ENHANCING COMMUNICATION BETWEEN NURSES AND IMPROVING SURGICAL FLOW AMONG NURSING UNITS

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Background and Significance: Most nursing organizations, such as the American Nurses Association (ANA) and the American Society of PeriAnesthesia Nursing (ASPAN), stress the importance of nurse-to-nurse communication. The Joint Commission has focused on health care communication in National Patient Safety Goals for over nine years. Ineffective communication is a leading factor in close calls, delays in patient care, inappropriate treatment, increased lengths of stay, and other adverse events. Communication is critical in providing quality nursing care, enhancing patient safety, and promoting continuity of care. Hand-off communication should be verbal and written. SBAR (Situation-Background-Assessment-Recommendation) is an effective communication tool, useful in any practice setting. The use of SBAR communication in conjunction with preoperative guidelines and checklists improves surgical flow, increases operating room (OR) on-time starts and fosters a culture of patient safety.

Aims: Improve SBAR communication between inpatient RNs and Ambulatory Procedure Center (APC) RNs; enhance the surgical flow process among nursing units.


Population/Setting: RNs managing the nursing care of inpatient adults having surgical or invasive procedures at a Midwestern Federal academic medical center.

Method: Plan- A peri-operative RN workgroup was formed to evaluate current nursing practice on inpatient units related to the preparation of patients for invasive or surgical procedures and SBAR communication between inpatient RNs and APC RNs. Data was collected in two phases over 6 weeks for all inpatients coming to the APC preoperatively. Data included: the presence of SBAR communication between the inpatient RN and APC RN; who initiated the report; any preoperative testing or documentation not completed; and if patient’s personal items were brought to APC. Opportunities for improvement were identified. Educational tools were developed including an SBAR guideline and laminated flip charts entitled “Pre-op for the Inpatient.” These tools included information related to communication, preoperative testing and documentation, and completion of the preoperative checklist. Do-A pilot project was done with an inpatient surgical unit. In-services were held and the tools were provided to nursing staff. Follow-up data was collected.

Outcomes: Study- Staff was receptive to the education and found the tools useful in preparing patients for surgery or invasive procedures. There was a 52.5% improvement in staff nurses initiating report from their unit and a 7% improvement in patients arriving to APC fully prepared. An SBAR box was added to the preoperative checklist in the electronic health record to indicate report was given. Data collection and evaluation continues. Act-tools and education will be provided to all units.

Conclusion: Improvement occurred in both SBAR communication and inpatient readiness for surgery or invasive procedures. Using a standardized communication tool like SBAR provides a framework for effective communication between members of the healthcare team. Findings from this project revealed the importance of using SBAR and standardized guidelines to improve patient preparation for surgical or invasive procedures.