Optimization of Interdisciplinary Communication

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**Problem**
- EPIC Secure Chat (SC) creates variability in existing communication methods that may create errors in 1) triaging patient care and 2) contacting the correct physician provider

**Background**
- Incorporation of SC into hospital system communications is relatively new and reduces non-urgent interruptions to patient care
- Urgent needs should be communicated via page to the appropriate provider, but are occasionally communicated by SC
- Ease of the SC system may facilitate bypass of communication from nursing professionals directly to attending providers on internal medicine teaching service (IMTS) teams

**Objective**
- Assess the current understanding of appropriate SC communications among nursing professionals at Aurora St. Lukes Medical Center (ASLMC)
- Provide educational intervention on appropriate SC communications and assess the impact of the intervention on understanding of appropriate communications

**Methods**
- Quality improvement study involving registered nurses in the medical-surgical and medical respiratory intensive care units at Aurora St. Luke’s Medical Center, Milwaukee.
- Created a questionnaire of patient-based clinical scenarios; responses to each scenario was to “page” or “SC” provider. An unsure option was also included.
- **Pre-intervention:** flyer containing questionnaire link posted in nursing units to be completed voluntarily over 2-week period.
- **Intervention:** Educational flyers outlining proper communication methods (when to page versus SC) were posted in nursing units over 4-week period.
- **Post-intervention:** questionnaire again posted in nursing units to be completed voluntarily over 2-week period to assess impact of educational material
- Only post-survey respondents who had seen poster were included in analysis
- A two-sample t-test used for data analysis
- Q7 was formatted incorrectly, so it was not analyzed

**Results**
- There were 28 pre-intervention and 12 post-intervention respondents
  - Six of the post-intervention respondents (50%) reported seeing the educational intervention
- The total percentage of correctly answered survey items (Q1-Q16) in the pre-intervention and post-intervention group were 84.5 and 85.6, respectively
- Difference was not statistically significant ($p = 0.38$)

- Percent of correctly answered items was high (>80% on most questions)
  - 17.6% of respondents indicated SC was the best channel to communicate a critical lab value (Q2)
  - Respondents had trouble with non-urgent patient updates regarding patients desiring to leave against medical advice (AMA) and regarding IV access (Q3 and Q8)

- A minority of respondents (33.3%) found the educational intervention helpful
  - All respondents (100%) answered that the resident or intern is the first preferred contact for questions on IMTS teams

  - Free-response questions revealed that the utility of the decision matrix was appreciated (n=1) and that in-person dialogue with nursing teams is desired (n=1)

**Conclusions**
- Most nurses that took either the pre- or post-survey knew when SC or paging was appropriate for the clinical situation
- Nurses could use clarification regarding updates that are deemed non-urgent
- Although most nurses selected paging critical lab values (82.4% in Q2), this is an area in need of improvement given the urgency of critical lab values
- Flyer posted in nursing units likely not effective
  - Likely that this intervention was not noticed by many nurses as evidenced by the post-survey

- Further QI needed to address this issue
  - Should focus on ensuring nurses receive intervention
    - Email
    - Training modules
    - In-person sessions

**References**