

*** Winner – APPD 2019 Quality Improvement (QI) Project Award ***

CREATION AND IMPLEMENTATION OF A STANDARDIZED TOOL TO IMPROVE INPATIENT CONSULT COMMUNICATION

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Background Communication failures are the most common root cause of patient safety events. Consults provide a significant opportunity for miscommunications to occur; however, trainees receive little education on how to effectively convey consult requests. Based on literature review and needs assessment of pediatric residents and fellows at Stanford, we identified essential consult elements (ECE) for optimal consult communication. 54 consult requests were audited, and our baseline data showed that only 9% included all ECE. At our institution, 98% of residents (n=56) and 95% of fellows (n=41) reported miscommunication around consults, 85% of which led to perceived patient safety errors. Only 13% of residents reported receiving teaching from fellows during the consultation. Aim Statement 1) Develop a standardized consult communication tool that includes all ECE 2) Increase consult requests containing all ECE by pediatric residents from 9% to 40% within a 6-month period. Interventions A consult communication tool containing ECE was developed using modified SBAR (Situation, Background, Assessment, Recommendations) and taught to pediatric residents from July-Aug 2018 through a series of workshops. Multimedia interventions (flyers, screen savers, name badge cards) were disseminated throughout the hospital. During the initial PDSA cycle, residents and fellows were queried to inform subsequent cycle changes, such as targeting faculty engagement and monthly reminder emails. Measures The primary outcome measure was the percentage of inpatient consult requests containing all ECE by pediatric residents. The process measure was adherence to the modified SBAR tool. Secondary outcomes included clarity of consult question, perceived teaching and learning, and miscommunication. Resident and fellow satisfaction was used as a balancing measure. Results Post intervention from Sep-Dec 2018, 51 consults were audited and consults including ECE increased from 9% to 49%. SBAR was used in 76% of consultations. With SBAR, 96% of consult questions were clear/very clear and 100% of fellows reported being satisfied/very satisfied with communication. Conclusions and Next Steps Our modified SBAR tool resulted in increased inclusion of essential elements for consult communication. It led to greater clarity of consult question and satisfaction by pediatric fellows. Data regarding its effect on teaching, learning, and patient safety will be available in March 2019.

