



Best Practice: Physician Relationships

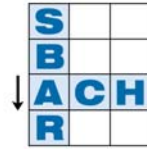
Nurse Track



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Nurse Track



This best practice intervention package is designed to educate and support nurses in methods to improve communication and physician relationships that will support reducing avoidable acute care hospitalizations.

Objectives

After completing the activities included in the Nurse 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 individually or as group activity. 	Page 39 Page 40 Page 41 Pages 43 - 44	60 minutes
<input type="checkbox"/>	Listen to the podcast (audio recording): SBAR for Clinicians.	Page 39	15 minutes
<input type="checkbox"/>	Read Examples of Excellence.	Pages 45 - 48	10 minutes
<input type="checkbox"/>	RNs: Complete the nursing evaluation and post-test online for free CNEs.	See link below	10 minutes
<input type="checkbox"/>	LPNs: Complete the nursing post-test online for free certificate of participation.	See link below	10 minutes
	Total time for completion		95 minutes



RNs: Apply for **free** 1.6 Continuing Nursing Education units for completing the nursing track activities. **Complete evaluation/post-test online at** <http://www.zoomerang.com/recipient/survey.zgi?p=WEB226XTWS463P>

LPNs/LVNs: Apply for a certificate of attendance for completing the nursing track activities. **Complete evaluation/post-test online at:** <http://www.zoomerang.com/recipient/survey.zgi?p=WEB226XTWU464X>



Physician Relationships Multi-Media Activities

Physician Relationship WebEx or Audio

Title	Description	Link
<i>SBAR Made Easy</i> WebEx	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
OR		
<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 Clinician 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 **Skilled Nursing**

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

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

Example: Hi (nursing supervisor) this is (your name) calling to report that my patient, Mrs. L., has an elevated blood pressure this morning and admits to feeling very anxious.

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

Example: Mrs. L's blood pressure is 188/92 (R) up from 126/80, 186/90 (L). Her pulse has increased from 64 bpm (regular rate and rhythm) to 98 bpm (regular rate and rhythm). No other abnormal symptomatology evident during my assessment. The patient has verbalized that she is somewhat nervous and jumpy but denies any unusual activity or stress. She also has a history of panic attacks.

ASSSESSMENT – What do you think the problem is?

Example: She has elevated blood pressure and pulse and what appears to be a panic attack.

RECOMMENDATION – What would you do to correct the problem?

Example: I would like you to notify the physician of these findings and ask if we can have a social worker referral for an evaluation to r/o psychosocial issues that may be causing Mrs. L's suspected panic attacks. I would also like you to visit the patient in the a.m. to assess her vital signs. I will plan to call the physician tomorrow with our findings to see if he would like to schedule Mrs. L for an office visit.

SBAR Physician Communication **Skilled Nursing**

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

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

Example: This is Nurse B from XYZ home health agency calling to report that my patient, Mrs. L, has an elevated blood pressure this morning. She also verbalizes that she feels very anxious.

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

Example: XYZ Home Health agency has been seeing Mrs. L for three weeks for care of a pressure ulcer. This is the first time her blood pressure has been elevated. Today her blood pressure is 188/92 (R); up from 126/80; 186/90 (L). Her pulse has increased from 64 bpm (regular rate and rhythm) to 98 bpm (regular rate and rhythm). No other abnormal symptomatology evident during my assessment. The patient has verbalized that she is nervous and jumpy but denies any unusual activity or stress. She also verbalizes that she has a history of panic attacks.

ASSSESSMENT – What do you think the problem is?

Example: She has elevated blood pressure and pulse.

RECOMMENDATION – What would you do to correct the problem?

Example: I can draw electrolytes and enzymes this morning and call you with the results. I am also requesting to have an order for a social worker to visit to r/o psychosocial issues. I will revisit Mrs. L tomorrow and contact you with our findings.

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.

Nursing

Mr. S is a 78-year-old patient with CHF and HTN who lives with elderly wife. Today's vital signs were: T - 98.6, BP - 188/90, RR - 24. He is more SOB today as evidenced by an increased respiration rate and now SOB ambulating 8 feet (baseline ability - ambulate 20 feet). Lung sounds were previously clear, but today he has crackles in the posterior bilateral lower bases (1/3rd lung fields). He usually has +1 edema, but today it is now +2 and slightly pitting. Mr. S's wife forgot to weigh him for the last 3 days. He has now gained 6 lbs. over 4 days.

His current med regime includes: Digoxin, 0.125 mg, every day; Lasix, 20 mg, every day; Slow-K, 20 meq, every day; and Prinivil, 5 mg, every day. He has no standing/prn orders. You talked with his wife about his compliance with his medication regimen. She states her daughter pre-fills the medications once a week. Upon examining the pillbox, it appears that the medications were given as ordered. His diet recall was not much different than his normal 2 Gm Na diet, except for a ham dinner 2 days ago. His wife is anxious over his change in status. The nurse calls the physician with the update using SBAR format.

S

B

A

R

S

Dr. G, I am _____ from XYZ Home Care. I am calling about Mr. S, whose blood pressure, respirations and weight are elevated.

B

Mr. S, a 78-year-old patient, with diagnosis of CHF & HTN. BP has increased to 188/90, resp. to 24. SOB when ambulating 8 feet, previously SOB at 20 feet. Wgt increased 6#/4 days. Crackles in the posterior bilateral lower bases (1/3rd lung field). Compliant with medications. For the most part he is compliant with his 2 Gm Na diet, with the exception of eating ham for dinner two days ago.

A

Mr. S is experiencing fluid retention which may or may not have been exacerbated by the ham dinner.

R

I would like to give Mr. S a dose of IV Lasix now and then continue with his daily Lasix p.o. dose in the a.m. I will have his wife measure his urine output for the next 24 hours to assess his diuresis. I would like an order to visit in the a.m. to assess his respiratory status, and urine output. May I draw a stat K+ level? I will call you with the visit results in the a.m. The on-call nurse will call his wife in 2 hours to assess Mr. S's SOB and urine output. Mrs. S will be instructed on the s/s to watch for and to call if the patient's SOB worsens.

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

Examples of Excellence

Berwick Home Health & Hospice Uses Local Knowledge to Get Results with Physicians

Berwick Hospital Center Home Health & Hospice Care, based in rural Berwick, Pa, is a small, hospital-based home health agency with an average patient census of 70 per month.

Due to its size, the agency does not support a full time performance improvement coordinator, but it benefits from the expertise of Lori Metzger, RN, Nurse Practitioner and per diem Performance Improvement Coordinator.

“Between the Director and myself, we cover all aspects of performance improvement,” says Metzger. “It’s a paradox; how do you say we need quality today but not tomorrow? But we need to be creative and do the bulk of the work as needed to make up for the absence of a full time position.”

The agency started efforts to reduce ACH rates by working through the Organizational Culture Change workbook provided by its QIO. Overall, the agency ACH rate has decreased seven percentage points from the time it implemented the plan of action they worked on with the QIO. Together, the agency and QIO agreed on best practices for reducing ACH, but improving communications with physicians was not an original goal. “I credit full time RNs and case managers with the decision to improve MD communications. They were the ones on the phone with the doctors all the time,” Metzger recounts.

“We have small town doctors that want to practice their way. They hang out a shingle and close on Wednesdays if they want to,” observes Metzger. “We use this to our advantage. Our doctors know our nurses and case managers, so we have been able to build a level of trust. As the case managers grew their skills, they began to demonstrate their knowledge in helping to keep patients at home.”



The staff at Berwick Hospital Center Home Health & Hospice Care.

“When we started, we didn’t have hospitalists, so we would call our doctors directly,” explains Metzger. “I could hear nurses having conversations with docs, and I would coach them on discussions. We would even put them on speaker phone, and I would sit next to the nurse and scribble notes on what to say.”

“Role playing seems hokey but it works,” says Metzger, who adds that she incorporated the technique into in-services in an informal way.

“The nurses would go through the SBAR (situation, background, assessment and recommendation) communication format with the doctors. We would work with the nurses to say things like, ‘I can keep this patient out of the emergency department (ED) if you do X, and that will keep you from having to go to the (ED) at night.’ This was a benefit for the patient and for the doctor, so the physicians started providing flexible clinical parameters of what would have been done anyway if they had been called. Doctors are now giving orders to get through the next day or so.”

“We’re home health and it’s our mission to keep the patient at home – and that’s what they want,” says Metzger.

Now two hospitalists manage inpatients at Berwick Hospital. They make rounds and rotate every 14 days, so patients see the same doctor every day. They order the labs, discharge patients and order home care if needed. Metzger says when the hospitalists are assigned to a patient, they are attentive, and there is a nice handoff to the primary care physician at discharge.

“We spend the time up front to find out who is going to own the plan of care, which often comes down to which doctor the patient is seeing more frequently. Many patients have more than one doctor, so we send complimentary copies of the plan of care to all providers involved, but build the relationship with the physician that the patient sees the most,” she says.

Investing time up front also means knowing all the players. Metzger teaches the nurses and case managers to get to know the receptionist at the doctors’ offices, and remember their names.

Metzger recognizes that her techniques might be harder for a larger agency to implement, but emphasizes small group work. “When breaking down into smaller teams, you build cohesiveness as a smaller group – you have an easier time sticking to the plan that’s laid out.” She advises, “It’s about understanding people – patients and doctors.”

Home Health Solutions Recognized as Leader in Home Care by Lynchburg Physicians

Home Health Solutions, a home care agency located in Lynchburg, Va, has taken physician communications to an entirely new level.

Through thoughtful changes regarding how they communicate with physicians in the area, they have become known as a local expert and resource of home health care.

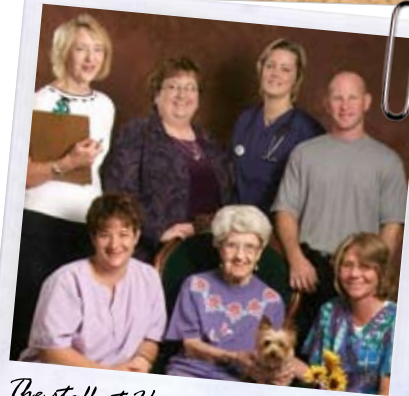
Home Health Solutions was named in the top 100 providers of the 2006 HomeCare Elite, a list that reviews Medicare-certified agencies whose performance measures in quality, improvement and financial performance are among the top 25 percent of providers nationwide. The agency had been working with a professional marketer, who advised them to create a newsletter that was being sent to all local physicians.

The agency followed up with its physician mailing list after three months of mailing out the newsletter. It was not being read! It was learned that physicians were already receiving too much mail and that many of them highly regarded the Lynchburg Academy of Medicine's newsletter *LAM Light*.

Home Health Solutions was already advertising in *LAM Light*, so Sue Irvine, administrator at Home Health Solutions, called the editor and asked if it would be possible to replace the agency advertisement with an article. The editor agreed and in the meantime, the agency halted further production of its own newsletter, which resulted in costs being cut in half.

LAM Light is read by 300 local physicians. Each month, Home Health Solutions focuses on a different aspect of home health care like occupational, speech or physical therapy; fall and balance concerns; or updates that might effect physicians such as billing and pay-for-performance.

The agency's community liaison visits the physician offices to determine if their articles have interested the readers. Not only have the physicians read the articles, but in some cases, they even ask follow up questions. If they have not had a chance to read over the article, the community liaison delivers hard copies to the offices, which has seemed to please many of the physicians.



*The staff at Home Health Solutions
with one of its patients.*

To increase awareness of home health care, Home Health Solutions has participated in the Lynchburg family residency program. Representatives from the agency meet with residents to discuss home health care. These discussion sessions have been successful in raising home care awareness and portraying Home Health Solutions as a leader in home health care and within the local medical community. In most cases, the residents remain in the Lynchburg area. By making the connection when they are beginning their residencies, Home Health Solutions builds an ever-lasting relationship with more local physicians. "When we find out where they practice after their residency, we keep following up with them to continue building that relationship," shares Irvine.

Home Health Solutions also submits a monthly column to the local newspaper. The agency has been doing this for almost three years now and uses the column to answer common questions they receive from patients and their families.

"It is a process of coming at our local physicians and patients from all angles, in order to raise awareness of the impact home health care can have," states Irvine. "We've decided that the key to reducing avoidable hospitalizations is gaining the trust and respect of the physicians. We realize it is not going to happen overnight, but if we accept this as our philosophy, and operate on a daily basis this way, we really believe it is going to make an impact."

An impact they have certainly made! With each month, Home Health Solutions gains further confirmation that its articles and columns are beneficial to area physicians. The physicians have reacted especially well to updates on billing and CMS policies that they otherwise may have missed in other literature they receive.

Next on the agenda for physician communication improvement, Home Health Solutions is targeting emergency room physicians. An educational luncheon is planned to discuss the importance of collaboration between the home care agency and the ED physician to facilitate appropriate patient-centered decision making before hospital admission. With this new venue for educating physicians, Home Health Solutions is sure to see further impact.

Data in this article was provided by Sue Irvine at Home Health Solutions.





Clinician name: _____

Nursing Post-Test Physician Relationships

Date: _____

RNs may apply for 1.6 FREE CNEs & LPN/LVNs may apply for certificate of participation by following directions on page 38.

Directions: Choose the ONE BEST response to the following questions. Circle the 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 structured communication method, such as SBAR, can assist with reducing acute care hospitalizations by improving communication within the interdisciplinary team (all disciplines) and physicians. Communicating in a structured manner (oral or written) will assist the physician in assimilating patient information and facilitate the selection of patient-centered interventions.
 - 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 communication method 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. Calling the doctor's office with a patient problem
 - E. Faxing a report to the doctor's office with a patient problem

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