



Best Practice: Physician Relationships

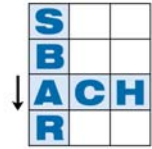
Medical Social Worker Track



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Medical Social Worker Track



This Best Practice Intervention Package is designed to educate and support social workers in strategies to improve communication and physician relationships that will support reducing avoidable acute care hospitalizations.

Objectives

After completing the activities included in the Medical Social Worker Track of this **Best Practice Intervention Package – Physician Relationships**, the learner will be able to:

1. Define SBAR
2. Describe how improving communication will support reducing avoidable acute care hospitalizations
3. Describe two examples where SBAR might promote optimal communication from clinician to physician and clinician to clinician

Complete the following activities:

	Activity	Location	Estimated Time
<input type="checkbox"/>	View SBAR WebEx – SBAR Made Easy or listen to audio with accompanying handouts. The following activities are included: <ul style="list-style-type: none"> <input type="checkbox"/> Review SBAR tool <input type="checkbox"/> Review SBAR Communication examples <input type="checkbox"/> Complete SBAR Scenario Exercise complete individually or as group activity. 	Page 73 Page 74 Page 75 Pages 77 - 78	60 minutes
<input type="checkbox"/>	Listen to the podcast (audio recording): SBAR for Clinicians.	Page 73	15 minutes
<input type="checkbox"/>	Complete the medical social worker post-test and give to your clinical manager.	Page 79	10 minutes
	Total time for completion		85 minutes



Physician Relationships Multi-Media Activities

Telemonitoring WebEx or Audio

Title	Description	Link
<i>SBAR Made Easy</i> WebEx OR	A 60-minute WebEx to learn about SBAR as a method to improve communication with physicians and between interdisciplinary team.	This link is located at http://www.homehealthquality.org/hh/hha/interventionpackages/physrelationships.aspx
<i>SBAR Made Easy</i> Audio	Audio only version	This link is located at http://www.homehealthquality.org/hh/hha/interventionpackages/physrelationships.aspx

View on your personal computer or download to use as a presentation:

- Download the Nurse Track for this **Best Practice Intervention Package – Physician Relationships**.
- View presentation from individual computer.
 - Click on the WebEx link to the file
- View presentation using the WebEx file with projector for in-service.
 - Download the WebEx file onto your laptop computer or save the WebEx file on a CD
 - Open file and test your audio volume (may need to use a microphone to project the audio in your room)
 - Click play.

Podcast* (Audio Recording)

Physician Relationships Podcast Instructions:

Listen to the Podcast (audio recording) to learn more about improving communications through SBAR to support reducing avoidable hospitalizations.

Title	Description	Link
<i>SBAR for Clinicians</i>	A 15-minute podcast (audio recording) highlighting SBAR from a physician's perspective.	The podcast link is located at http://www.homehealthquality.org/hh/hha/interventionpackages/physrelationships.aspx

There are several ways to listen to the podcast:

- Visit the link above and listen directly through the Web site
- Download the podcast (audio recording) by right clicking on the audio file and selecting “Save Target As ...” This will save the file to your hard drive. Once you have saved the file, you can listen to it on your computer or can burn the audio file to a CD or copy to a MP3 player.

*A podcast is a digital media file, often copied to a home computer or personal digital recording device for convenience. There is no change from previous references to “audio recordings” except the name. You may continue to download and listen to recordings as you have in previous months.

[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 _____

SBAR Interdisciplinary Communication Medical Social Worker (MSW)

Use the following SBAR steps to communicate issues, problems or opportunities for improvement to coworkers or supervisors.

SITUATION – State what is happening at the present time that has warranted the SBAR communication.

Example: Hi (nursing manager). This is _____, the medical social worker. I was consulted to see our patient, Mr. O, related to medication non-compliance, diet and possible financial issues.

BACKGROUND – Explain circumstances leading up to this situation. Put the situation into context for the reader/listener.

Example: Mr. O was admitted for diabetes management two weeks ago. Patient's blood sugar remains above 200, even with medication adjustments. Diabetic educator saw patient and will be following up with patient this week. Patient has been only taking his blood sugar pills once a day to try to stretch them out until he gets his check in two weeks.

ASSESSMENT – What do you think the problem is?

Example: MSW found that he does have financial hardship with oral medications and with buying sugar-free foods. Mr. O does qualify for additional medical and financial assistance.

RECOMMENDATION – What would you do to correct the problem?

Example: Referral made to local food bank and community network to help provide him immediate food assistance. I will contact physician to complete necessary form. Contacted niece, who will purchase the additional medications needed, until financial assistance is in place. Nursing to follow with patient's niece and evaluate his medication regimen with pharmacist and physician for possible consolidation of medications. SN needs to remind the patient to follow through with the medial assistance office.

SBAR Physician Communication Medical Social Worker (MSW)

The following example demonstrates using SBAR to communicate issues, problems or opportunities for improvement to physicians.

SITUATION – State what is happening at the present time that has warranted the SBAR communication.

Example: This is _____, the medical social worker for XYZ home health agency. Medical social worker was consulted to see Mr. O, related to medication non-compliance, diet and financial issues. Mr. O qualifies for financial assistance but I will need you to complete the form that I am faxing.

BACKGROUND – Explain circumstances leading up to this situation. Put the situation into context for the reader/listener.

Example: Mr. O was admitted for diabetes management two weeks ago. Patient's blood sugars remain above 200, even with medication adjustments. Diabetic educator saw patient and will be following up with patient this week. Patient has been only taking his blood sugar pills once a day to try to stretch them out until he gets his check in two weeks.

ASSESSMENT – What do you think the problem is?

Example: MSW found that he does have financial hardship with oral medications and with buying sugar-free foods. Mr. O does qualify for additional medical and financial assistance.

RECOMMENDATION – What would you do to correct the problem?

Example: The drug company has an assistance program. Please complete the required form that has been faxed to your office. Also, referral made to local food bank and community network to help provide him immediate food assistance. MSW contacted the patient's niece, who will purchase the additional medications needed, until financial assistance is in place.

SBAR Scenario

Read the following scenario and then complete the SBAR individually or in a small group. Discuss your SBAR with your partner or your small group.

Medical Social Worker

Mrs. W is a 72-year-old with CHF, diabetes, HTN and renal insufficiency. Currently she is ordered 10 different medications, but the nurse feels the patient is having difficulty adhering to medication regimen. Also, there was little food found in the home. MSW's evaluation includes: Patient receives Social Security of XX dollars a month, and her expenses include rent, utilities, etc. plus her approximated medicine co-payments are more than her monthly income. Patient admits that she has to skip medications because she cannot afford to get them refilled. The MSW finds the patient eligible for some of the state and community programs, since her income is below poverty level. The patient is interested in applying for benefits. Appropriate referrals will be made, but it will take time to process them. The MSW calls a case conference with the primary nurse. The MSW also contacts the physician to ask for appropriate paperwork for the state referrals and reviews Mrs. W's medication list for the purpose of reducing or consolidating any of her medications. The MSW will send the appropriate state paperwork to the physician for his completion. A complete medication list and the SBAR communication will be faxed to the physician.

S

B

A

R

S

Dr. G, I am _____, the medical social worker from XYZ Home Care. Mrs. W is not taking her medications correctly and is having financial difficulties.

B

She is a 72-year-old with CHF, diabetes, HTN and renal insufficiency. Currently she is ordered 10 different medications. Her Social Security income does not meet her monthly expenses (rent, utilities, medication co-pays, etc.) and there is little food in the home. She does meet the poverty level for some state and community programs, but it will take time to make referrals and be approved.

A

Mrs. W is not taking her medications as ordered related to financial issues. She does qualify for medical assistance and additional community programs to which she is agreeable.

R

Please have the attached referral forms completed by Dr. G as soon as possible, and send to this address (XXX) to initiate referral. Dr. G will need to review her medication list (attached) to see if any medication reduction or reconciliations could occur to assist with financial savings while waiting for referrals to be processed.

Read the sample scenario and complete the SBAR. Then, look at the example. Discuss.



Medical Social Worker Post-Test Physician Relationships

Clinician name: _____

Date: _____



Directions: Choose the ONE BEST response to the following questions.

Circle your answer that identifies the ONE BEST response.

1. The SBAR acronym stands for which of the following:
 - A. Symptoms, Billing information, Assessment, Refinement
 - B. Symptoms, Blood work, Advice, Risk level
 - C. Situation, Background, Assessment, Recommendation
 - D. Safety, Bowel sounds, Appetite, Respirations
2. The purpose of using the SBAR communication method in home health is all of the following **except**:
 - A. Improving communication between clinicians and physicians
 - B. Improving interdisciplinary communications
 - C. Providing significant patient information in a clear, concise and to-the-point manner
 - D. Utilizing a military system in reporting
3. The use of a standard communication technique, such as SBAR, can assist with reducing acute care hospitalizations by improving communication within the interdisciplinary team (all disciplines). Providing important information quickly and concisely can assist the nurse to obtain necessary orders to facilitate keeping patients at home – where they want to be.
 - A. True
 - B. False
4. The following information is essential to have available before calling the physician **except**:
 - A. Name, medical record number, age, and advance directive status
 - B. Social security number
 - C. Diagnosis, including significant secondary diagnosis
 - D. Complete medication list and allergies
 - E. Vital signs and physical assessment; detailed phone assessment; and/or telemonitoring assessment
 - F. Significant lab results
5. The SBAR method of communication technique would be appropriate for nursing in the following situations **except**:
 - A. Giving a nursing report to the manager
 - B. Providing an update on the patient to the therapist, social worker or aide
 - C. Telling a friend about one of your patients
 - D. Participating in an interdisciplinary team meeting
 - E. Faxing a report to the doctor's office with a patient problem

Answers to Post-Test are located in the Leadership Section on page 36.