Improving Inpatient Consult Communication Through Standardization

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Background

Communication errors are common in health care¹

Consult communication lacks standardization²

Providers at all levels lack formal training on consults²

¹Haig et al. Joint Commission on Quality and Patient Safety. 2006
²Chad et al. Academic EM. 2012
Baseline State: Feb – June 2018

• Survey of pediatric residents (n=57) and fellows (n=50) at Stanford Children’s Hospital
• Real time audited consultations by fellows (n=54)

1. Consult Question Clarity: Only 52% of consult questions were ‘clear’ or ‘very clear’
2. Miscommunication: 98% of residents and 95% of fellows reported overall miscommunication around consults
3. Satisfaction: Only 51% of fellows reported feeling ‘satisfied’ or ‘very satisfied’ with consult communication
Background

• Focus groups of LPCH pediatric residents and fellows investigating optimal consult communication:
  – Consultation communication varies widely
  – Standardized format identified as the key area for improvement
  – Identified the following essential consult elements (ECE)\(^1\)

  • Consult Urgency
  • Specific, upfront consult question
  • Brief history
  • Differential diagnosis
  • Proposed plan

\(^1\) Pavitt et al. Academic Medicine. 07/2019
**Situation** – Concise patient statement with consult question and urgency.

**Background** – Pertinent & brief history with exam and pertinent labs.

**Assessment** – Analysis of patient considerations with differential diagnosis—what do **YOU** think?

**Recommendations** – Action requested and recommended — what would **YOU** like to do and what specific questions do you have for the consultant?
SMART goal

Increase consult requests containing all ECE by pediatric residents from 11% to 40% by January 2019 at Lucile Packard Children’s Hospital

Other measures:

- **Process Measure**: Use of SBAR
- **Secondary Outcomes**: Consult question clarity, Miscommunication
- **Balancing Measure**: Resident and Fellow Satisfaction
Percentage of Essential Consult Elements (ECE) Included in Consultations

- **Percentage**
- **Process Mean**
- **Target**
- **LCL**

% of ECE

Date

- Feb-18
- Mar-18
- Apr-18
- May-18
- Jun-18
- Jul-18
- Aug-18
- Sep-18
- Oct-18
- Nov-18
- Dec-18
- Jan-19
- Feb-19
- Mar-19
- Apr-19
- May-19

11%
Secondary Outcome
Consult Question Clarity

Consult Question Clarity

% of consult questions clear/very clear

Pre Intervention
N=54
52%

Post Intervention
N=112
94%
P<0.001
Secondary Outcomes
Miscommunication

Fellow Perceived Frequency of Consult Miscommunication

- Pre Intervention: 3% Never, 45% Rarely, 50% About half of the time, 2% Most of the time, 15% Every time
- Post Intervention: 2% Never, 83% Rarely, 15% About half of the time, 3% Most of the time, 1% Every time

Resident Perception Frequency of Consult Miscommunication

- Usage of SBAR < 50%:
  - Pre Intervention: 32% Never, 69% Rarely, 4% About half of the time, 1% Most of the time, 1% Every time
  - Post Intervention: 69% Never, 32% Rarely, 0% About half of the time, 0% Most of the time, 0% Every time

- Usage of SBAR > 50%:
  - Pre Intervention: 0% Never, 0% Rarely, 0% About half of the time, 0% Most of the time, 0% Every time
  - Post Intervention: 0% Never, 0% Rarely, 0% About half of the time, 0% Most of the time, 0% Every time

P<0.001, n=50 n=55

P=0.01, n=23 n=36
Balancing Measures: Satisfaction

Consultation Satisfaction (Fellow)

Pre Intervention: 51%  
Post Intervention: 98%  
P < 0.001

Consult Satisfaction (Resident)

Pre Intervention: 51%  
Post Intervention: 92%  
P = 0.37

Pre Intervention: 96%  
Post Intervention: 98%  
P < 0.001
Conclusion

• Successful creation and implementation of a standardized consult communication tool
  – Increased inclusion of essential consult communication elements
  – Led to greater clarity of consult question
  – Improved perceived consult miscommunication
  – Increased fellow consult communication satisfaction with maintaining resident satisfaction

• This is a practical, standardized consult communication tool that could improve consults throughout all of Stanford GME
Questions?

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Secondary Outcome: SBAR effect on Patient Safety

Perceived SBAR Effect On Patient Safety

- **Very Positively**
  - Fellow: 14
  - Resident: 8

- **Postively**
  - Fellow: 62
  - Resident: 63

- **No effect**
  - Fellow: 24
  - Resident: 29

- **Negatively**
  - Fellow: 0
  - Resident: 0

- **Very Negatively**
  - Fellow: 0
  - Resident: 0

Fellow N=55
Resident N=55
Secondary Outcome: SBAR effect on teaching

**Fellow Teaching Satisfaction**

- **Very Satisfied**
  - Pre: 6%
  - Post: 8%
- **Satisfied**
  - Pre: 48%
  - Post: 43%
- **Dissatisfied**
  - Pre: 19%
- **Very Dissatisfied**
  - Pre: 20%

**Resident Teaching**

- **Never**
  - Pre SBAR > 50%: 3%
  - Post SBAR < 50%: 5%
- **Rarely**
  - Pre SBAR > 50%: 28%
  - Post SBAR < 50%: 50%
- **About half of the time**
  - Pre SBAR > 50%: 42%
  - Post SBAR < 50%: 32%
- **Most of the time**
  - Pre SBAR > 50%: 28%
  - Post SBAR < 50%: 14%

![Chart demonstrating the effect of SBAR on teaching satisfaction and frequency of teaching.]
Process Measure: Use of SBAR

• Since Aug 2018 125 consults have been audited
  - 62% (n=78) utilized SBAR correctly
  - 18% (n=22) utilized SBAR, but incorrectly
  - 21% (n=26) did not utilize SBAR
Interventions