Improving Communication Between the Residents and Consultants at HCA Florida Osceola Hospital

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Background
- Communication between healthcare professionals is critical to providing timely and effective patient care. (1)
- Currently, consultants at HCA Florida Osceola Hospital have different preferences for communication. These different preferences lead to confusion for consultees and frustration for consultants when communication/patient care is delayed. (2)
- Primary teams and consultants need pre-determined modes of communication to reach each other when needed, especially when placing emergent consults or for follow-up questions.

Objective
- Identify the current communication barriers between hospital staff and consultants.
- Understand the reasons for these barriers and evaluate the impact of poor communication on patient outcomes.
- Aim Statement: Increase consultant communication satisfaction by 20% for new consults within a 6-month period. Increase resident physicians’ level of satisfaction by 20% for communication with specialists within 6 months.
- Create a centralized database for consultant contact information that includes the preferred method of communication for each consultant.

Current Conditions
- Nephrologists came up with a standardized protocol for how to contact them based on time and acuity. Residents were informed via email, text, flyers, and morning report announcements.
- Standardizing and obtaining the preferred method of communication for consults to increase satisfaction levels proved to be more challenging than anticipated.
- Roadblocks were encountered during this project that included:
  - Obtaining survey responses from consultants and residents
  - Original website used for consultation was changed mid-project
  - Resistance to change
  - Could not create a new electronic platform for easy communication and consultation

Interventions
- In the 21st century, the number of methods to communicate has expanded. Although direct phone contact and preferred methods of contact.
- Nephrologists came up with a standardized protocol for how to contact them based on time and acuity. Residents were informed via email, text, flyers, and morning report announcements.
- Met with chief of cardiology to discuss preferred method of communication with each provider.
- A follow-up survey was conducted to assess satisfaction.
- A centralized electronic database for GME internal medicine residents was created with consultant numbers and preferred methods of contact.

Results

Discussion
- In the 21st century, the number of methods to communicate has expanded. Although direct phone contact and preferred methods of contact.
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Clinical Impact
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References