SYSTEMS-BASED PROJECT 2010-2011

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Project Title: Improving MD to Nurse Communication

Description: The communication between the residents and the nurses is an essential part of providing excellent care for our patients. We must work together as a team to properly care for our patients. However, the number of residents and nurses as well as the increasing number of shift changes and patient hand-offs creates many roadblocks in communicating with each other. Below are several issues we have encountered and our proposal for some possible solutions.

**Impact Orders: labs, medication changes, IVF, etc**

Problem: Some orders are not being recognized or are "missed" in shift change, etc

a. Unit secretary should notify RN when any stat lab orders print out. MD will notify nurses of all stat orders, whenever possible; however the unit secretary should notify RN via vocera or phone promptly after stat labs print.

b. Per MBU charge nurse, nurses are supposed to check all orders for changes routinely every 2 hours. We will work to develop this system with every OB/GYN floor, and L&D. Develop flowsheet/worksheet for RN to use to record and review VS and impact orders. This can then be submitted to charge nurse (by RN) who in turn can ensure RN completing tasks.

c. If there is a question regarding order that is different from routine care; RN is to call MD with question on how to proceed. In addition, MD should pass pertinent information to next MD as well as include information in daily progress note plans for RN's reference/review.

**Patient Care: order requests, pt issues, discharge planning, etc**

Problem: RN is not aware of most recent plan of care for patient

a. Have charge nurse or RN at sit-down rounds during the week so they can take note of plan of care decided by resident and attending. This could potentially limit confusion regarding patient care, particularly for sick patients.

b. MD to have most recent plan of care in daily progress note. RN can access progress notes to view updated plan of care.

c. Post-Partum RN must notify MD prior to 5PM if pt is discharged but elects not to leave 2/2 Rose's Law.

d. Chief of service (PPR, ONC-3, GYN-4, Urogyn-4, REI-4, IUP-3, Board-4) to notify appropriate charge nurse of any patients that they are especially concerned about, may require more than average amount of time/effort, etc.

Problem: Slow MD call response time

a. For all routine prn medication orders (i.e. Benadryl, MOM, change in pain medication, etc) RN is to put information in pager of 1st year OB resident instead of using vocera, especially after 5pm on weekdays and during weekend. RN should review impact for requested order. If order is not in within 30mins, then RN should repage or vocera MD.

b. Avoid paging night float resident between 5 and 6 pm (except for emergencies) to allow time for adequate checkout.
c. When paging the night float resident with questions/orders/issues, ask the other nurses before calling if they need to talk to the resident as well.
d. Night float resident will attempt to notify GYNX charge nurse if he/she is expecting to be at Brookwood or in an OR case and will be unable to quickly return calls or put in orders.

Problem: RN not prepared to speak with MD regarding pt problem at time of page

a. If RN is contacting MD regarding problem with pt or abnormal VS, the RN must have a full set of current VS as well as UOP over past 2 or 4 hrs when MD is contacted.
b. RN will attempt to stay at the phone number paged for 5 minutes after the page is sent. Otherwise please put first and last name in the page and request return via vocera.

Problem: RN and MD unsure who to contact

a. Class lieutenants will have call schedule, rotation schedule, and monthly "on-service" schedule posted for each nurse's station with asterisk next to primary contact resident (usually the intern).
b. When someone is on vacation, another team member should contact the appropriate charge nurse and have them notify the nurses who to contact that week.
c. RN should contact the primary contact resident at all times unless it is an emergency or that resident has not returned the vocera/page. Just because a resident has put in an order on a patient, it does not mean that he/she is the appropriate resident to contact regarding that patient.
d. At shift change, the unit secretary or charge nurse should update the tracking board on L&D, MBU, and HRO with the appropriate RN for each patient. A GYNX tracking board would be very helpful as well.

**Triage Issues**

a. RNs do not check orders on Impact. Therefore, MD must notify RN of all orders and place them on the tracking board. RN should then update tracking board accordingly so that that MD knows meds are given or labs are sent.

b. RNs document time and exams. Therefore, if chaperone other than RN present during exam, MD to notify nurse of exam and time exam preformed. RN should serve as chaperone for exams. It is not OK for RN to tell MD that student should serve as chaperone instead.

c. If RN is concerned about a pt in triage (whether advanced Cx dilation, NRFHT, or "sick" pt), they should notify MD. If the intern is not available, then they should notify a resident on L+D. However, they should only notify somebody outside of the intern if they are truly concerned about the pt (time in triage alone is not a legitimate concern). Also, when they notify somebody outside of the intern, they should be able to tell that person the basics about the pt and the reason they are concerned about the pt.