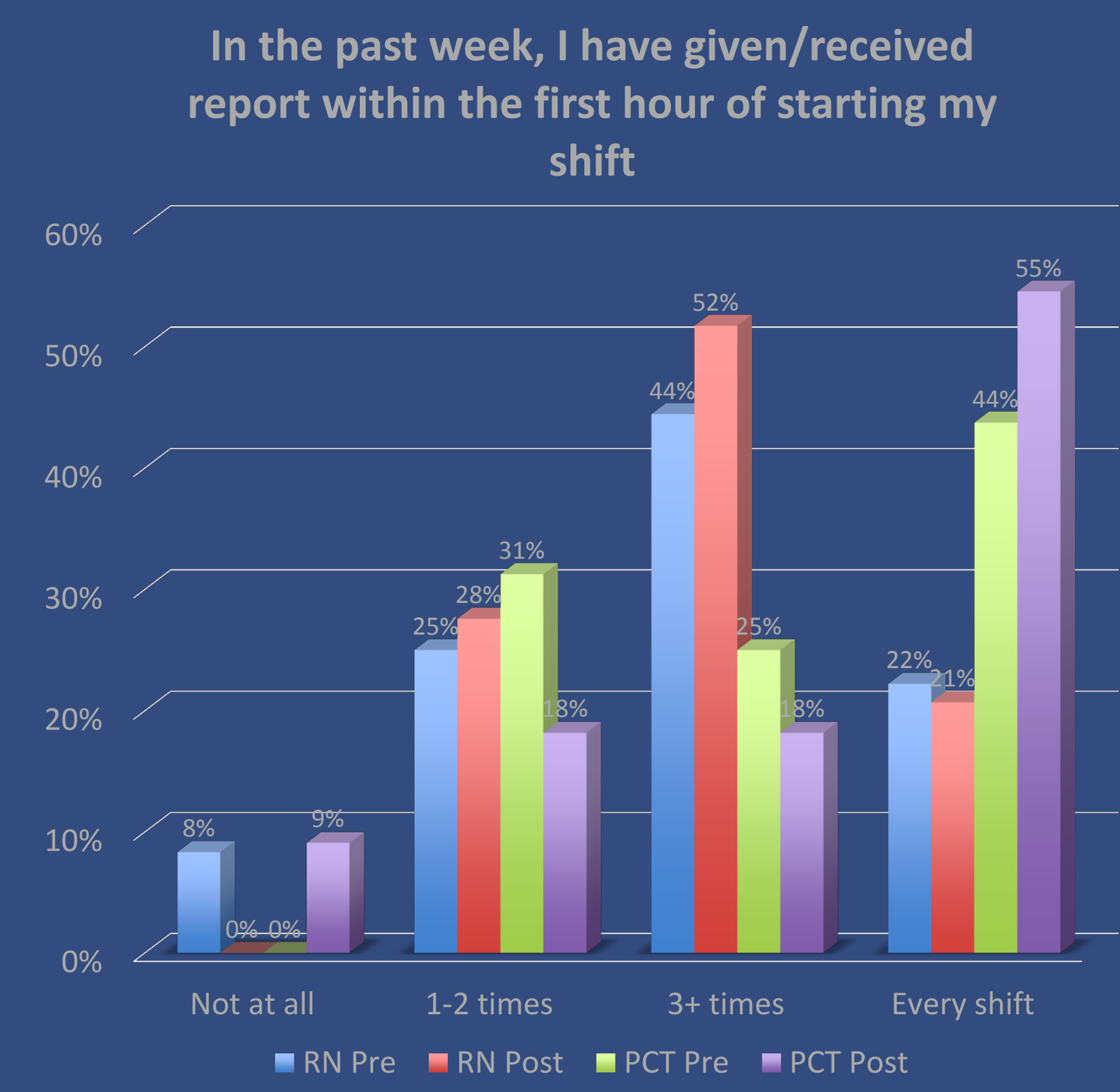
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Results to Date

Six questions were added to the post-intervention survey in order to assess how well the intervention improved day-to-day workflow. Responses to these questions were overall positive (either “completely agree” or “somewhat agree”):

Survey Question	Percentage of positive responses	
	RNs	PCTs
I feel this project improved my understanding of the information that should be provided in report	96.29%	100%
I feel more informed about the patients I am caring for	51.88%	100%
This project improved my workflow	89.59%	72.72%
Specific tasks and expectations were discussed when giving/receiving report	89.66%	100%
Working relationships have improved with the RNs/PCTs I am working with	88.88%	90.90%
I have a better awareness of delegated tasks	81.84%	90.90%
Teamwork and communication are encouraged on this unit	96.30%	90.91%
Communication has improved between RNs and PCTs	92.59%	100%

- The post-intervention survey revealed a perception of:
- Improved teamwork and communication between RNS and PCTS
 - Increased timeliness and specificity of report given
 - Increased frequency of receiving updates throughout shift (i.e. if tasks were completed or not)



Lessons Learned

The data collected showed an overall improvement in the perception of teamwork and communication between RNs and PCTs on this unit by implementing a standardized report script to be used each shift. Staff overwhelmingly felt this simple intervention improved the workflow of their day. By highlighting the importance of effective communication during report, staff were able to modify their behaviors and practices to ensure that giving and receiving report happened earlier in the shift. When this happened, and when the standardized report script was used, staff reported improvement of specific tasks being completed, improved communication with each other, and better teamwork. PCTs report feeling more informed about their patients and more confident in providing care.

Next Steps

- Send a follow-up survey to 12 Reisman in order to see if results were sustained long-term
- To implement script on new units to see if results can be replicated in different environments