



Improving Communication Between Nurses and Residents at HCA Florida Osceola Hospital

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Background

- Communication failures between healthcare professionals is a common cause of inadvertent patient harm, and can be easily prevented (1).
- Collaboration between physicians and nurses has a positive association with patient outcomes and satisfaction (2).
- Patient satisfaction surveys such as the HCAHPS by CMS are increasingly impacting physician and hospital reimbursement (3).

Problem Statement

On the HCA Florida Osceola Hospital inpatient GME medicine service, residents often have problems identifying who is the nurse taking care of a patient, and conversely the nurses have problems identifying the resident taking care of the patient. This leads to frustration for both parties, delays in patient care, and decreased patient satisfaction when there are problems with communication.

Areas we will focus on include:

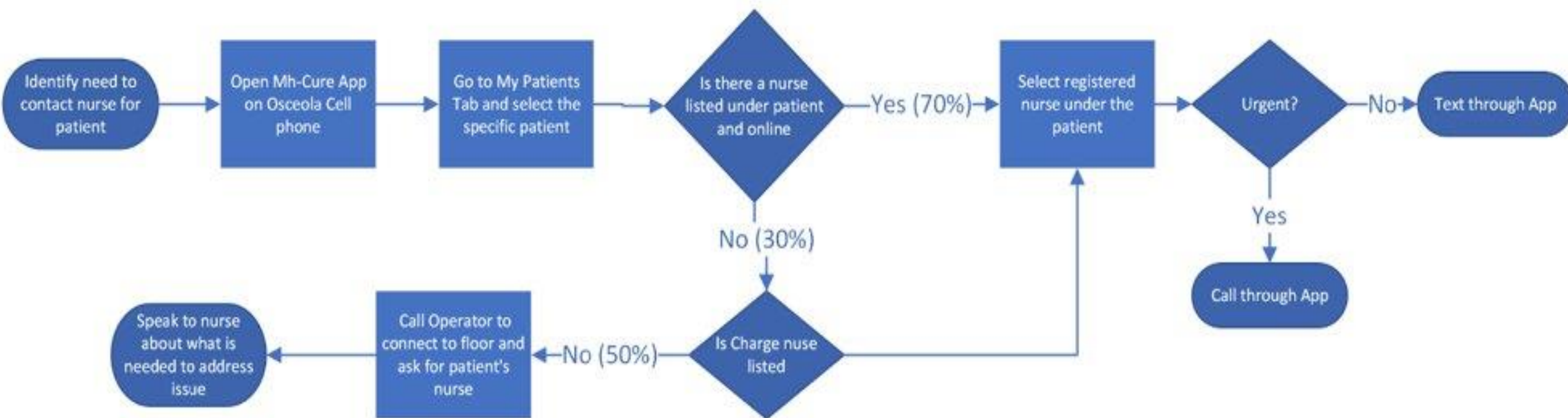
- Cross cover calls and identification of correct resident and nurse caring for the patient
- Communication of plan for the day with nurses

Aim Statement:

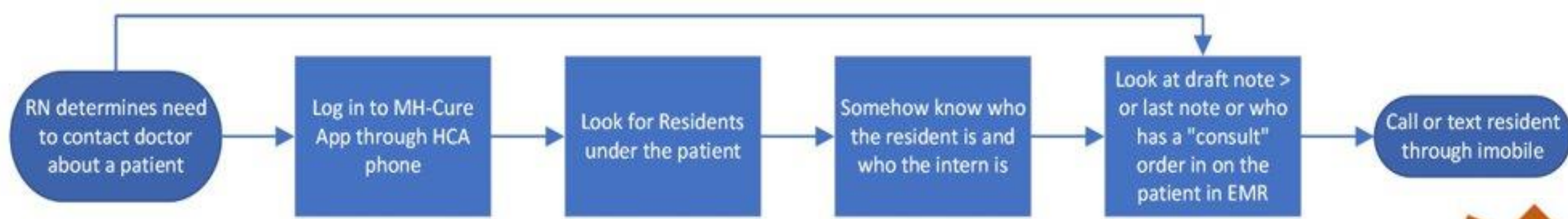
- By November 2023, the correct resident and nurse will be listed on the E-Board and on MH-Cure(i-mobile) for GME patients admitted on A3 and A4 90% of the time.
- By November 2023, there will be a reduction in cross cover calls to the incorrect team/resident for GME patients from 23% to 10%.
- Improve A2/A3/A4 nurse satisfaction with nursing/resident communication from current level of 3.94/5 to 4.5/5 by November 24, 2023.

Current Condition - Process Map

Residents Calling Nurses



Nursing Calling Residents



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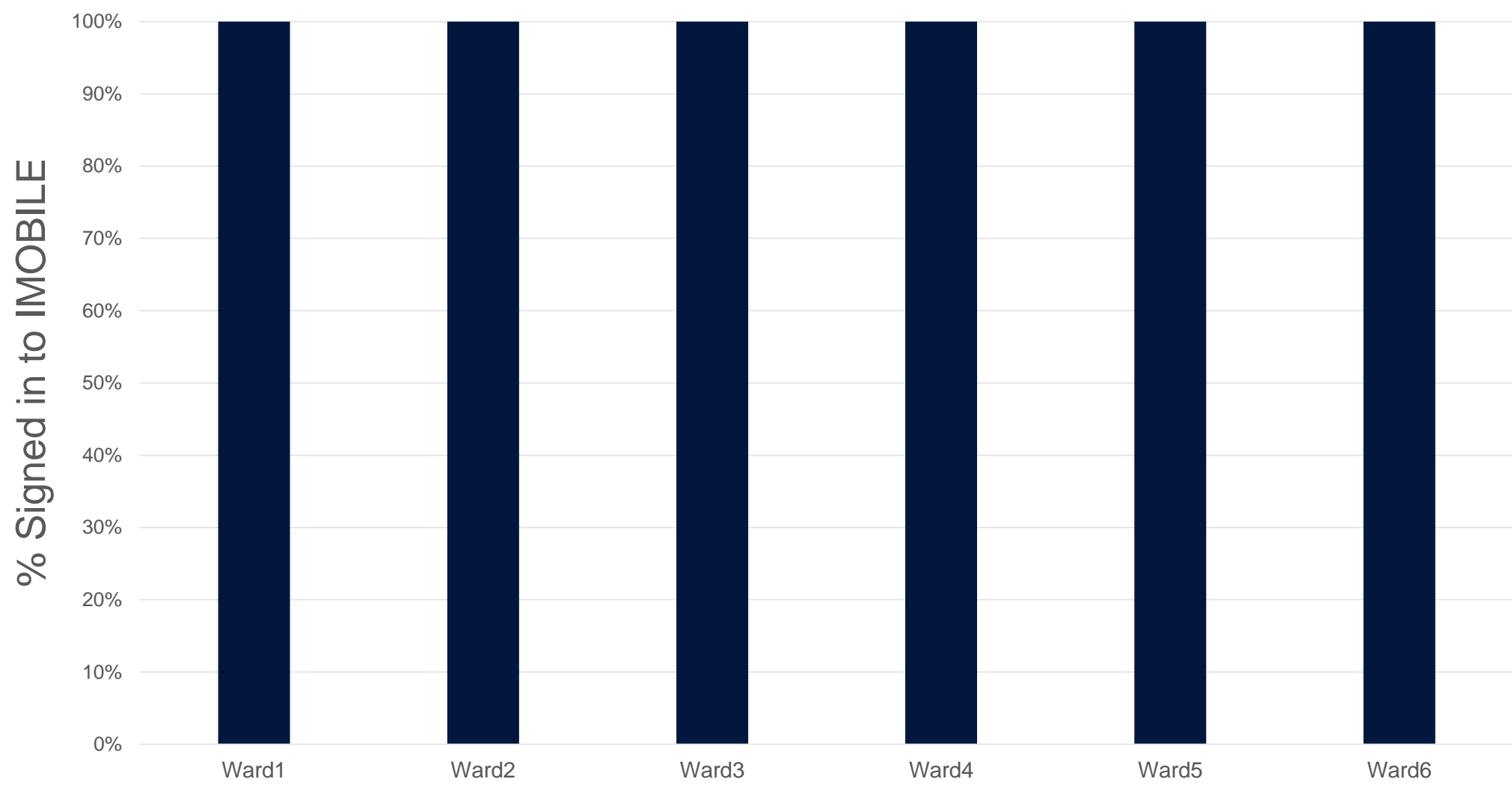


Data Collection

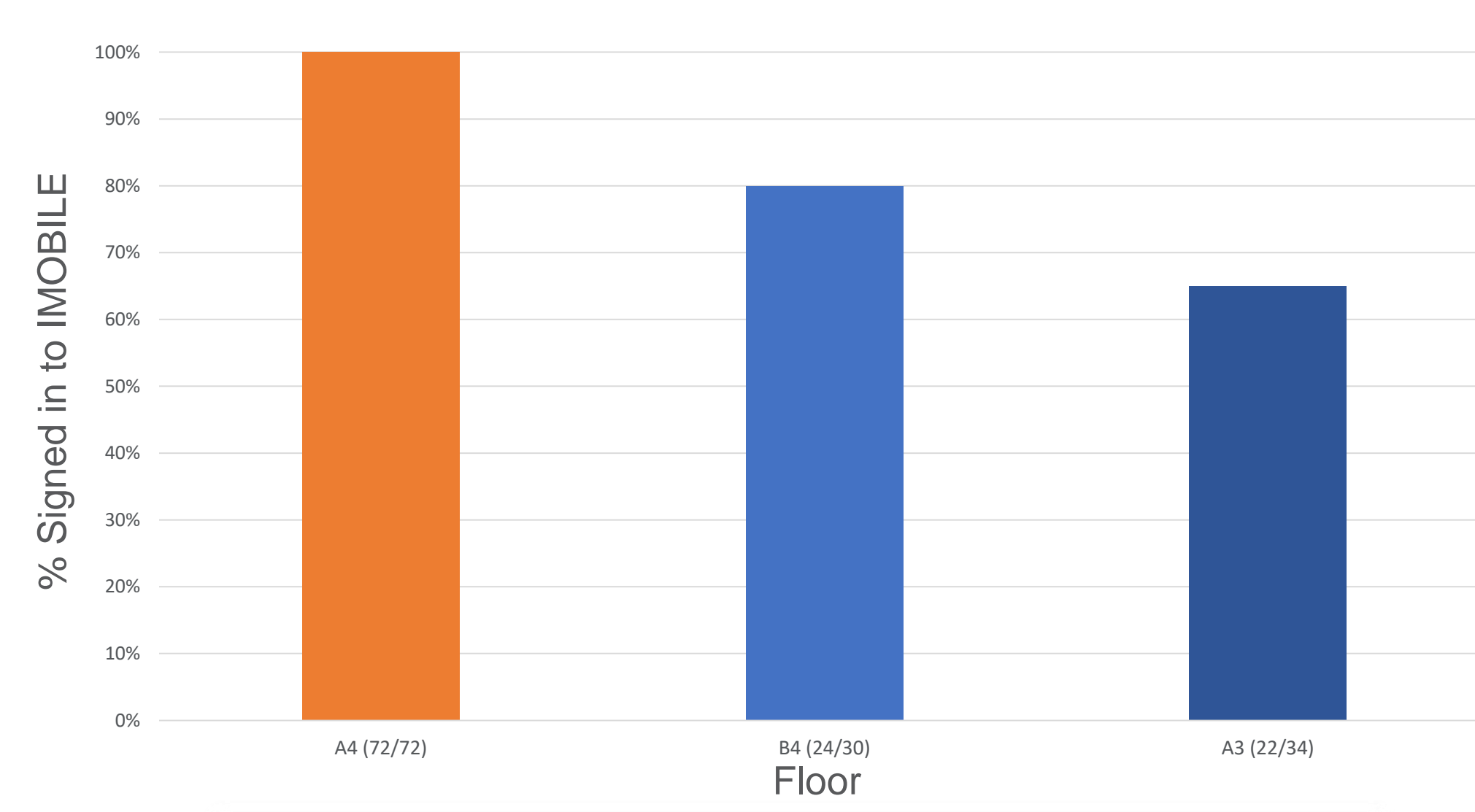
- Spot check of resident patients on A3/A4 to see if the nurse is correctly listed and available on MH-Cure in March and April 2023
- Spot check of resident teams to see if the resident/intern is correctly listed and available on MH-Cure in April and May 2023 by 11am
- Night float tracking of number of cross cover calls to a resident that is not cross covering for the patient (wrong team)
- Surveys to residents and nurses about current satisfaction level and issues with communication

Results/Current condition

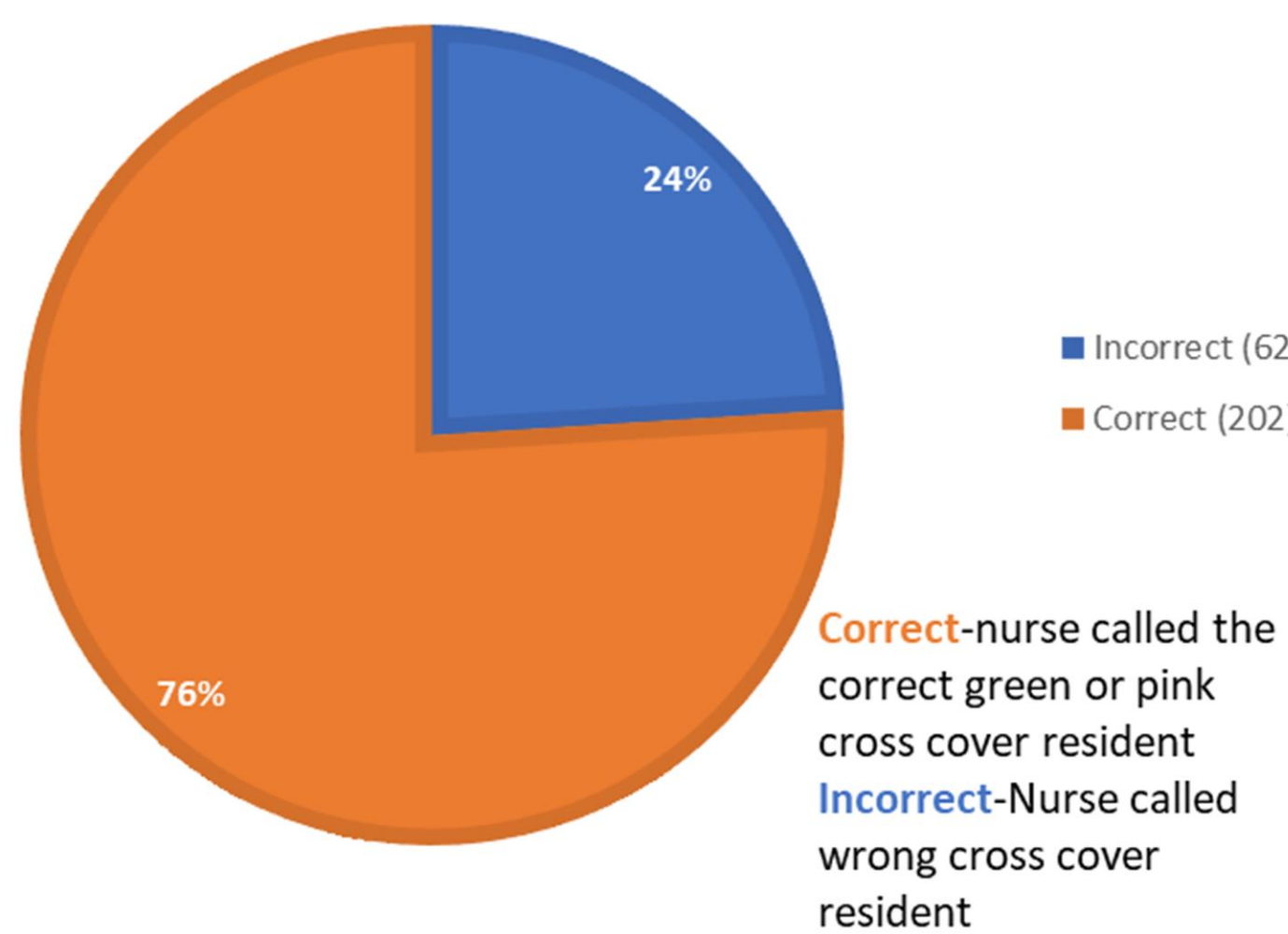
Spot check on residents logged into IMOBILE



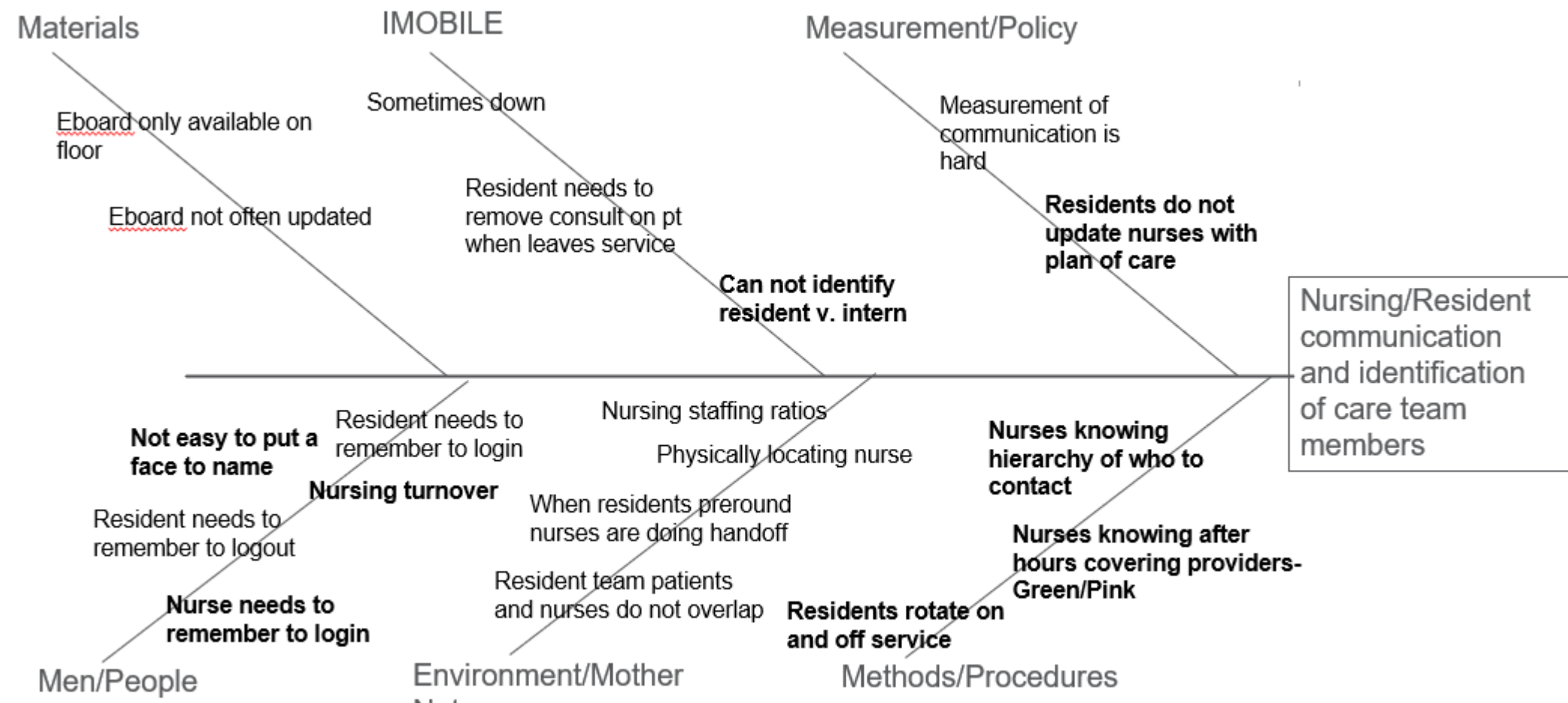
Spot check of nurses logged into IMOBILE



Calls to the correct cross cover resident vs incorrect call



Root Cause Analysis



Survey Highlights

Residents survey about nursing

- How satisfied are you with the process of identifying the nurse responsible for your patient? Average Level = 3.23/5
- How do you find nursing contact information? IMOBILE (75%)
- How do you contact the nurse? IMOBILE only (100%)
- What is your perceived patient's satisfaction with current provider-nursing communication? Not satisfied (46%)

Nurses survey about residents

- How satisfied are you with the process of identifying the resident in charge of your patient? 4.06/5
- How do you identify the responsible intern/resident? Meditech note (72%), E-board (56%), IMOBILE (44%)
- Who do you call first after 4pm and nights? Cross-cover pink vs green (81%)
- What is your preferred contact method with the residents? IMOBILE (100%)
- How often do you feel you are up to date with the plan? Often (50%)
- How satisfied are you with nursing-resident communication? 3.94/5

Future Plans and interventions

- Flyers clearly outlining who to call based on specific time and when to call cross-cover resident. This was previously completed (Calling Medicine Residents 101, but currently only located on 2 units).
- Update nursing E-board to accurately reflect provider teams
- Find a time in work flow to pre-round/round with nurses and discuss plan for patients
- More prominently displaying pictures of residents
- Explore if IMOBILE will display pictures and mention PGY level
- Continue to obtain further data before intervention is initiated.

References

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