



Best Practice: Physician Relationships

Leadership Track



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Leadership Section Objectives

Objectives

After completing the activities included in the Leadership Section of this **Best Practice Intervention Package – Physician Relationships**, the leader will be able to:

1. Select key strategies to promote effective relationships with physicians
2. Describe how to use the SBAR method
3. Design an implementation plan for the agency to develop and/or improve collaborative relationships with physicians

How to Use this Package



Review **Keys to Collaborative Physician Relationships** (page 9)



Select and prioritize **Leadership Action Items** (pages 23 - 24)



Develop **Leadership Action Plan** (page 26)



Identify **Physician Relationship Tools** for implementation (pages 27 - 30)



Review and distribute **Connection Pages** (pages 31 - 35)



Utilize **Care Provider Tracks** to complete SBAR education.

- **SBAR Made Easy** – a 60-minute WebEx that provides education about SBAR and the use of the method with physicians and for interdisciplinary communication. Practice sessions and examples are included.
- **SBAR for Clinicians Podcast** offers a 15-minute overview including the physician perspective.
- **Examples of Excellence** depict practical application from home care agencies.

Best Practice Intervention Package Improving Physician Relationships

Creating a Home Care Physician Advisory Group

On February 28, 2007 an initial meeting was held among a group of physicians investigating the physician role in **reducing avoidable acute care hospitalizations** for home care patients. The physician group was convened by the Home Health Quality Improvement Support Center, Quality Insights of Pennsylvania, to explore how physicians could have an impact on the reduction of avoidable acute care hospitalizations for home care patients.



This physician group, the Home Health Quality Improvement (HHQI) National Campaign Physician Advisory Panel, is comprised of physicians from various regions of the United States including a variety of specialties such as family practice, internal medicine and emergency medicine (see page 2). These physicians were asked to weigh in on what physicians need to enhance and facilitate their role in patient care especially as it relates to home care. They determined that in order to work more effectively with home health providers, all providers need to understand each other's roles and develop **collaborative strategies** to improve the care of the patients we serve.

Since February 2007, this workgroup has met monthly and discussed several of the best practices for reducing acute care hospitalization. The Physician Relationships Best Practice Intervention Package will, in part, focus on the input of the physician advisory panel.

Increasing efficiencies with effective communication

SBAR, the featured tool in this package, can be used to improve communication between agency staff members and to advance the development of cooperative external relationships. Efficiencies in practice, so critical in today's health care environment, are dependent on collaborative relationships. One of the **key components to cultivating any relationship is improving communication**. This is true between clinician and physician as well as among disciplines within the agency.

Focus: Operational & Clinical

Building physician relationships can be approached from operational and clinical perspectives. This package takes a combined approach. Here are some questions to ask your leadership and management team:

- How does our agency communicate with physicians?
- Do we have consistent communication processes?
- Does staff understand agency communication processes and follow them consistently?
- Is our agency viewed as an asset to physicians and physician offices?
- Do we improve the efficiency of physicians and their offices or do we add chaos and confusion?

It works both ways

To adequately treat and care for patients, an effective patient-centered relationship with physicians must exist. Collaboration must occur between home care nurses and physicians to develop the patient's care plan. Physicians must trust home care nurses so that optimal care delivery can occur in the home.



“Home care agencies that institute efficient and effective communication systems establish a culture of collaboration with physicians. In such a system, physicians, the home care agency, clinicians, and most importantly the patient, partner to provide optimal patient care” (Remington Report July/August 2007).

Leadership: The Essential Link

“If a leader can't get a message across clearly and motivate others to act on it, then having a message doesn't even matter.”

Gilbert Amerilio

President and CEO of National Semiconductor Corp.

“Our relationships are improving with the physicians in the area by taking the best possible care of our patients. I believe that we are focused on keeping our patients out of the hospital and this is evident to our doctors. We have adjusted the way we communicate with our physicians to suit their preferences. For example, in our main office most of the physicians prefer to receive calls where as in our branch office the physicians prefer faxes. We are always looking for ways to improve our relationships with our physicians.”

Tonya Moore, RN, WCC

Performance Improvement Coordinator,
Home Hospital Home Health Care, Lafayette, IN



Uncovering the Keys to Collaborative Physician Relationships

1. **Determine physician preferences by conducting a physician/office team satisfaction survey.**
2. **Determine and strive to remove barriers for collaborative physician relationships.**
3. **Use the SBAR communication method.**
4. **Empower physicians to utilize care plan oversight as designed for quality patient care.**
5. **Ensure that the nursing staff possesses current clinical knowledge of disease specific symptom management that is applied when communicating patient assessment information to physicians.**



Key #1—Conduct a Physician Office Team Survey

How do you receive physician and office staff satisfaction feedback regarding your agency? Is it detailed enough to make needed improvements?

What do physicians and their staffs say about your agency?

Understanding how physicians determine when home health services are indicated is an operational concern and a key factor for agency growth. A physician satisfaction/preference survey is a valuable tool used to assist your management team in identifying real or perceived barriers to effective physician relationships that evoke quality patient/family outcomes.

Physician office staff may be the ones completing the physician survey. This does not diminish the importance of the survey since the office staff may determine how and when the physician utilizes home care services. Create your own survey or use the **sample physician/office team survey** on page 29, also on <http://www.homehealthquality.org/>.

Objectives of a physician office team survey are:

- Assist the agency in determining how physicians and office staff perceive an agency's delivery of patient care
- Identify areas of potential misunderstanding regarding the agency's services and special programs
- Provide valuable feedback that can assist an agency in determining what new programs to explore and how to most effectively market current programs

Additional Physician/Office Survey

To review another survey see the **Great Lakes Home Care** survey located on the <http://www.homehealthquality.org/> under Associated Resources.



Great Lakes
Home Healthcare Services

Key# 2—Unlock the Barriers to Collaborative Physician Relationships



Below are recommendations from the HHQI National Campaign Physician Advisory Panel on **improving relationships** with physicians. Feel free to use the table as a handout for staff as an education tool or to help you plan strategies to improve physician relationships.

Strategies for Physician Relationships	Method
Know your physicians	Keep a Tickler File of physician preferences—paper or electronic—so it is available to all staff! <ul style="list-style-type: none"> <input type="checkbox"/> How does the physician want to be notified of patient admissions to home care - immediately from the home or the following day? <input type="checkbox"/> How does the physician prefer to be notified of non-urgent issues? Does physician prefer email, calls, faxes, etc.? <input type="checkbox"/> When does the physician prefer to be contacted? <input type="checkbox"/> Who would the physician prefer the nurse to contact? (Office Manager, Physician Assistant, Nurse Practitioner, etc.) <input type="checkbox"/> A sample Physician Profile Tool is provided on page 29.
Meet your physicians	Provide opportunities for nurses and therapists to meet physicians. <ul style="list-style-type: none"> <input type="checkbox"/> Meeting face-to-face establishes a better relationship. <input type="checkbox"/> A better relationship lends itself to increased trust between both parties.
Notify physician of changes in care setting	Home health nurses must communicate changes in status such as: ER visits, hospitalizations, and/or skilled facility placement to the primary care physician. <ul style="list-style-type: none"> <input type="checkbox"/> The patient’s physician may or may not be aware of care setting transitions.
Seek alternatives to ER visits	Nurses need to collaborate with physician regarding patient care. <ul style="list-style-type: none"> <input type="checkbox"/> A physician office visit or PRN home visit may be an alternative to an emergency room visit.
Meet with hospitalists	Hospitalists are interested in reducing re-admissions. <ul style="list-style-type: none"> <input type="checkbox"/> Facilitate hospitalists understanding of home care services.
Empower physicians to use Care Plan Oversight	Provide resources for physicians to understand Care Plan Oversight. <ul style="list-style-type: none"> <input type="checkbox"/> See Care Plan Oversight—page 18
Partner with physicians	Collaborate <ul style="list-style-type: none"> <input type="checkbox"/> For example medication reconciliation will only be achieved through collaborations with all parties. Increase everyone’s efficiencies! <input type="checkbox"/> Send physician patient case conference summaries.
Use standing orders	Involve key physicians in developing agency standing orders and/or guidelines (select physician champions). <ul style="list-style-type: none"> <input type="checkbox"/> Educate physicians regarding agency standing orders and modify with individual physician to meet patient needs.
Use SBAR!!!	SBAR provides consistency, organization and reliability to communications. <ul style="list-style-type: none"> <input type="checkbox"/> Featured tool is the SBAR in a format for home health. <input type="checkbox"/> See SBAR Tool—page 30



Strong Physician Relationships: Key Pointers

Diane Linaberry, RN BSN of Barnes Kasson Home Health in Susquehanna, Pennsylvania employs a strategy of visiting the local hospitals and introducing herself to the physicians. She states, ***“The doctors are more likely to collaborate on patient care issues if they know me.”***

How do you approach physicians about Standing Orders?

“Non-threatening preemptive communication. Nurses need to be more proactive in approaching physicians or meeting in venues where there are physicians.”

Timothy Gutshall, MD

ER Staff Physician- Iowa Methodist Medical Center and Iowa Lutheran Hospital; Clinical Coordinator – Iowa Foundation for Medical Care



“Physicians recognize nurses in nursing homes because physicians go to nursing homes. Home care nurses must make an effort to meet physicians.

It helps establish relationships.”

Jane C. Pederson, MD, MS

Minnesota Medical Association;
Minnesota Medical Directors Association;
Minnesota Gerontologic Society

“I think relationships will be improved if the physicians are notified of every plan of care and update on their patients. Most of the time physicians are unaware that a patient has been hospitalized.”

Roseline Green, RN, BSN, HCA, MBA
Administrator DeRoss Health Care, Houston, TX



Key# 3—SBAR: The ‘Golden Key’ to Improving Communication

“The problem occurs when a nurse calls with basically only the diagnosis and that ‘I (the doctor) need to check the patient out’ ... then I have zero confidence. The nurse needs to say, ‘Here is what we have, here is what is going on, here is what I think is going on and here is what I think we need to do.’”

“How the nurse communicates patient information will depend on whether I listen to the nurse or not. The SBAR technique for communication gives this. We must standardize how we communicate patient information.”

Timothy Gutshall, M.D.

SBAR Purpose:

The SBAR method provides a framework for communication from **clinician to physician**, clinician-to-clinician and/or staff to manager.

“Physicians like concise, organized information, and the SBAR is a tool that provides those elements.”

David Wenner, DO
Medical Director, Quality Insights of
Pennsylvania

SBAR Background:

SBAR was adapted from the US Navy Nuclear Submarine Service. Submarine officers and crew needed a situational briefing model to **communicate clearly, effectively and efficiently**. SBAR organizes the message in a consistent and concise manner. Michael Leonard, MD, Physician Leader for Patient Safety, along with colleagues Doug Bonacum and Suzanne Graham at Kaiser Permanente of Colorado developed this method for healthcare. SBAR is now gaining strong support nationally among home health agencies.

SBAR – cont.

Do different communication styles impede patient care delivery?

They can—and understanding differences in communication styles will help your agency work collaboratively to attain the common goal of **efficient and effective communication**. Communication styles may be individual, but improved approaches to communication can be acquired through training and education.

Nurses are taught to be narrative and descriptive, while physicians are taught to problem solve and want only the “headlines.” Physicians are accustomed to SOAP (Subjective, Objective, Assess, Plan) documentation style, which lends itself to SBAR.

For a comparison of SOAP and SBAR see page 34.





SBAR

Implementing SBAR

- Pilot with small group of clinicians
- Ask clinicians to write out the information on the tool
- Modify SBAR tool during pilot
- Develop procedures for SBAR (use as fax, etc.)
- Create SBAR specific to disease processes
- Spread use to other clinicians
- Reinforce and recognize

S = Situation

What is going on with the patient?
A concise statement of the problem

B = Background

What is the clinical background information that is pertinent to the situation?

A = Assessment

What did you think?
Analysis and considerations of options

R = Recommendation

What action/recommendation is needed to correct the problem?
What do you want and in what time frame?

SBAR The Home Health Connection:

SBAR is perfect for improving communications in a home health agency.

This simple method organizes pertinent information in a concise manner and allows for the clinician to verbalize their assessment of the situation—what they think is happening and what recommendations/actions the clinician feels are needed to correct the problem. Prior to calling physician, **gather and organize information.**

SBAR can be a method used with physicians to improve communications and outcomes, including **reducing avoidable acute care hospitalizations.**

SBAR can also be used between staff and/or management. The SBAR tool can help clinicians clearly and effectively, and efficiently express the real message defining the patient situation.

SBAR works well for home health aides to communicate to their supervisors or to the nurse as well as in all **interdisciplinary communication.**



SBAR

SBAR Implementation:

SBAR is a standardized communication method that is easy to use.

To implement, start with a small group of clinicians to pilot with or a physician office that you currently have a good working relationship. During the pilot you can make necessary changes with minimal problems and then spread to all the clinicians and other physician offices.

Once you have successfully implemented it on a small scale you can spread it throughout your organization.

Education to physician

- Identify a **physician champion** to demonstrate to other physicians the value of using the SBAR format for communication
- Offer a brief educational session at local hospital
- Provide a one-page explanation of SBAR (sample on next page.
- A written testimonial of the benefits with contact information may prove helpful.

SBAR also works well in more complex situations such as, designing an SBAR tool to meet the specifications of a disease management program.

Remember to **reinforce** the new concept to gain behavioral changes and staff buy-in.

Barnes Kasson Home Health in Susquehanna, PA designed a process that requires the nursing staff to document using the SBAR tool. This has improved nurse's compliance and understanding of SBAR.

They have also successfully used the tool for faxing information.

*“One physician did not respond to the nurses' calls, but called the agency with orders after receiving a **fax using SBAR format.**”*

Diane Linaberry, RN, BSN

This **Best Practice Intervention Package** includes several tools/resources to assist agencies in implementing SBAR.

The discipline tracks focus exclusively on the SBAR tool. These tools may be modified to your agency's specifications.

Sample Letter – Physician

Modify to inform physicians about SBAR communication as a letter or handout/flyer.

Dear Dr. [insert name],

In an effort to improve care delivery to our home health care patients, *(agency name)* is adopting a standardized communication method known as SBAR. The SBAR communication method was developed by the US Navy Nuclear Submarine Service. This technique has been adapted for healthcare and is promoted by the Institute for Healthcare Improvement.

SBAR (method for standardizing communication):

S = Situation What is going on with the patient? A concise statement of the problem
B = Background What is the clinical background information that is pertinent to the situation?

A = Assessment What did you think? Analysis and considerations of options

R = Recommendation What action/recommendation is needed to correct the problem? What do you want and in what time frame?

SBAR organizes pertinent information in a succinct manner and allows clinicians to verbalize their assessment of the situation—what they think is happening and what recommendations/actions they feel are needed to correct the problem. SBAR provides a framework for communication from clinician to physician, for attaining the common goal of **efficient and effective communication** to improve patient outcomes. You can expect to have patient information communicated both verbally and via facsimile in the SBAR format.

We appreciate any feedback as we work together to improve outcomes for our patients.

Sincerely,

[agency name]

“The problem occurs when a nurse calls with basically only the diagnosis and that I (the doctor) need to check the patient out’ ... then I have zero confidence. The nurse needs to say, ‘Here is what we have, here is what is going on, here is what I think is going on and here is what I think we need to do.’”

“How the nurse communicates patient information will depend on whether I listen to the nurse or not. The SBAR technique for communication gives this. We must standardize how we communicate patient information.”

Timothy R. Gutshall, MD

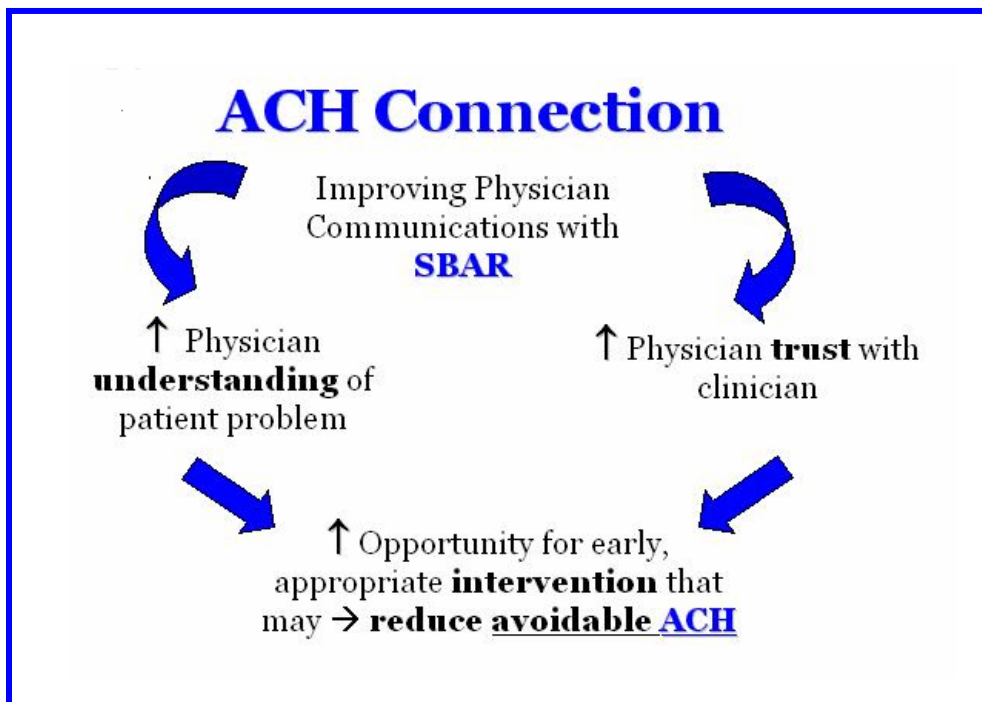
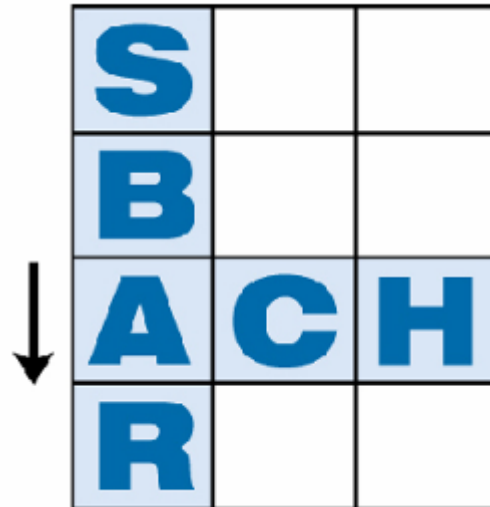
Clinical Coordinator, Iowa Foundation for Medical Care, ER Staff Physician,
Iowa Methodist Medical Center, Iowa Lutheran Hospital

SBAR ACH:

What is the link between SBAR and ACH?

A better communication model lends itself to better collaboration.

Collaboration is key in reducing avoidable hospitalizations. Nurses who provide patient information in a concise and organized manner, followed by appropriate recommendations, are more likely to receive the physician's approval to treat the patient at home.





Key # 4—Empower Physicians to Utilize Physician Care Plan Oversight

Physician Care Plan Oversight (CPO) Definition:

"Physician supervision of a patient receiving Medicare-covered services provided by a participating home health agency requiring **complex and multidisciplinary care modalities** involving regular physician development and/or revision of care plans, review of subsequent reports of patient status, review of laboratory and other studies, communication (including telephone calls) with other health care professionals involved in the patient's care, integration of new information into the medical treatment plan and/or adjustment of medical therapy, within a calendar month, 30 minutes or more." (<http://www.cms.hhs.gov/manuals/downloads/clm104c12.pdf>)

Checklists for Physicians

The American Academy of Family Physicians has several sample checklists and an article (2005*) on their Web site related to CPO.

<http://www.aafp.org/fpm/FPMprinter/20050500/23howt.html?print=yes>

- ☑ **Checklist of Care Plan Oversight Requirements*** – to determine eligibility for CPO.
- ☑ **Article** – provides information about CPO and operational management tips.
- ☑ **Adding Up Your Care Plan Oversight Time** – to assist physicians on how to determine what is and what is not covered.

Physicians can bill for:
Reviewing charts, reports, and treatment plans
Reviewing diagnostic studies if the review is not part of an E/M service
Talking on the phone with other health care professionals who are not employees of the practice and are involved in the patient's care
Conducting team conferences
Discussing drug treatment and interactions (not routine prescription renewals) with a pharmacist
Making and implementing changes to the treatment plan

(*Please note that CMS updated the regulations July 14, 2006 to allow a physician who has **NOT** signed the certification for home care to bill for CPO, but only one physician can bill for CPO in one given month.)

Non-Physician Practitioners

Physicians, nurse practitioners (NP) and physician assistants (PA) can bill for CPO services under the Balanced Budget Act of 1997 if practicing within the scope of their state law and providing ongoing care for the patient through evaluation and management services.

If the non-physician practitioner provides 30 minutes or more of oversight, he/she can bill independently (with own billing number) for those services. The 30 minutes cannot be divided between the physician and non-physician practitioner. For more information visit:

<http://www.cms.hhs.gov/MLNMattersArticles/downloads/MM4374.pdf>.

Physician Billing Codes

Physician Care Plan Oversight (CPO) is paid under the Medicare Physician Fee Schedule (MPFS).

Home Care - G0181 and Hospice - G0182

Action Items

Ensure that agency marketers and physician liaisons have a thorough understanding of Care Plan Oversight.

- Offer to provide an educational session at a hospital medical board meeting
- Prepare a Physician Care Plan Oversight Primer for physicians
- Educate clinicians about Care Plan Oversight



Key#5—Clinical Nursing Skill: Increased Symptom Management Knowledge

Historically, home health agencies had qualification criteria regarding the number of years a nurse must possess prior to being considered a viable candidate for a position within a home health agency. However, due to the nursing shortage, home care does not have the luxury of requiring two to three years of acute care experience. Therefore, it is extremely important for leadership to recognize that all nurses do not have the same clinical expertise. Leadership must design a plan to educate and expand the nurse's knowledge base that is consistent with the clinical needs of its patients. An improved knowledge base of symptom management, pharmacology and evidence based practice guidelines will result in more effective physician communication, improved confidence in the home care nurse abilities and better patient outcomes.

Action Items:

- Add a clinical educational component to all staff in-services to include the latest on symptom management and treatment modalities.
 - Example: 10 – 15 minute presentation or review of an article at staff meeting
- Encourage clinician attendance at educational conferences.
- Recognize and reward continuing education.

“Our best strategies are our staff. We have competent staff that report patient problems to physicians and progress toward goals. It is evident from our communications that our nurses are talking to the family and using a holistic nursing approach in care. We are looking at family support and available resources for our patients. We also tap into resources available in our community for our patients, our agency is ‘one stop shopping.’ Our physicians call us for resources.”

Jeanne LeJeune, RN, CNS

Agency Administrator, Pointe Coupee Homebound Health Services
New Roads, LA

BASICS Course

The Hospice and Palliative Nurses Association (HPNA) BASICS program is an example of addressing the barrier to collaborative physician/nurse interactions.

HPNA convened a group of physicians and advanced practice nurses in 2005 to discuss the possible root causes of ineffective communication between nurse and physician. Their findings found striking contrasts:

PHYSICIANS	NURSES
Think linearly	Think circularly
Focus on physical problems	Focus on whole person
Build confidence levels in nurses based on the nurses' ability to articulate a succinct but thorough head to toe assessment	Report psychosocial issues intertwined between physical symptoms and seldom take a head to toe approach
Willing to consider recommendations	Hesitate to offer recommendations
Base all decisions on the pathophysiology of the symptom	Have little or no continuing education which incorporates the pathophysiology of the symptom

“Nurses and physicians have received training in different settings using different curricula ... yet each share the common goal of good patient care,”
according to **Dr. Greg Miller**, Hospice Director.


HPNA's Action Plan: The organization took a head on approach to identifying significant symptoms that generated the most calls to physicians, and performed literature reviews related to the symptoms. HPNA developed **pathophysiology educational modules** for the top six symptoms and the acronym BASICS was created:

B = Background
A = Assessment
S = Situation/symptom
I = Intervention
C = Communication
S = Successful outcome

The ***Leading the Way in Provider Communications – BASICS*** program utilizes interactive self-paced CD-Rom modules for nurses to update their pathophysiology knowledge for the primary symptoms and practice improving effective, efficient, and complete communication to the physician. There are also handouts for each symptom that uses the BASICS acronym.

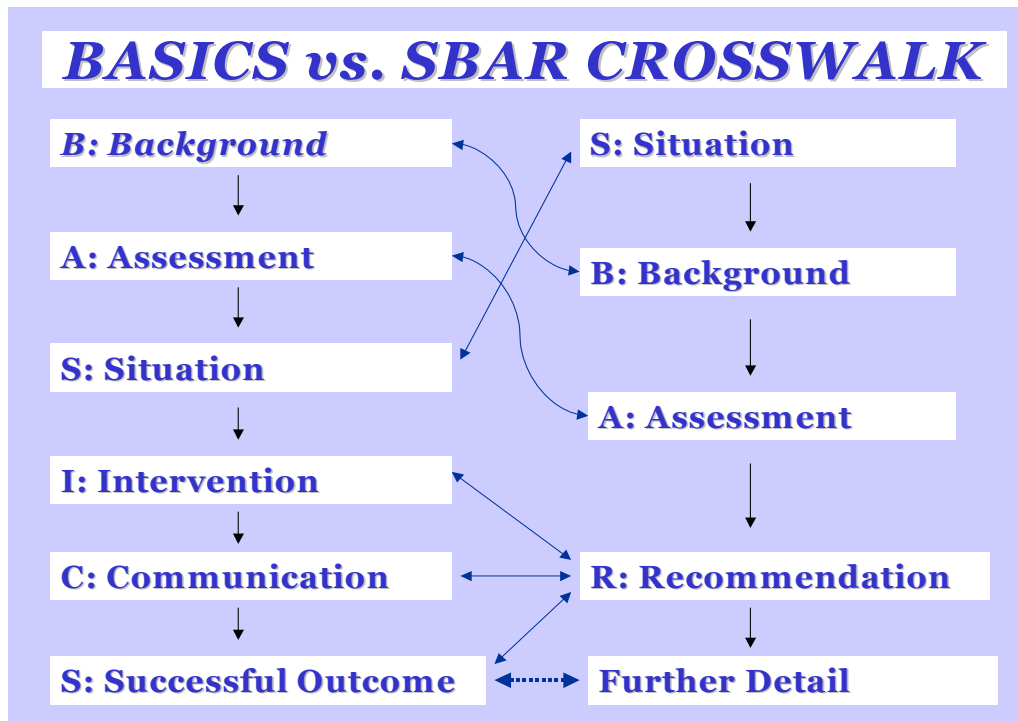
Note: The upcoming *Best Practice Intervention Package – Disease Management* will offer clinician education opportunities specific to heart failure, diabetes, and COPD.

Sample BASICS Card:

	<p>Shortness of Breath</p> <p>Background</p> <ul style="list-style-type: none"> Name Age & Gender Terminal diagnosis – e.g., pulmonary or cardiac disease? Other diagnoses – e.g., renal or hepatic disease, anemia Medications including use of O₂ <p>Assessment</p> <ul style="list-style-type: none"> Patient's complaints? Description of shortness of breath? When better/worse? What makes it better/worse? Head to toe physical assessment including <ul style="list-style-type: none"> Lung & heart sounds Edema 	<p>Symptom/Situation</p> <ul style="list-style-type: none"> Patient/family goals of care? Mind/body/spirit dimensions pertinent to the situation Contributing factors <ul style="list-style-type: none"> When/how taking medications? Anxiety Caregiver's ability to care for patient Living situation challenges <p>Interpretation</p> <ul style="list-style-type: none"> Possibilities – e.g., CHF, COPD Recommendations – e.g., diuretic, morphine, lorazepam Include allergies <p>Communicate</p> <ul style="list-style-type: none"> Call physician with succinct report of above information <p>Successful Outcome</p> <ul style="list-style-type: none"> Patient reports breathing is easier Plan in place to help patient and family with dyspnea in the future
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SBAR vs. BASICS

There are similarities in using SBAR and BASICS. The goal for both methods is to support communication that is clear, concise, effective and efficient.



For more information about *Leading the Way in Provider Communications – BASICS* go to http://www.hpna.org/MultiMedia_Home.aspx.

Physician Relationships Leadership Action Items

Conduct a physician survey

- Review the **physician/office team survey** or adapt and/or create another survey to meet agency's needs see page 28.
- Conduct survey and compile results.
- Review findings with management team and staff.
- Incorporate findings into plan for improving relationships with physicians and marketing efforts.
- Use results in designing agency information flyers, newsletters, etc.

Identify current communication barriers with physicians

- Review table of strategies with management and staff—page 10.
- Select specific strategies from table for action.
- Develop team(s) to plan how to implement strategies.
- Focus and prioritize strategies.
- Incorporate strategies as part of agency's strategic plan.
- Develop a physician profile system (paper or electronic)—so you **KNOW** your physicians—sample page 29.
- Define communication and collaboration as a focus for your agency by either implementing or educating staff regarding the following actions:
 - Determine how and when your nurses meet the physicians (assign staff to physicians if appropriate).
 - Utilize standing orders and customize for physicians.
 - Take the first step towards breaking down silos—enhance physician efficiency—(e.g. knowing how physicians prefer to receive non-urgent patient status changes and/or orders increases the physician's efficiency and improves quality of care for the patient).
- Determine process for informing physicians of patient status or transitional care changes.
- Utilize agency medical director to improve relationships with physicians.
 - Visit new physicians with medical director.
 - Ask medical director to meet with physicians that are not willing to treat patients in home (physician always sends patients to ER).
 - Meet with hospitalists.
- Utilize an update form for the patient to take to physician appointment; might also include a section for physician orders.
- Provide patients a business size card with agency information.
- Provide agency information packages to new physicians.
- Ask physicians for input into agency programs (more input than a survey—phone calls to ask advice, etc.).
- Recruit a physician for professional advisory council/committee.

Implement SBAR

- Work with team of staff educator(s) and staff representatives to plan implementation of SBAR.
- Begin implementation with small group of clinicians—may want to focus on small group of seasoned nurses initially.
- Distribute packaged discipline tracks to educate staff.
- Encourage staff to apply for CNEs (nurses) or certificate of participation. (Therapists, LPN/LVN)
- Develop procedures for SBAR communication.
- Spread implementation as the initial group of clinicians become acclimated with communication method.
- Use SBAR poster, pocket cards, and/or stickers for reinforcement.
- Use SOAP-SBAR visual to help clinicians understand crossover.
- Send a letter to local physicians related to agency implementing SBAR (see sample page 16).

Empower physicians to utilize Care Plan Oversight

- Use resources to inform physicians of this billable service.
- Educate nurse liaisons and marketing staff regarding physician care plan oversight.
- Identify a nurse at the agency to be contact person for physician care plan oversight.
- Offer to provide an educational program on this topic to your local hospital medical physician groups whom you work with closely.

Improve nurse knowledge of symptom management

- Work with a team that includes a staff educator and staff nurses to identify gaps in knowledge and/or skills.
- Use agency nurses who have experience in disease specific areas to plan in-service for other nurses (peer to peer education).
- Expand all staff education programs to include a pathophysiology component.
- Look for external sources for educational offerings.
- Ask nurses who attend conferences to prepare and present in-service for agency staff.
- Consider adding symptom management component to competencies.

*“Home health nurses should **collaborate** with physicians. Sometimes patient situations can be handled by the primary care physician in the physician office and this may avoid an ED visit and hospitalization.”*

Dennis Manning, MD, FACP, FACC

Physician Relationships: Role Responsibilities

Clinician Responsibility:

- You ARE the home health agency.
- Always represent your agency in a skilled and professional manner.
- Learn to communicate clearly and effectively using the SBAR technique.

Management Responsibility:

- ***Educate clinicians***
- Know your referring physicians.
- Stay updated on the physician environment. What are their concerns at the national, state and local level?
- Look for opportunities to network and personalize your agency services.
- Follow through with physician survey suggestions.

Marketing Perspective:

- Let physicians know that their preferences are important.
- Look for creative ways to improve efficiencies for the physician and his/her office staff. (This is more welcoming than doughnuts!)
- Offer to do an SBAR workshop for physician office staff.

Leadership Action Plan

Using the Leadership Action Items (pages 23 - 24), evaluate how your agency can prioritize and develop an implementation plan for any of the following action items.



Date	Action	By Whom	Status
	Conduct a physician office staff survey		
	Identify current barriers with physicians		
	Implement SBAR		
	Empower physicians to utilize Care Plan Oversight		
	Improve nurse knowledge of symptom management		

Physician Relationships Tools

- ❑ Strategies for Physician Relationships (page 10)
- ❑ Physician/Office Staff Survey (page 28)
- ❑ Physician Profile (page 29)
- ❑ SBAR (page 30)
- ❑ Letter to physicians related SBAR (page 16)

*“What is this agency’s strategy to improve agency relationships with physicians? – **Communication skills using SBAR.** It is in one of the learning packets but I think it is so important it should be a packet all its own” (August 2007).*

Carolyn A. Goodall, RN, MSN, CNS
Indiana Clinical Manager, St. Margaret Mercy
Hammond, IN

Resources

American Academy of Family Physicians (2005) at
<http://www.aafp.org/fpm/FPMprinter/20050500/23howt.html?print=yes>.

Essey, M., Wenner, D. 2007 Acute Care Hospitalizations, Physician Collaboration: Creating Cohesive Relationships to Reduce Acute Care Hospitalizations, the Remington Report, July/August 2007.

MLN Matters, Centers for Medicare and Medicaid Services (2006) at
<http://www.cms.hhs.gov/MLNMattersArticles/downloads/MM4374.pdf>.

www.ihi.org. SBAR Technique for Communication: A Situational Briefing Model.

AGENCY NAME/LOGO

Physician/Office Team Satisfaction Survey

Your opinion is valued.

[Agency Name] is dedicated to providing excellent patient care. To accomplish this we need your help in identifying **what we are doing right** and **what needs improvement**. Please take a few minutes to fill out this survey and return it as soon as possible. Thank you.

Quality/appropriate patient care	Agree 5	4	3	2	Disagree 1
The ordered Plan of Care and follow-up instructions are followed consistently.					
Patients are satisfied with your home health care service.					
I am confident in the skills, knowledge and ability of home health staff caring for our patients.					
I would recommend [Agency Name] to my colleagues.					
Communication/feedback	Agree 5	4	3	2	Disagree 1
I am satisfied with the communication I receive from the clinical staff about my patients.					
I am promptly and appropriately informed of changes in the condition of my patients.					
I receive timely verbal or written summaries of my patient's condition.					
In general, I am satisfied with the communications I receive from your home health agency.					
Services	Agree 5	4	3	2	Disagree 1
Adequate information regarding available services offered by your home health agency is provided.					
Adequate information regarding patient eligibility for home health care services is provided.					
Ordered home care services are initiated on a timely basis.					
I am interested in hearing more about your services.					

How can we improve our service and/or communication? _____

Name: _____ Phone # _____

[Name of Agency] encourages its referring physicians to voice concerns. Please contact us at any time.

Executive Director Phone # _____

Director Home Care Services Phone # _____

Manager Client Services Phone # _____

Physician Profile

Physician Name or Group:
Office Manager:

Primary Office:
Address:
Phone:
Fax:
E-mail:

Branch:
Address:
Phone:
Fax:

Preferred Method of Communication:

Phone Fax E-mail Pager Personal Contact
 Other:

Preferred Time for Communication:

Morning Early Afternoon Late Afternoon
 Specific Time:

Prefers:

Coordinated contacts from designated person
 Contact from clinician seeing patient

Other Preferences:

Last Updated:

[Add Agency Logo]

Patient Name _____

Record # _____

SBAR

**Have ALL information AVAILABLE when reporting:
chart, allergies, medication list, pharmacy number, pertinent lab results**

S

SITUATION

I am calling about _____ (patient's name)

The **problem** I am calling about is _____

B

BACKGROUND

State the **primary diagnosis & reason patient is being seen** for home care _____

State the pertinent **medical history** _____

Most recent **findings** _____

Mental status _____ Neuro changes _____ Temp _____

BP _____ Pulse rate/quality/rhythm _____ Resp. rate/quality _____

Lung sounds _____ Pulse Oximetry _____ % Oxygen _____ L/min via _____

GI/GU changes (nausea/vomiting/diarrhea/impaction/hydration) _____

Weight _____ (actual) Loss or Gain _____ Skin color _____ Blood Glucose _____

Wound status (location, size, wound bed and margins, drainage type and amt, treatment and frequency) _____

Pain level/location/status _____

Musculoskeletal changes (weakness) _____

DNR Status _____

Telemonitoring Report _____

Other _____

A

ASSESSMENT

I think that the patient is _____

OR

I am not sure of what the problem is, but the patient's status is deteriorating.

R

RECOMMENDATION

I suggest or request:

PRN visit or referral: Nurse PT ST OT HH Aide MSW Dietician

Visits frequency change

Schedule for a physician office visit

Physician, Nurse Practitioner or Physician Assistant home visit

Pulse Oximetry Telemonitoring Lab work _____

Urinalysis, C & S X-rays EKG

Medication changes _____

Wound care changes _____

Nutrition or fluid restriction changes _____

Other _____

Specific patient parameters _____

Call physician with _____

Staff Name _____ Date & Time _____

Physician's Name _____

Physician Relationships Implementation Tools: Usage

Patient & Family Connection

- Review this page and consider creating a simple template for patients to take to their physician appointments.

Palliative Hospice Connection

- Review this connection page and view the video that is posted on www.homehealthquality.org.
- Download and save the video from the Web site and use part or all of it at leadership and clinical meetings to open up a discussion on improving physician relationships.

SOAP and SBAR Connection

- Use this page for clinicians (nurses and therapists) that are familiar with SOAP format to visually see the connection to SBAR.

Posters

- Display the IHI poster throughout your office as a visual reminder when implementing SBAR.
- Add this poster to your collection of HHQI Campaign posters on a bulletin board.

Examples of Excellence

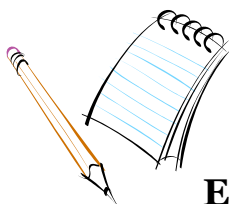
- Insert one of the stories in your agency newsletter for staff members.
- Read at staff meetings, distribute in mailboxes, post on bulletin boards.



Patient – Family Connection Physician Relationships

As health care providers, we provide confidence to patients and families to self-manage and participate in their health decisions. So how can home care professionals support positive and meaningful physician relationships for patients and families?

Encourage patients to routinely **write down** all questions or concerns prior to a physician visit.

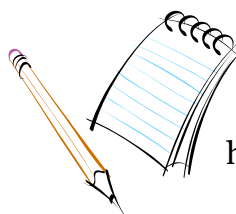


This will help the patient with **recalling information and develop self-confidence** when talking with physician about health concerns.

Example:

Am I supposed to continue my old water pill Lasix, now that I am on the new water pill Bumex?

Remind patients to bring a current list of **all medications** to a physician visit. Make sure they understand this includes over the counter medications, vitamins and supplements.



This will help the patient **assume more responsibility** for their health information.

Instruct patients to **initiate a follow-up conversation** on subsequent physician visits. Physicians are very busy and may not be able to recall specific conversations from the last visit.



This will help patients **take the initiative** and review what the physician wanted them to do and what they have done since the last visit.

Example:

Doctor, on my last visit you told me to begin exercising to help the blood flow to my legs. I have been walking around my apartment four or five times a day. Is this enough exercise?

Coach patients to **request the physician to repeat something** if the patient doesn't understand it **and** to **repeat back to the physician** what the patient thought the physician has told them to do.



This will help patients **clearly understand physician directions** and improve patient compliance with the physician's orders.

Palliative Hospice Connection Physician Relationships

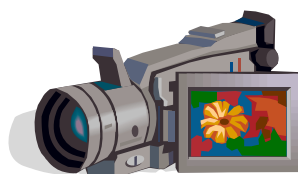
Have you ever experienced this scenario?

The on-call nurse receives a phone call from a patient during the middle of the night on the weekend. This patient is complaining of shortness of breath. The nurse contacts the physician with the patient's complaint and her assessment findings. The on-call physician appears to be annoyed.

However, he does provide orders for the patient. The nurse implements the physician's orders, but the patient's condition does not improve. The physician is again contacted and informed that the patient's condition has not improved. The physician instructs the nurse to send the patient to the emergency room. Could this hospitalization have been avoided with better communication between the nurse and the physician?



The **Hospice and Palliative Nurses Association's (HPNA)** annual conference this fall will provide education on clinician and physician communication issue. HPNA developed their BASICS course for clinician education. See pages 21 - 22 for more information or go to their Web site at <http://www.hpna.org>. Role-playing exercises were one of the activities at the conference.



HPNA allowed Quality Insights of Pennsylvania to video some of their role-playing scenarios. The **video recording** is located on the HHQI Web site (www.homehealthquality.org) with the Physician Relationship BPIP Additional Resources.



Use the video recording as part of an in-service or team meeting followed with staff discussion.



Ask staff to create their own scenarios or use actual situations that have occurred – Use the SBAR or BASICS structure.



Use the scenario templates in the Care Provider Tracks as the basis for role-playing and ad-lib the physician's response.



Include the video or SBAR scenario scripts in orientation as practice for new clinicians.

Clinicians who are educated in the use of SBAR or BASICS and have become acclimated to using these communication methods will be successful in communicating effectively with peers and physicians. Physicians will be more receptive to providing treatment plans based on appropriate communication of the patient's clinical condition.

Special thanks to HPNA for sharing information about their BASICS course and for allowing the video recording of a session at their conference.

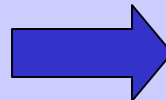
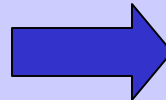
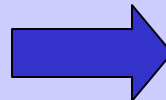
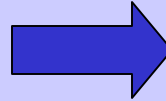
SOAP vs. SBAR

S = Subjective: Patient's complaints, date started, what relieved the complaint, previous medical treatment, family history, etc.

O = Objective: Vital signs and physical examination findings. Results of diagnostic/laboratory testing

A = Assessment: The physician's analysis of the problem based on the patient's complaints and physical examination

P = Plan: Treatment plan including follow up



S = Situation: What is going on with the patient. A concise statement of the problem.

B = Background: What is the clinical background information that is pertinent to the situation

A = Assessment: What did you find? Analysis and considerations of options

R = Recommendation: What action/recommendation is needed to correct the problem. What do you want?





SBAR

A structured communication technique designed to convey a great deal of information in a succinct and brief manner. This is important as we all have different styles of communicating, varying by profession, culture, and gender.

S Situation
A concise statement of the problem
What is going on now

B Background
Pertinent and brief information related to the situation
What has happened

A Assessment
Analysis and considerations of options
What you found/think is going on

R Recommendation
Request/recommend action
What you want done



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Physician Relationships Post-Test Answer Keys

Each track of the Best Practice Intervention Package has a post-test that providers may choose to complete after reviewing the track and completing the activities.

For the Physician Relationships package, the post-tests are found on the following pages:

Nurse Track – page 49

Therapist track – page 69

Medical Social Work Track – page 79

Home Health Aide Track – page 88

Use the answer keys below to score the post-tests included with the **Best Practice Intervention Package – Physician Relationships**.

Nursing post-test answers:

1. C
2. D
3. A
4. B
5. C

Therapist post-test answers:

1. C
2. D
3. A
4. B
5. C

Medical Social Worker post-test answers:

1. C
2. D
3. A
4. B
5. C

Home Health Aide post-test answers:

1. C
2. D
3. A
4. B
5. D