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BACKGROUND

- Residents at INOVA Fairfax Hospital benefit from spectralink phones which allow for immediate interactive communication amongst care providers.
 - However, multiple calls throughout the day can also lead to unwanted consequences such as:
 - Disruption of workflow
 - Delay in tasks
 - Unintentional errors
 - Interruptions during resident conference time which is dedicated learning time for residents
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AIM

- To assess the source and motive for calls
- To develop interventions that increase collaboration and proactive communication amongst staff, in order to decrease the amount of preventable non-urgent communication

METHOD

- Residents were asked to record information about calls and pages obtained during noon conference on the conference call log.

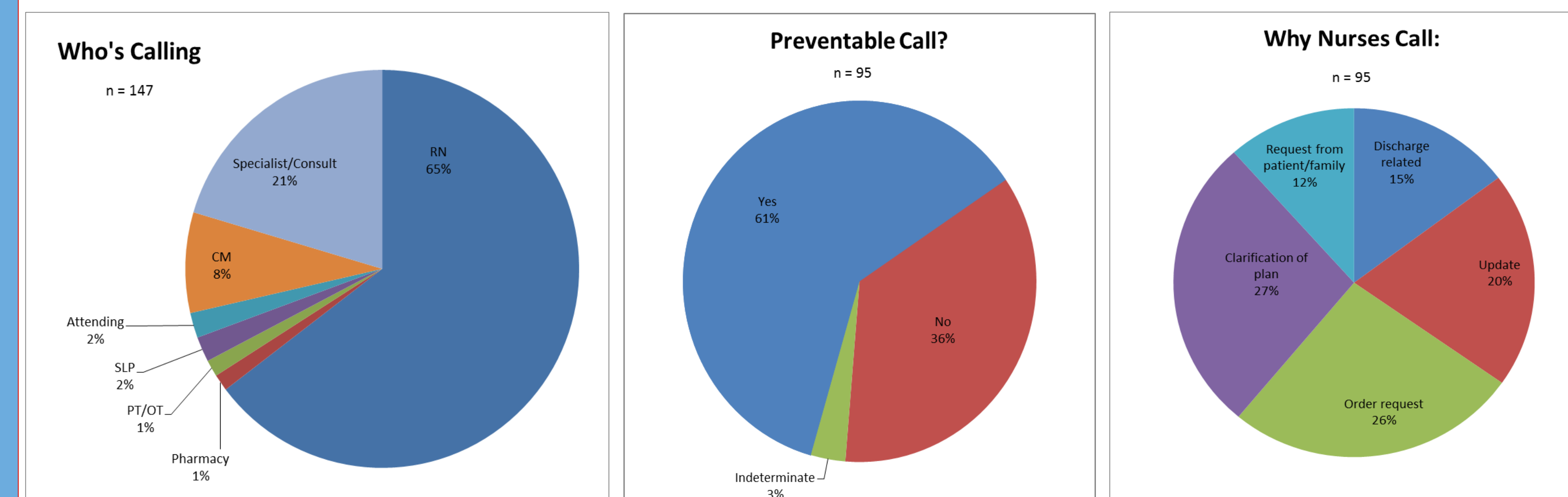
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- All calls and pages were categorized by type of caller and motive of call. Calls were also categorized into preventable and non-preventable calls.
- Several Plan-Do-Study-Act cycles were carried out to refine our data collection process and the call categories.

INTERVENTIONS

Baseline data collected during 2015-2016 suggested the following:

- The majority of calls are from nurses
- Most common reasons for calls from nurses are clarification of plan, order request, clinical updates, and discharge related
- The majority of calls are preventable, and can be addressed during morning rounds prior to resident conference



Based on the data, the following interventions were carried out:

Trio Rounds

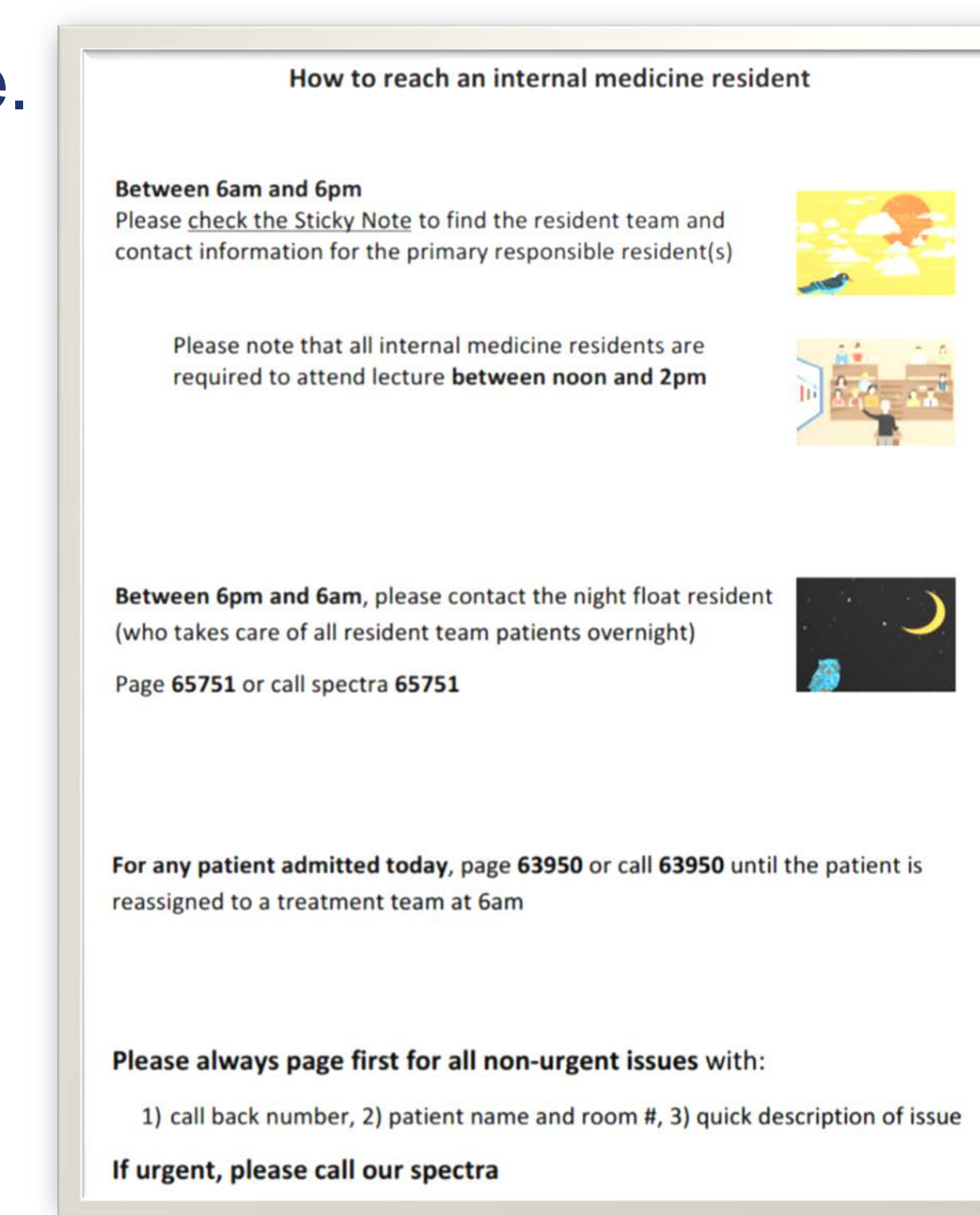
- Attending physicians and residents were highly encouraged to conduct daily trio rounds which require the physicians, nurse, and patient to round together and review the daily plan.

Sticky Notes

- The “sticky note” that appears on the front of patient's electronic chart was revised to improve clarity about how to reach the resident team via pager for non-urgent matters and spectralink for urgent matters.
- The updated “sticky note”, includes: name of resident, spectralink number, pager number, resident conference time.
- Nurses were encouraged to page first for non-urgent matters, especially during the hours of resident conference.

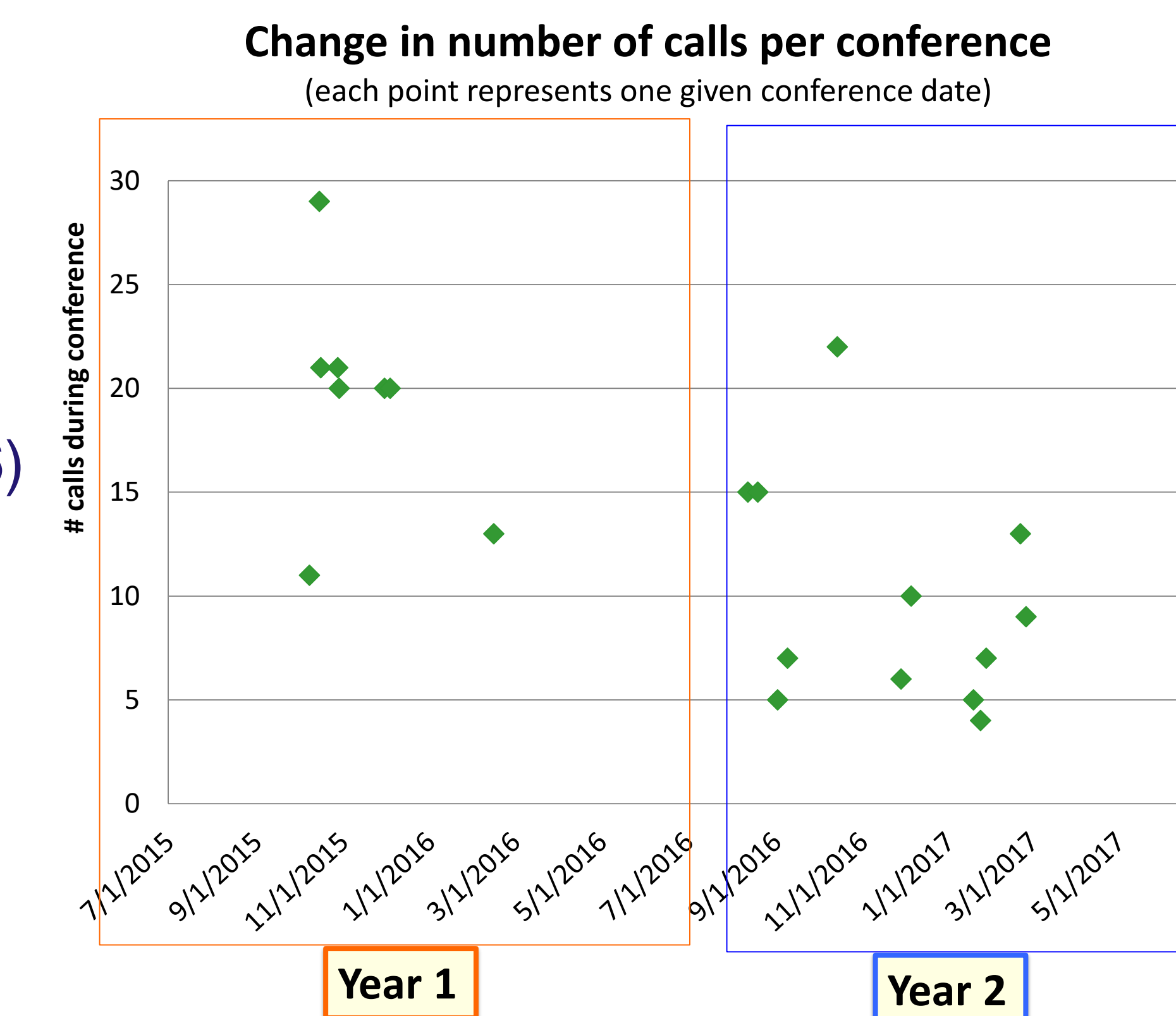
Face to Face Meetings with Nurses

- Meetings were held between residents, charge nurses and nurse navigators to brainstorm ways to improve communication between physicians and nurses, and to reflect the effects of our interventions.
- The “How to reach an internal medicine” hand out was also distributed to nurses to further facilitate the contacting process and encourage the staff to page the resident for non-urgent issues rather than calling.



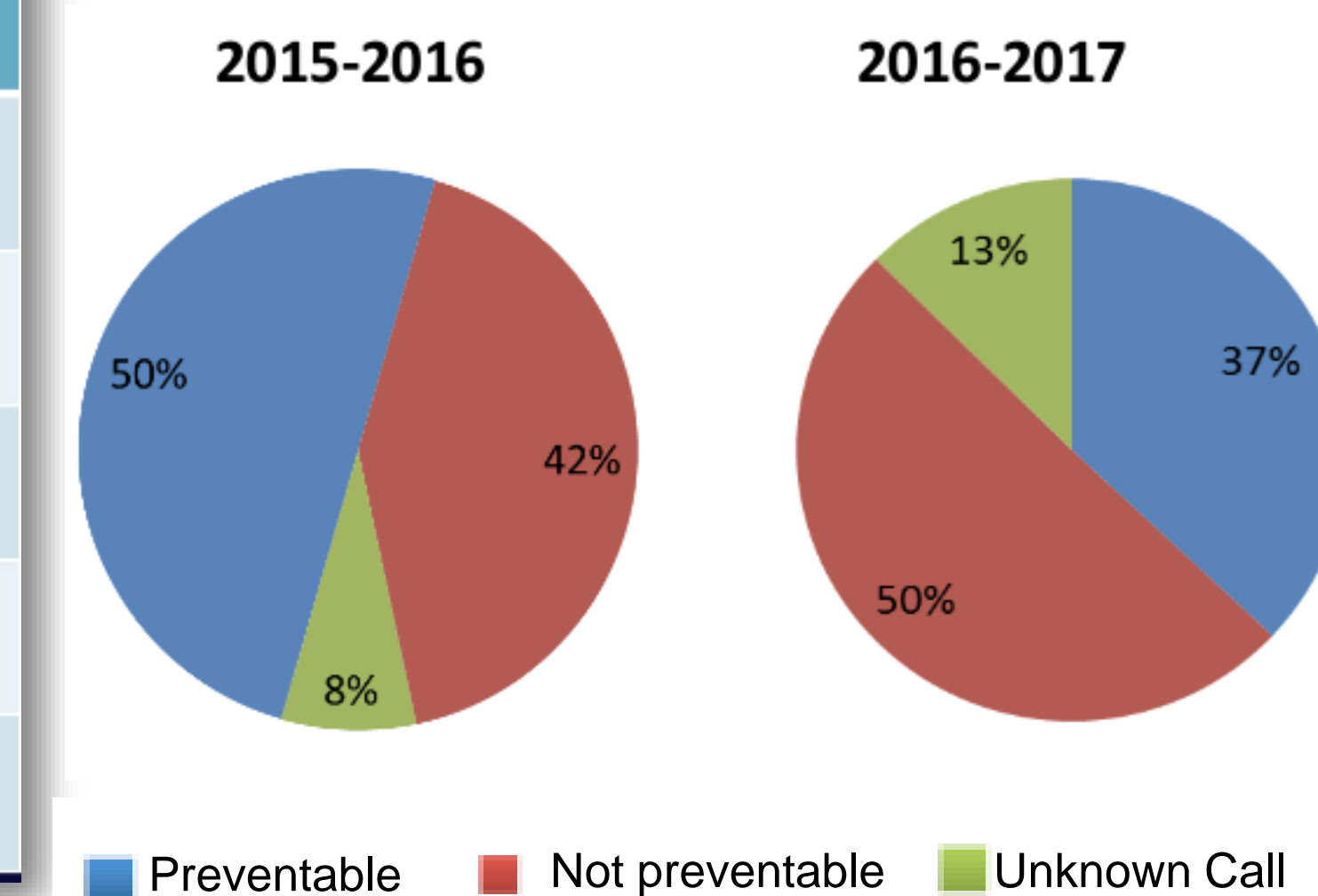
FINDINGS

- The total number of calls during resident conference decreased from year 1 (academic year 2015-2016) to year 2 (academic year 2016-2017).



Change in proportion of type of call
Year 1 (academic year 2015-2016) vs Year 2 (academic year 2016-2017)

	2015-2016 155 calls; 8 dates	2016-2017 127 calls; 12 dates
# calls / conference	155/ 8 = 19.4 calls/conference	127/ 12= 10.6 calls/conferences
# RN calls	95/ 155 = 61% of calls	68/ 127 = 54% of calls
Preventable calls	77 / 155 = 50%	47 / 127 = 37%
Necessary calls	65 / 155 = 42%	64/ 127 = 50%
Unknown calls	12 / 155 = 8%	16/ 127 = 13%



- Most notably, there was a significant decrease in the proportion of preventable calls, while there was slightly increase in proportion of necessary calls.

CONCLUSIONS & FUTURE DIRECTIONS

- Our findings suggest that our interventions have reduced preventable workflow disruptions through improving effective interdisciplinary communication.
- Future efforts will include focusing on areas that require improved communication such as issues pertaining to discharge, and continuing to encourage conversations about challenges around good communication between all members of the treatment team.