

# Home Health Quality Improvement National Campaign

The Home Health Quality Improvement (HHQI) National Campaign is an initiative by the **Centers for Medicare & Medicaid Services (CMS)**, an agency of the U.S. Department of Health and Human Services, in conjunction with the Home Health Quality Improvement Organization Support Center (HHQIOSC) – **Quality Insights of Pennsylvania**. The campaign is based upon educating the leadership and care providers on best practice interventions to reduce avoidable acute care hospitalizations.

The monthly Best Practice Intervention Packages are a compilation of background information, leadership guidance, implementation tools and discipline specific education and application materials specific to the targeted best practice of the month. The best practice intervention packages have been designed for all agency clinical disciplines, support staff, administration, and management to use effortlessly, striving towards reducing avoidable acute care hospitalizations (ACH). The intervention packages are located on the Home Health Quality Improvement National Campaign Web site – [www.homehealthquality.org](http://www.homehealthquality.org) and will be available through February 29, 2008.

## Best Practice Intervention Package – Physician Relationships LPN/LVN

### A. Target Audience:

1. Describe the target audience expected to participate : Home health agency Licensed Practical Nurses/ Licensed Vocational Nurses

### B. Purpose:

1. To provide education to home health LPNs/LVNs related to the specific best practice intervention: **Physician Relationships** - to assist with reducing avoidable acute care hospitalizations.

### C. Presenters/Content Specialists: The primary contributors for the Best Practice Intervention Package – Physician Relationships include the following individuals; their biographical data forms are attached.

1. Presenter Name, Degrees and Credentials:

a. Misty Kevech, RN, BS Ed, MS

b. Eve Esslinger, BSN, MS

c. Bonnie Kerns, RN, BSN

2. A Technical Expert Panel was also utilized for a detailed review of the package. This interdisciplinary panel is located on page 8.

3. The HHQI Medical Advisory Panel contributed their expertise in the packages. The list of the members of this panel is located on page 9.

### D. Educational Package Outline Table:

1. Objectives, Content and Teaching Methods, Strategies, Materials and Resources. This table (1) indicates what the participant will be able to do at the conclusion of the activity and (2) provides an outline of the content, teaching methods and resources to facilitate an independent learning activity. See page 3.

**E. LPNs/LVNs Requirements and Time Frame:**

1. Nurse Activity table located on page 11

**F. Evaluation:**

1. Check or describe the methods of evaluation to be used (Check all that apply):

- Evaluation Form (Required for all events)
- Post-test (Optional) If post-test is used, what is passing score? 80%
- Return Demonstration (Optional)
- Other - Describe: \_\_\_\_\_

**G. Verification of Participation and Completion:**

1. Attendance/participation will be verified at the event through sign-in sheets/attendance sheets.

- Internet registration
- Other - Describe: \_\_\_\_\_

2. Criteria for completion include: (Check all that apply)

- Attendance at entire event
- Attendance at individual sessions
- Completion/submission of evaluation form
- Achieving passing score on posttest
- Completion of self-study packet
- Skills demonstration
- Other - Describe: \_\_\_\_\_

3. Participant will be informed of criteria by (check all that apply):

- Information on brochure/advertising material (Criteria for successful completion must be included on advertising)
- Verbal statement at beginning of activity
- Written information on handouts/Web site
- Other - Describe: \_\_\_\_\_

4. **Certificate of Participation** will be sent electronically to the LPN/LVN within 30 days of successfully completing the evaluation/post-test.

Any questions related to the continuing education components please contact Misty Kevech – [mkevech@wvmi.org](mailto:mkevech@wvmi.org)

This material was prepared by Quality Insights of Pennsylvania, the Medicare Quality Improvement Organization Support Center for Home Health, under contract with the Centers for Medicare & Medicaid Services (CMS), an agency of the U.S. Department of Health and Human Services. The contents presented do not necessarily reflect CMS policy.  
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**Best Practice Intervention Package (BPIP) – Physician Relationships  
Educational Package Outline  
Independent Study**

OBJECTIVES	CONTENT (Topics)	METHODS
List all learner’s objectives in behavioral terms <b>At the end of this activity, the learner will be able to:</b>	Provide an outline of the content for each objective.	Describe the teaching methods, strategies, materials & resources for each objective
1. Define SBAR	<ol style="list-style-type: none"> <li>1. Define SBAR acronym</li> <li>2. Explain the origins of SBAR and the adaptation to health care</li> <li>3. Describe the purpose of SBAR communication method</li> </ol>	<input checked="" type="checkbox"/> BPIP – Physician Relationships - <b>Nurse Track</b> <input checked="" type="checkbox"/> SBAR Made Easy WebEx <input checked="" type="checkbox"/> SBAR tool <input checked="" type="checkbox"/> Podcast (audio recording) <b>Adult learning principles:</b> Respect of learner’s learning preference Sequencing and Reinforcement Relevance Accountability
2. Describe how improving communication will support reducing avoidable acute care hospitalizations	<ol style="list-style-type: none"> <li>1. Describe the ACH connection</li> <li>2. Provide sample nursing examples for use of SBAR to assist with supporting reducing avoidable hospitalizations               <ol style="list-style-type: none"> <li>1.1 Interdisciplinary communication</li> <li>1.2 Physician communication</li> <li>1.3 Actual practice scenario for physician communication</li> </ol> </li> <li>3. Dr. Gutshall describing successful examples of use of SBAR in real life situations</li> <li>4. Provide success stories with the use of SBAR and reducing ACH</li> </ol>	<input checked="" type="checkbox"/> BPIP – Physician Relationships – <b>Nurse Track</b> <input checked="" type="checkbox"/> SBAR Made Easy WebEx <input checked="" type="checkbox"/> Podcast (audio recording) <input checked="" type="checkbox"/> Examples of Excellence – success stories <b>Adult learning principles</b> Respect of learner’s learning preference Sequencing and Reinforcement Lecture Relevance Accountability
3. Describe two examples where SBAR might promote optimal communication from clinician to physician and clinician to clinician	<ol style="list-style-type: none"> <li>1. Provide sample nursing examples for use of SBAR to assist with supporting reducing avoidable hospitalizations               <ol style="list-style-type: none"> <li>1.1 Interdisciplinary communication</li> <li>1.2 Physician communication</li> <li>1.3 Actual practice scenario for physician communication</li> </ol> </li> </ol>	<input checked="" type="checkbox"/> BPIP – Physician Relationships – <b>Nurse Track</b> <input checked="" type="checkbox"/> SBAR Made Easy WebEx <input checked="" type="checkbox"/> Podcast (audio recording) <input checked="" type="checkbox"/> Examples of Excellence <b>Adult learning principles:</b> Respect of learner’s learning preference Sequencing and Reinforcement Accountability Relevance

# Misty Kevech's Biographical Data Form

**This individual is:** (Check all that apply)

- Administratively Responsible Person
- Planning Committee Member
- Presenter/Content Specialist

## BIOGRAPHICAL DATA FORMS

Instructions: Make as many copies of this form as necessary to provide the required information documenting adherence to the criteria. *Do not* send curriculum vitae. Form must be typed or word-processed.

**Name, degree and credentials:**

Misty Kevech, RN, BS Ed, MS, COS-C

**Home or business address:**

2 Penn Center West, Suite 220, Pittsburgh, PA 15276

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877-346-6180

**Extension:** 7710

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**address:**

mkevech@wvmi.org

**Present position (title)**

Communications/Training Manager

**Employer:**

Quality Insights of Pennsylvania

### Planners:

Describe your professional qualifications and familiarity with the target audience

The target audience for this learning session is home health quality improvement managers or administrators. Misty Kevech has been a Registered Nurse for over 27 years, including 22 years in home care. Ten years of her experience has been in Quality Improvement. Misty also is credentialed with Certified OASIS – Clinical (COS-C), which assists in educating on outcome measures. Misty has additional degrees of BS Ed in Public Nursing (California University of Pennsylvania) and MS in Leadership with an emphasis on Training and Development (Carlo College) to assist with adult education. ACH, Ready, Aim, Improve Learning Session #3 – Works with home health agencies in Pennsylvania with development, implementation and evaluation of plans of actions to improve quality outcome measures. Misty also educates the agencies on strategies and best practices. SBAR – Participated in the three part series by IHI on SBAR. Telehealth – Planned and developed previous telehealth WebEx educational activities: Home Telehealth to Reduce Avoidable Hospitalizations, Home Telehealth WebEx 1 of 4 Introduction, Home Telehealth WebEx 2 of 4 Phone Monitoring, Introduction of Home Telehealth for Home Health Aides, and Nuts and Bolts of Home Telehealth Reference 2005.

**Faculty:** Describe your knowledge and expertise in this topic area

Misty Kevech has been a Registered Nurse for over 27 years, including 22 years in home care. Ten years of her experience has been in Quality Improvement. Misty also is credentialed with Certified OASIS – Clinical (COS-C), which assists in educating on outcome measures. Misty has additional degrees of BS Ed in Public Nursing (California University of

Pennsylvania) and MS in Leadership with an emphasis on Training and Development (Carlo College) to assist with adult education. She has been employed by Quality Insights of Pennsylvania for one year working with home care agencies to improve quality outcomes. ACH, Ready, Aim, Improve Learning Session #3 – Works with home health agencies in Pennsylvania with development, implementation and evaluation of plans of actions to improve quality outcome measures. Misty also educates the agencies on strategies and best practices. SBAR – Participated in the three part series by IHI on SBAR. Telehealth – Planned and developed previous telehealth WebEx educational activities: Home Telehealth to Reduce Avoidable Hospitalizations, Home Telehealth WebEx 1 of 4 Introduction, Home Telehealth WebEx 2 of 4 Phone Monitoring, Introduction of Home Telehealth for Home Health Aides, and Nuts and Bolts of Home Telehealth Reference 2005.

### **Vested Interests of Faculty**

Having an interest in an organization does not prevent a speaker from making a presentation, but the audience must be informed of this relationship prior to the start of the activity. (If the applicant already has special forms to identify this, it does not need to be repeated on this biographical data form. Include the applicant's copy of the completed forms declaring vested interest.)

I recognize that I must follow all guidelines and criteria regarding vested interest. Any real or perceived conflict of interest for a conference participant must be disclosed. For this purpose a real or apparent conflict of interest is defined as having a significant financial interest in a product to be discussed directly or indirectly during the presentation; being or having been an employee of a company with such financial interest and/or having had substantial research support by an industry to study the product to be discussed at the presentation.

I have no real or perceived conflicts of interest that relate to this presentation

I have the following real or perceived conflicts of interest that relate to this presentation

# Eve Esslinger's Biographical Data Form

**This Individual is:** (check all that apply)

- Administratively Responsible Person
- Planning Committee Member
- Presenter/Content Specialist

## ***BIOGRAPHICAL DATA FORM***

Instructions: Make as many copies of this form as necessary to provide the required information documenting adherence to the criteria. **Do not** send curriculum vitae. Form must be typed or word-processed.

**Name, degree and credentials:**

Eve Esslinger MS, BSN

**Home or business address:**

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**Extension:** 7685

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eesslinger@wvmi.org

**Present position (title)**

Project Manager

**Employer:**

Quality Insights of Pennsylvania

**Planners:**

Describe your professional qualifications and familiarity with the target audience

Registered Nurse for 25 years. Masters in E.C. Education. 14 years working in Quality Improvement and Staff Development in Home Health. Presently working for Quality Insights of Pennsylvania (for 3 years) and 1½ years as Project Manager for Home Health Quality Improvement Support Center. Currently work with home health agencies and other quality improvement organizations to provide resources and guidance with quality improvement.

**Faculty:**

As above

## **Vested Interests of Faculty**

Having an interest in an organization does not prevent a speaker from making a presentation, but the audience must be informed of this relationship prior to the start of the activity. (If the applicant already has special forms to identify this, it does not need to be repeated on this biographical data form. Include the applicant's copy of the completed forms declaring vested interest.)

I recognize that I must follow all guidelines and criteria regarding vested interest. Any real or perceived conflict of interest for a conference participant must be disclosed. For this purpose a real or apparent conflict of interest is defined as having a significant financial interest in a product to be discussed directly or indirectly during the presentation; being or having been an employee of a company with such financial interest and/or having had substantial research support by an industry to study the product to be discussed at the presentation.

- I have no real or perceived conflicts of interest that relate to this presentation
- I have the following real or perceived conflicts of interest that relate to this presentation:

# Bonnie Kern's Biographical Data Form

**This individual is:** (Check all that apply)

- Administratively Responsible Person
- Planning Committee Member
- Presenter/Content Specialist

## BIOGRAPHICAL DATA FORM

**Instructions:** Make as many copies of this form as necessary to provide the required information, documenting adherence to the criteria. **Do not** send curriculum vitae. Form must be typed or word-processed.

**Name, degree and credentials:**

Bonnie Kerns, RN, BSN

**Home or business address:**

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**Present position (title)**

Community of Practice Manager

**Employer:**

Quality Insights of Pennsylvania

**Planners:** Describe your professional qualifications and familiarity with the target audience ACH, Ready, Aim, Improve Learning Session #3 - I have been in health care for over 25 years and over 15 years have been in home care. I have been employed with Quality Insights for 4 years working with home care agencies to improve their quality outcomes. I utilize the clinical data to help agencies plan their strategies for improvement. I am the lead person at Quality Insights related to Home Telehealth. I helped developed the Home Telehealth Reference 2005 manual that CMS is using as their official guide for home telehealth. I also was the primary editor for the Home Telehealth Reference 2006/2007 manual.

**Faculty:** Describe your knowledge and expertise in this topic area  
Same as above.

### Vested Interests of Faculty

Having an interest in an organization does not prevent a speaker from making a presentation, but the audience must be informed of this relationship prior to the start of the activity. (If the applicant already has special forms to identify this, it does not need to be repeated on this biographical data form. Include the applicant's copy of the completed forms declaring vested interest.)

I recognize that I must follow all guidelines and criteria regarding vested interest. Any real or perceived conflict of interest for a conference participant must be disclosed. For this purpose a real or apparent conflict of interest is defined as having a significant financial interest in a product to be discussed directly or indirectly during the presentation; being or having been an employee of a company with such financial interest and/or having had substantial research support by an industry to study the product to be discussed at the presentation.

- I have no real or perceived conflicts of interest that relate to this presentation
- I have the following real or perceived conflicts of interest that relate to this presentation

## Technical Expert Panel

***Donna Baca, BSN, RN***

Performance Improvement, Staff Education, Infection Control, Hamilton Home Health Care,

***Bruce Bagley, MD***

Medical Director for Quality Improvement, American Academy of Family Physicians

***Sheila Baublitz, RN BSN MBA***

Senior Director of Quality and Compliance, VNA Community Care Services

***Debra Berntsen, RN, BS***

Director, Androscoggin Valley Hospital Home Health & Hospice

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***Susana Garcia, MHSA***, HHA/NH Project Coordinator, ***Ileana Lopez, MD, MPH***, HHA/NH Project Director and ***Luis A. Lopez, MD***, 1B Project Leader, QIPRO, Inc., Puerto Rico QIO

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VP of Operations, Mederi Caretenders

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Representative, American Occupational Therapy Association

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Quality Improvement Specialist, Northeast Health Care Quality Foundation

## HHQI Physician Advisor Members

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***Timothy Robert Gutshall, MD***

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

***Thomas F. Kline, MD, PhD, CMD***

Home Based Geriatric and Rehabilitation Medicine  
Canton, MA

***John N. Lewis, MD, MPH***

Medical Director - Health Care Excel of Kentucky; Internist/Epidemiologist; Greater Louisville Medical Society; Kentucky Medical Association

***Dennis Manning MD FACP FACC***

Director, Quality and Patient Safety  
Department of Medicine, Mayo Clinic Rochester

***Joseph G. Ouslander, MD***

Professor of Medicine and Nursing; Director, Division of Geriatric Medicine and Gerontology Chief Medical Officer, Wesley Woods Center of Emory University; Director, Emory Center for Health in Aging; Research Scientist, Birmingham/Atlanta GRECC

***Jane C. Pederson, MD, MS***

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

***Stephen Winbery, PhD, MD***

Medical Director Qsource (TN Quality Improvement Organization); ACP, ACMT

***Steven L. Yount, DO***

Medical Director – Bastrop Nursing Center, Lifeway Home Health and A-Med Hospice; Clinical Assistant Professor – Department of Family Practice - University of North Texas; Texas Medical Foundation – State Review Program Committee

## HHQIOSC Team

### Editor

***Misty Kevech, RN, MS, COS–C***, Communications/Training Manager

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# Best Practice: Physician Relationships

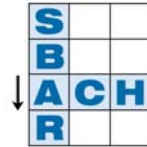
# Nurse Track



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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 – <b>SBAR Made Easy</b> or listen to audio with accompanying handouts. The following activities are included: <ul style="list-style-type: none"> <li><input type="checkbox"/> Review SBAR tool</li> <li><input type="checkbox"/> Review SBAR Communication examples</li> <li><input type="checkbox"/> Complete SBAR Scenario Exercise individually or as group activity.</li> </ul>	Page 39  Page 40 Page 41  Pages 43 - 44	60 minutes
<input type="checkbox"/>	Listen to the podcast (audio recording): <b>SBAR for Clinicians.</b>	Page 39	15 minutes
<input type="checkbox"/>	Read Examples of Excellence.	Pages 45 - 48	10 minutes
<input type="checkbox"/>	<b>RNs: Complete the nursing evaluation and post-test online for free CNEs.</b>	<b>See link below</b>	10 minutes
<input type="checkbox"/>	<b>LPNs: Complete the nursing post-test online for free certificate of participation.</b>	<b>See link below</b>	10 minutes
	<b>Total time for completion</b>		<b>95 minutes</b>



**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
<b><i>SBAR Made Easy</i></b> WebEx  <b>OR</b>	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 <a href="http://www.homehealthquality.org/hh/hha/interventionpackages/physrelationships.aspx">http://www.homehealthquality.org/hh/hha/interventionpackages/physrelationships.aspx</a>
<b><i>SBAR Made Easy</i></b> Audio	Audio only version	This link is located at <a href="http://www.homehealthquality.org/hh/hha/interventionpackages/physrelationships.aspx">http://www.homehealthquality.org/hh/hha/interventionpackages/physrelationships.aspx</a>

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

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 (1/3<sup>rd</sup> 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 (1/3<sup>rd</sup> 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<sup>+</sup> 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.

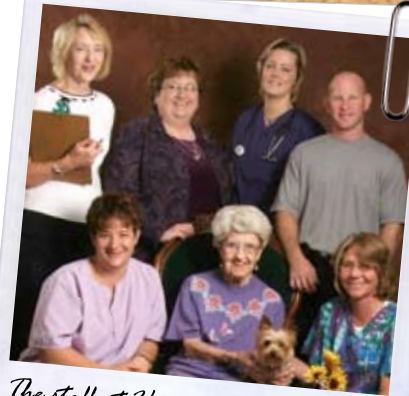
Home Health Solutions was named in the top 100 providers of the 2006 HomeCare Elite, a list that reviews Medicare-certified agencies whose performance measures in quality, improvement and financial performance are among the top 25 percent of providers nationwide. The agency had been working with a professional 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.**