IMPROVING TEAMWORK AND COMMUNICATION IN THE EMERGENCY DEPARTMENT

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Purpose: To determine whether educational and team communication interventions with Emergency Department (ED) staff improved collaborative decision making among clinicians, decreased patient treatment delays, and increased patient and staff satisfaction.

Background: The literature shows that a lack of communication, collaboration, and teamwork among staff can result in disorganized care, delayed treatment diagnostic results and increased potential or actual medical errors, role confusion, staff and patient dissatisfaction. All these factors combine to create an unhealthy work environment and the potential for unsafe patient care. TeamSTEPPS® is an evidence-based teamwork system designed to improve communication and teamwork skills among health care professionals. So, the TeamSTEPPS® program was the framework for this evidenced-based practice project.

Methods: A brainstorming session was held that included physicians, nurses, ED techs, guest services and registration to gather feedback around teamwork and communication breakdowns in our ED. Concerns were categorized into themes and two key components were identified for immediate implementation: 1) identification of the team for the day among clinicians, patients and families; and 2) nurses, physicians, and patients/families understanding and co-creating the plan of care. Next, a three week trial of pre-shift staff huddles, lead by the charge nurses, were implemented. Nurses and physicians conducted staff introductions, assigned (in EPIC) one primary nurse for each patient, wrote names of staff treatment teams on patient bedside whiteboards, and identified (in EPIC) the nurse covering breaks. To understand and co-create the plan of care, the physicians were encouraged to share the plan with the nurse and patient/family within 30 minutes. Nurses were to communicate any change of patient condition or other important laboratory data to the physician within 10 minutes. Flyers promoting these changes were posted throughout the department. Outcomes measures included: 1) a staff survey created by TeamSTEPPS® on teamwork and communication; 2) time-in-motion observations of patient flow and communication in the ED; 3) Press Ganey patient overall satisfaction results; 4) and time to first antibiotics for pneumonia patients.

Results: 1) Pre (n=96) and post (n=62) intervention surveys revealed an overall improvement in collaboration and teamwork with staff huddles. Staff responded they had better communication among coworkers, planned together before making decisions and worked well together as a coordinated team. Staff also said they received increased feedback from other staff. 2) Observation of patient flow showed communication patterns increased. The residents were more

accepting of change compared to the nurses who were somewhat resistant. Overall energy of staff was noted to be higher. 3) Patient overall satisfaction improved. 4) Compliance with pneumonia patients receiving antibiotics within 6 hours improved.

Conclusions: Pre-shift staff huddles emphasize the importance of teamwork and communication, thus increasing staff's perception and compliance with collaborative decision making. As the huddles and culture change continue, we are hopeful to find an increase in staff satisfaction as well as optimal patient and staff safety, outcomes, and satisfaction. We plan to apply for additional TeamSTEPPS® training to fully actualize the TeamSTEPPS® model in the ED.

Key words: communication, collaboration, teamwork, emergency department, physician-nurse relationships

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