CARE REDESIGN
40. Patterns Of Closed-Loop Communication By Medical Teams During Simulated Emergencies

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Background: Poor communication contributes to dysfunctional teamwork. Closed-loop communication—the act of a sender transmitting a message, message acknowledgment by receiver, and confirmation by sender—may improve performance. The objective of this study was to investigate communication patterns of teams during simulated emergencies. Twenty teams participated in simulated hypotension and dyspnea medical emergencies at the BWH STRATUS Center for Medical Simulation. Closed-loop communication was defined as direct and indirect verbal communications; and direct vs. indirect communication were coded from video using a standardized assessment form. Participants BWH Internal Medicine interns (n=158). Results: A total of 230 instances of closed-loop communication were identified, of which 84% were verbal and 16% nonverbal. Of verbal communications, 44% were direct and 56% indirect. Direct communications comprised 72% of all communications. Indirect communications comprised 28% of all communications. Between-teammember differences in frequency of closed-loop communication existed. Conclusion: The most effective communication strategy was direct verbal communications. The next phase of research is to measure the impact of communication patterns on patient care.

41. A Population-Based Care Improvement Initiative for Patients at Risk for Delirium, Alcohol Withdrawal, and Suicide Harm (Jt Comm J Qual Patient Saf. 2015; 41(7):291-3)

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A population-based, hospital wide interdisciplinary care redesign at Brigham and Women’s Hospital was conducted to provide evidence-informed care for patients at risk for delirium, alcohol abuse, and suicide harm (DASH). The initiative involved enhanced screening and the introduction of new care management guidelines and order sets pertaining to the DASH diagnoses. METHODS: An interprofessional group from medicine, nursing, and psychiatry jointly led a hospital wide effort for the improvement of care and outcomes of patients presenting with DASH diagnoses. The care improvement process consisted of four phases: (1) development of guidelines, (2) implementation/rollout, (3) integration into practice, and (4) sustainability, including ongoing process development and evaluation. Results: Implementation outcomes were evaluated using eight parameters: accessibility, adoption, acceptability, feasibility, fidelity, implementation cost, penetration, and sustainability. Internal billing data and ICD-9-CM diagnostic codes were used to identify the DASH population. Approximately 20 percent of all patients admitted to a hospital have a mental health condition. A recent report by the Institute of Medicine warns there is a shortage of clinicians equipped to provide effective mental and geriatric care to patients in the general hospital setting. Patients often experience delirium, alcohol withdrawal and suicide harm. It has resulted in standardized assessments and clinical guidelines to guide care and improved outcomes— including a 9% reduction in 30-day readmission rates. Approximately 20 percent of all patients admitted to a hospital have a mental health condition. A recent report by the Institute of Medicine warns there is a shortage of clinicians equipped to provide effective mental and geriatric care to patients in the general hospital setting. Patients often experience delirium, alcohol withdrawal and suicide harm. It has resulted in standardized assessments and clinical guidelines to guide care and improved outcomes— including a 9% reduction in 30-day readmission rates.

42. Restructuring An Ambulatory ICU In A Large Academic Medical Center: Implementation Of A Multidisciplinary Complex Care Initiative To Manage High-Risk Diabetic Patients With Chronic Comorbidities

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Complex patients (e.g., endstage renal disease) often have multiple high-risk medical conditions and multiple medical problems. This novel care delivery model fosters collaborative learning by including students and multidisciplinary health care experts who identify and address shortcomings in failed complex care coordination programs, improve patient outcomes and increase organizational efficiency.