Objectives

* Evaluate current practices/data throughout the Norton Healthcare System related to medical staff and clinical staff collaboration.

* Analyze a comprehensive program of best practices and resources that will enhance medical staff and clinical staff relationships.

* Demonstrate understanding of leadership behaviors that will foster innovative collaborative relationships between nursing staff and providers.
The purpose and mission of this Doctor of Nursing Practice (DNP) capstone project was to create, implement, and evaluate a resource toolkit of best practices for collaboration from a variety of professional literature that will include tools, tips, and techniques to improve communication and collaboration, between nurses and providers.
The objective of the project was to create communication and collaboration strategies between nurses and providers that will result in improved nurse satisfaction and reduced medical errors.
Norton Healthcare (NHC) in 2013 had an average score of 2.9 on the National Database of Nursing Quality Indicators (NDNQI)MD collaborative subscale, which is below the database mean of 3.1.

Only one NHC hospital (Kosair Children’s Hospital) scored above the database mean.

In 2013 NHC reported 53 root cause analyses in the patient safety reporting system. Communication failure was identified as one of the root causes, placing it the top most frequently reported process.
Communication failures are integrally linked to the incidence of preventable medical errors and are reported to be the root cause of 60 to 70% of adverse events, most notably deaths related to a delay in treatment. Most commonly, communication breakdown occurs between providers and nurses. Poor team communication directly affects nurses contributing to decreased satisfaction and conflict among team members that places patients at greater risk for safety and quality errors. Despite this evidence suggests that physicians and other members of the healthcare team assign primary responsibility for patient safety to nurses; however, only an estimated 8% of physicians recognize nurses as part of the decision-making team. Behavior expectations and communication standards, which help to set clear expectations in building a collaborative work environment also have significant influence on nurses overall perceptions of their work experience.
Why Collaborate?

Nurse–Physician Collaboration = Improved Patient Care

Mortality per 100 Patients Before and After Implementation of Collaborative Rounds and Other Collaboration Initiatives

Concord Hospital Cardiac Surgery, July 1998–October 2001

Institution of collaborative rounds and other changes

Following collaboration initiatives, patient mortality rate decreases by 56%
Creating a Culture

Successful organizations:

* Establish channels to deal with abusive physician behavior
  * Hospitals with strong cultures of Nurse-Physician collaboration have specific channels in place to deal with abusive behavior by physicians.

* Focus on clinical competence
  * Focusing on nursing clinical competence and providing the highest quality of patient care fosters increased Nurse-Physician collaboration. Physicians will collaborate with individuals whom they respect professionally.
### Environmental Trends Affecting Nurse/Physician Relations

In developing a culture of collaboration, an organization must consider environmental trends affecting nurse-physician relations.

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<tr>
<th>Trend</th>
<th>RN-MD Impact</th>
<th>Explanation</th>
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<tr>
<td>Use of Hospitalist</td>
<td>Trend</td>
<td>Increased use of hospitalists promotes collaboration and the consistency of trust amongst staff.</td>
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<tr>
<td>Reduced Resident Work Hours</td>
<td>Use of Hospitalist</td>
<td>Physicians rely more on nurses</td>
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<tr>
<td>Generational Shifts</td>
<td>Reduced Resident Work Hours</td>
<td>Younger nurses less tolerant of disruptive physician behavior and seek a more collaborative relationship with physicians</td>
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<td>JCAHO Mandates</td>
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<td>Magnet Requirements</td>
<td>Magnet Requirements</td>
<td>Magnet application process promotes collaboration to achieve positive clinical outcomes</td>
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<td>Increasing Interdisciplinary Education</td>
<td>Increasing Interdisciplinary Education</td>
<td>Joint health classes promote respect and understanding of others’ roles</td>
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<td>Projected Nursing Shortage</td>
<td>Increasing Interdisciplinary Education</td>
<td>Hospitals need to focus on improving collaboration to decrease nurse turnover and ensure quality and safety.</td>
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The goal of this project was to create, implement, and evaluate a resource toolkit of best practices from a variety of professional literature that will include tools, tips, and techniques to improve communication and collaboration, between nurses and providers. The long-term goal is to improve nurse satisfaction and reduce medical errors.

This toolkit was designed to help the user refine skills in building a collaborative environment with members of the medical staff. Although this toolkit will provide the user guidance, it will take practice and patience to get to the desired result. Admiral Hyman Richover said, “Good ideas are not adopted automatically. They must be driven into practice with courageous patience.”
Knowledge is power!

The ability to take pride in the field of nursing by staying up-to-date with advances through continuing education, specialty certification and participating in professional organizations are key to staying in touch with changes in the field of nursing.

Nursing research creates new knowledge and can help to change from a tradition without evidence into one that promotes medical staff respect of nursing knowledge.
How to Implement?

* Increase number of nurses we hire that are BSN or higher.
* Increase number of certified nurses.
* Conduct nursing research.
* Consider conducing nurse and provider research.
* Make sure our medical staff are aware of the above.
* Budget for ongoing education and research.
* Physicians and nurses are trained to communicate differently, which can cause miscommunication to occur.
* Communication is believed to be the root cause of 60 to 70% of sentinel events.
* The use of a common communication tool such as SBAR (Situation, Background, Assessment, and Recommendation) can provide a clear and concise reporting of patient issues when communicating with physicians.
* This tool “allows for an easy and focused way to set expectations for what will be communicated and how between members of the team, which is essential for developing teamwork and fostering a culture of safety.”

How to Implement?

* Make sure both physicians and nurses are aware of SBAR.
* Set the expectation for all communication.
* Laminate name cards with SBAR tips (note pads).
* Create posters for units to discuss at huddles.
* Coach if SBAR not being used.
* Make sure both physicians and nurses are aware of behavioral expectations.
Tool #3: Nurse/Medical Staff Meetings

- Have staff nurses and nurse leaders representing nursing in shared leadership committees that include physician committees can help to build relationships. Encourages nurses and physicians to participate in open dialogue around patient care outcomes.
- Physicians need to have feedback on issues raised so tracking issues and providing follow up is essential to help build trust and respect.
Develop feedback tracking system.

Invite physicians to staff meetings.

Create working teams of both staff nurses and physicians.

Tailor efforts to be concise and easy to track.
Tool #4: Align Vision and Action

* Transparency and open dialogue begin with the executive team can help to facilitate nurse-physician relationships.
* Creating a culture that promotes partnership among all staff that is relationship based must occur and all parties must be held accountable.
* Staff must feel supported by senior leaders and know that issues will be addressed. In turn nurses must have accountability to create an environment in which employees and physicians expect to have issues addressed.
How to Implement?

- Post department scores where physicians can see.
- Leaders must be committed.
- Written policies on code of conduct must be understood by both nurses and physicians.
- Increase visibility with physicians.
- Recognize and reward staff and physicians who exhibit appropriate behavior.
Four things that essentially all physicians are seeking:

- Quality- physicians want to know their patients are receiving quality and service,
- Efficiency- a physician can lose up to 30 minutes a day if the lab, radiology, or surgery departments are not efficient or a nurse is not prepared when calling a physician,
- Input- chooses things the physician can impact, focus on them, and then communicate the results again,
- Appreciation- physicians like staff needs to know they are appreciated by the organization.

Developing preference cards is a proactive way to capture.
How to Implement?

* Create preference cards for key physicians in area.
* Make sure they are updated.
* Make sure staff is aware of cards and how to access.
* Follow sample implementation process.
Unit leaders and the charge nurses are encouraged to participate in physician/nurse rounding on both a formal and informal level.

Nurses are encouraged on a daily basis to "see the patient with the doctor," give valid information to the physician, and at the same time, ask important questions about care.
How to Implement?

* Set expectation of rounding.
* Primary nurse should attempt to go with the physician to see their patient.
* Incorporate into unit orientation programs and the new graduate residency program, where a new hire is given the opportunity to "round with a doctor" towards the end of their orientation.
Tool #7: Joint Leadership Development

* Include all managers and above in an off-site meeting that includes key physician leaders for the opportunity to incorporate learning, networking, and fun.

* Encourage leaders and physicians to think positively about how to work more collaboratively.
How to Implement?

* Invite key physicians to staff meetings or educational offerings.
* Have staff write thank you notes to physicians and physicians to nurses.
* Gather input from staff on how they feel they could create a friendly workplace for physicians.
Tool #8: Joint Celebrations/Recognitions

* Including both nurses and providers in celebrations will help to create a more collegial relationship.
* Include nursing staff in physician recognition programs such as doctor day activities and encourage staff to nominate physicians for physician of the year.
* Include physicians in nurse celebrations such as nurse week celebrations.
Encourage staff to nominate physicians for physician categories.

Make sure physicians are aware of nominations for nurses.

Take pictures of the most collaborative physicians, those that participate in the RN-MD initiatives, and put them on the walls of the nursing unit where they are participating and their patients are admitted.
Tool #9: On-boarding Program

* On-boarding should be considered for any new member to the medical staff just like new nursing staff.

* Clear expectations should be set at the beginning including a best practice of requiring all medial staff to take the Hogan as part of the credentials process.

* Set clear expectations for all staff (nurses and physicians).
Make sure staff is aware of new physicians.
Develop preference card for any new physician.
Make sure to introduce new nurses to physicians.
Insure both physicians and staff are aware of code of conduct.
Report any behaviors (nurse or physician) through patient safety reporting system or through chain of command.
In 2006 the Advisory Board Company published a research study entitled “The Case for Strengthening Nurse-Physician Relations.”

The study identified different ways or tactics in which hospitals have improved communication and quality outcomes through Nurse-Physician collaboration.

The best practice tactics in the study were the following:

1) Nursing-Medical Leadership Linkage.
2) All-Staff Conduct Policy.
3) Complaint Feedback Loops
4) New Graduate Communication Coaching
5) Nurse-Physician Service Contracts
6) Nursing Driven Physician Education
7) Hospital-Wide Nurse-Physician Committee
8) Inter-Professional Healthcare Education
9) Communication Improvement Campaign
10) Clinical Expertise Sharing
11) Unit-Based Interdisciplinary Committees
Next Steps

* Norton Women’s and Kosair Children’s Hospital (NWKCH) was the beta testing for this project.
* January 2015 implementation began with hospitalist team.
* January 2015 Unit Based Councils and unit leadership began to implement tools on each unit.
* Tracking of events indicates that since January there have been ZERO events related to communication that resulted in a root cause.
* NDNQI survey occurred in April 2015. Scores for NWKCH for physician collaboration was above national mean (for hospitals that took survey in April).
Conclusion

- Increasingly, health care providers are exploring communication cultures, communication devices, and educational opportunities to foster more effective communication while promoting safe, high quality, timely, and cost effective patient care environments.

- This project will help to establish common goal achievement by giving power and respect to each member of the healthcare team in order to achieve optimal outcomes for the patient and staff.
Conflict of Interest

There are no conflicts of interest or relevant financial interests by the faculty or planners of this activity.
There is no commercial support of this activity.
There is no endorsement of any product by ANCC or ANA for this activity.
The entire session and the participant feedback tool (evaluation) must be completed to earn contact hours.
Questions and Recommendations