



## Best Practice: Physician Relationships

# Therapist Track



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## Therapist Track



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

### Objectives

After completing the activities included in the Therapist 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: <input type="checkbox"/> Review SBAR tool <input type="checkbox"/> Review discipline specific SBAR Communication sheet <input type="checkbox"/> Complete discipline specific Scenario Exercise individually or as group activity	Pages 53  Page 54 Pages 55 – 57  Pages 59 – 64	60 minutes
<input type="checkbox"/>	Listen to the podcast (audio recording): <b>SBAR for Clinicians.</b>	Pages 53	15 minutes
<input type="checkbox"/>	Read the Examples of Excellence.	Pages 65 - 68	10 minutes
<input type="checkbox"/>	<b>Complete the therapy 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>



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



## Physician Relationships Multi-Media Activities

### Physician Relationships 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 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 Physical Therapy

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

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

*Example: Hi (rehab manager). This is \_\_\_\_\_, (physical therapist). I am calling about my patient, Mr. K, who is complaining of increased pain and redness of the right knee.*

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

*Example: Mr. K had a right total knee replacement (TKR) 13 days ago. Sutures were removed by nurse 3 days ago and the closed incision is open to air. Caregiver has not cleaned incision as directed by the nurse and therapist. Pain level has increased from a 3 to an 8 over the last 24 hours. Patient is using ice to knee appropriately and taking pain medications as ordered. There is an increased amount of edema in right knee from 1+ to a 2+, and incision is reddened and tender to touch. There is no drainage and no temperature. Pain and edema are interfering with ambulation and exercise program today.*

**ASSESSMENT** – What do you think the problem is?

*Example: Possible infection of surgical incision.*

**RECOMMENDATION** – What would you do to correct the problem?

*Example: PRN skilled nursing visit tomorrow to assess integrity of TKR incision and vital signs, esp. temperature and to reinforce instruction to family about incisional care and when to call with problems.*

## SBAR Physician Communication Physical Therapy

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 \_\_\_\_\_ a physical therapist from XYZ home health agency. I am calling about Mr. K, who is complaining of increased pain and redness of the right knee status post right TKR.*

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

*Example: Mr. K had a right total knee replacement (TKR) 13 days ago. Sutures were removed by nurse 3 days ago and the closed incision is open to air. Caregiver has not cleaned incision as directed by the nurse and therapist. Pain level has increased from a 3 to an 8 over the last 24 hours. Patient is using ice to knee appropriately and taking pain medications as ordered. There is an increased amount of edema in right knee from 1+ to a 2+, and incision is reddened and tender to touch. There is no drainage and no temperature. Pain and edema are interfering with ambulation and exercise program today.*

**ASSESSMENT** – What do you think the problem is?

*Example: Possible infection of surgical incision.*

**RECOMMENDATION** – What would you do to correct the problem?

*Example: May we have an order for a PRN skilled nursing visit for tomorrow to assess integrity of TKR incision and vital signs, esp. temperature and to reinforce instruction to family about incisional care. The nurse will call you tomorrow to report findings.*

## **SBAR Interdisciplinary Communication** **Occupational Therapy**

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

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

*Example: Hi (rehab manager). This is \_\_\_\_\_, the occupational therapist (OT) calling about my patient, Mrs. K who is refusing a shower bath at this time.*

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

*Example: Mrs. K had an ORIF of the left femur from a fall in the home. Pins were removed and patient is now allowed to shower. Patient has refused actual shower and/or handheld shower unit. OT has instructed and performed dry transfers and practiced bathing activities using the tub transfer bench. OT has provided emotional and physical support. Mrs. K lives alone, is very anxious and fearful of falling. Ambulating 20 – 25 feet with std. walker and is being followed by physical therapy (PT). Balance in shower is fair to fair +. Patient scored high risk level on falls screening checklist. Education provided on falls prevention.*

**ASSESSMENT** – What do you think the problem is?

*Example: Patient is too anxious and afraid of falling at this time, which is creating an unsafe environment. Not ready for OT at this time.*

**RECOMMENDATION** – What would you do to correct the problem? *Example: Obtain a home health aide order for 2 – 3 weeks to allow PT to improve strength, balance and confidence. PT to notify OT when patient is steady enough and is willing to begin to work on shower bathing. Skilled nursing/medical social worker to evaluate patient's anxiety and emotional status. All disciplines to continue teaching falls prevention program to patient and family.*

## **SBAR Physician Communication** **Occupational Therapy**

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: Faxed OT Evaluation of Mr. K. Requesting home health aide order.*

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

*Example: Mrs. K had an ORIF of the left femur from a fall in the home. Pins were removed and patient is now allowed to shower. Patient has refused actual shower and/or handheld shower unit. OT has instructed and performed dry transfers and practiced bathing activities using the tub transfer bench. OT has provided emotional and physical support. Mrs. K lives alone, is very anxious and fearful of falling. Ambulating 20 – 25 feet with std. walker and is being followed by physical therapy (PT). Balance in shower is fair to fair +. Patient scored high risk level on falls screening checklist. Education provided on falls prevention.*

**ASSESSMENT** – What do you think the problem is?

*Example: Patient is too anxious and afraid of falling at this time, which is creating an unsafe environment. Not ready for further OT visits at this time*

**RECOMMENDATION** – What would you do to correct the problem? *Example; May we have order for home health aide for 2 – 3 weeks and allow PT to improve strength, balance and confidence. PT to notify OT when patient is steady enough and is willing to begin to work on shower bathing. Skilled nursing/medical social worker to evaluate patient's anxiety and emotional status. All disciplines to continue teaching falls prevention program to patient and family.*

## SBAR Interdisciplinary Communication Speech Therapy

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

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

*Example: Hi (nursing manager). This is \_\_\_\_\_, (speech therapist). I evaluated our patient, Mr. W, today for difficulty swallowing.*

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

*Example: Mr. W has a hx of CVA and has developed occasional choking on thin liquids. Educated patient and family regarding dysphagia, the chin tuck technique, use of thickening agents to achieve a “honey” consistency, feed patient in upright position (90 degrees) and signs and symptoms of aspiration. A patient education sheet on dysphagia and s/s aspiration was left in the patients’ folder in the home.*

**ASSSESSMENT** – What do you think the problem is?

*Example: Patient exhibits difficulty with airway closure for safe swallowing. Patient is at risk for aspiration.*

**RECOMMENDATION** – What would you do to correct the problem?

*Example: Skilled nursing (SN) to reinforce ST teaching, use of “Thick-it,” and s/s to notify agency or physician. ST to request order for modified barium swallow study, dysphagia therapy, and patient/caregiver education.*

## SBAR Physician Communication Speech Therapy

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 the speech therapist from XYZ home health agency calling with my evaluation of Mr. W, who was admitted to home care services this week. A speech therapy evaluation was ordered.*

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

*Example: Mr. W has a hx of CVA and has developed occasional choking on thin liquids. Educated patient and family regarding dysphagia, the chin tuck technique, use of thickening agents to achieve a “honey” consistency, feed patient in upright position (90 degrees) and signs and symptoms of aspiration. A patient education sheet on dysphagia and s/s aspiration was left in the patients’ folder in the home.*

**ASSSESSMENT** – What do you think the problem is?

*Example: Patient exhibits difficulty with airway closure for safe swallowing. Patient is at risk for aspiration.*

**RECOMMENDATION** – What would you do to correct the problem?

*Example: Further speech therapy is indicated at this time. ST requests order for modified barium swallow study, dysphagia therapy, and patient/caregiver education. Further treatment orders will be requested following completion of the modified barium swallow study.*



# 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.**

## Physical Therapy

Mrs. J is a 78-year-old female. She lives in a one-story home with her elderly husband, who is also a patient receiving home care, and she is his primary caregiver. Mrs. J's past medical diagnosis is HTN. She has become increasingly unsteady on her feet within the last several weeks. A referral was made to PT to evaluate lower extremity strengthening and gait training. The physical therapist findings include: ambulates 15 – 20 feet using furniture and walls. Both ambulation and standing balance fair (-). Strength BLE 3+/5 & BUE 3+/5. No other gait abnormalities exist. Patient showers alone and there are no grab bars or any other personal safety equipment. A fall risk assessment evidences the patient scored as high risk. PT initiates call to the patient's physician using SBAR.

**S**

**B**

**A**

**R**

**S**

Dr. G, I am \_\_\_\_\_, a physical therapist at XYZ Home Care. I am calling about Mrs. J who was referred with weakness, and I am identifying her as a high risk for falling.

**B**

Mrs. J, a 78-year-old patient, lives at home with her elderly, ill husband. She scored at high risk on our falls risk assessment related to ambulating only with walls and furniture for support short distances; her balance is fair (-). She does not have any safety equipment in the bathroom (no grab bars). Her standing balance is fair. There are no other s/s at this time.

**A**

Patient has developed some leg weakness and has a balance issue that is putting her at risk for a fall.

**R**

Patient would benefit from orders for: physical therapy 2 – 3 x week x 4 weeks, a standard walker and a medical social worker referral to assess Mrs. J's declining condition, which may negatively impact her ability to care for her husband.

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

# 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.**

## Occupational Therapy

Mr. W is a 69-year-old patient with CVA 5 years ago with right latent hemiplegia. Skilled nursing (SN) was referred to see patient due to an open wound on right thumb from contracture of the right hand. SN initiated appropriate wound care and obtained an order for an OT evaluation. OT's findings include: right hand contracture, fist-like, with pressure being applied to mid thumb joint from the index finger. Right wrist drop was also noted. The patient is unable to grip with his right hand. There is good circulation to the hand without other reddened areas at this time. The patient is at high risk for more breakdown. Caregiver denies having a splint or cone for patient. OT wants to fabricate a cock-up splint for the right hand and to see the patient according to the following schedule - 3x/week x 2 weeks; 2x/week x 2 weeks. The OT visits will involve teaching the caregiver a massage and exercise program to prevent skin breakdown. OT has contacted the patient's physician regarding his plan for the patient.

**S**

**B**

**A**

**R**

**S**

Dr. G, I am \_\_\_\_\_, the occupational therapist at XYZ Home Care. I am calling about Mr. W's residual right hand contracture and hand drop causing an open wound.

**B**

Mr. W is your 69-year-old patient with a history of CVA with residual right hemiplegia, right hand contracture and right wrist drop. The home care nurse initiated wound care to open area right middle thumb joint. There is good circulation to right hand. Patient does not have a splint or a cone for prevention.

**A**

Pressure and poor positioning of right wrist caused on open wound on right middle thumb.

**R**

OT would like to see patient 3x/week x 2 weeks; 2x/week x 2 weeks to fabricate a cock-up splint right hand, teach the caregiver a massage and exercise program to prevent skin breakdown.

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

# 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.**

## Speech Therapy

Mrs. A, a 74-year-old who had a CVA 7 weeks ago, has residual mild weakness of right side. She has been on home care services for the past week. PT and SN are currently involved. Both are having a difficult time getting Mrs. A. to follow directions and find her speech hard to understand, especially when she uses a long sentence. Speech therapy was asked to evaluate Mrs. A. The assessment found Mrs. A could feed herself a heart healthy diet with no observable s/s of dysphagia. She exhibits mild-moderate dysarthria and moderate receptive aphasia. She follows directions best when given simple commands less than four words in length. She has a history of speaking with a fast rate. Listeners understand her best now when she uses simple sentences and speaks slowly and clearly. Voice quality is within normal limits for her age and sex. There is no known hearing loss. She lives at home with her spouse who is hard of hearing. The speech therapist will contact the physician with the aforementioned findings using the SBAR format.

**S**

**B**

**A**

**R**

**S**

Dr. G, I am \_\_\_\_\_, a speech therapist from XYZ Home Care. I am calling about Mrs. A, who was referred for a speech language assessment.

**B**

Mrs. A is your 74-year-old patient who had a CVA 7 weeks ago. She had some residual mild weakness of right side from the CVA. Her family and the home health staff find her speech hard to understand, especially when she uses long utterances. They have also observed that she has trouble following directions.

**A**

Mrs. A exhibits mild-moderate dysarthria with mild receptive aphasia. She performs best when given simple commands of less than four words in length. Listeners find it easier to understand her speech when she uses shorter sentences and slows down the rate of her speech. She has no observable s/s of dysphagia. There is no known hearing loss.

**R**

Speech therapy to follow for receptive language therapy, rate reduction, dysarthria therapy and home program development 3 times a week for 4 weeks.

**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.

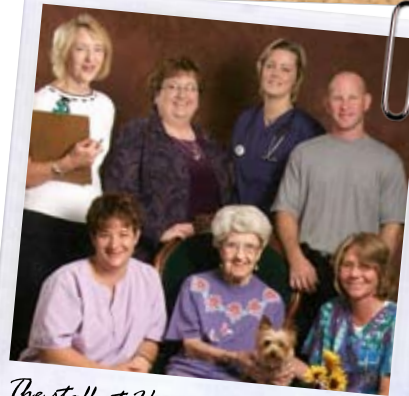
Home Health Solutions was named in the top 100 providers of the 2006 HomeCare Elite, a list that reviews Medicare-certified agencies whose performance measures in quality, improvement and financial performance are among the top 25 percent of providers nationwide. The agency had been working with a professional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

## Therapy Post-Test Physician Relationships

Date: \_\_\_\_\_

Therapists can apply for a certificate of attendance to use towards continuing education for 1.6 continuing education hours (see page 52).

**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 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 therapy in the following situations **except**:
  - A. Giving a therapy report to the manager
  - B. Providing an update on the patient to the nurse, 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 page 36.**