National Healthcare Communication Programme

MODULE 4

Communicating with Colleagues and Promoting Teamwork

General Acute

Deteriorating Patient Clinical Handover. (Slide 83)

Background

Mr Collins is a 60 year old school teacher. He lives with his wife Mary and is very independent. He was admitted to hospital 4 days ago for hernia repair and was due to be discharged this afternoon. He was found collapsed in the hospital bathroom by his wife Mary who has called the night nurse on duty.

Handover content

- Mr James Collins, DOB: 22.09.1961 MRN 764231 under the care of Professor Moylan.
- Day 4 post-operative hernia repair. The repair was uneventful and the patient was due to be discharged this afternoon.
- 5 minutes ago, at 23:00, the patient's wife Mary presses the call bell. You answer the call bell. Mary states that she found her husband collapsed in the bathroom.
- The patient is complaining of severe pleuritic chest pain.
- You check the patient's vitals and page the medical registrar.
- The patient's blood pressure is 100/80. His heart rate is 120 and his oxygen saturation level is 85%. His respiratory rate is 32 breaths per minute. The patient's early warning score (EWS) is 9.
- You place the patient on 100% rebreathable mask and his oxygen saturation levels improve to 91%.
- You ask a nursing colleague to stay with the patient and call the medical registrar.
- The risk is that there are currently no beds available in the high dependency unit (HDU).
- **Note:** The medical registrar asks the nurse to put in a cannula on the ward, to take some bloods and send them for D-dimer test. And to talk to the nursing supervisor in ICU about to possibility of securing a bed there.

Say something like

"Watch the following video and see how effective James' and Emers' clinical handover skills are as you watch this scenario"

Skills

- In this scenario James is anxious and begins the conversation by asking Emer to come down 'right away'.
- Emer uses good communication skills for building rapport **(introduces herself)** and **demonstrates empathy** by acknowledging that James must be 'under pressure' and then encourages James to introduce himself by saying… '*who am I speaking to?'.*
- Following this, James realises that he needs to give the medical registrar sufficient information to ensure that she will come and see his patient and commences the communication by **introducing himself and using ISBAR$_3$**.
- Emer uses good communication skills for **gathering information** at the start of the communication by allowing James to speak **uninterrupted** and encouraging him to continue speaking by using neutral phrases… *'mm-mm, yeah, ok, ah, ah'* during pauses, to demonstrate that she is listening.
- She also **asks some questions**… *'what are his saturation levels like?'* and *'what has been done for him?'* and in doing so, **demonstrates that she has been listening**. This also helps to improve the informational content of the handover and her overall understanding of the patient's situation.
- The communication ends with Emer **summarising** and **reading-back** the information to James to ensure that her understanding is correct; this read-back prompts Emer to **identify a risk** in this scenario… *'HDU... have no beds at the moment'...* and thus allows her to identify a suggested solution *'would you be able to speak to the nursing supervisor while I am coming down and see if there is an ICU bed'* and Emer will *'flag the case with the ICU consultant'…*
- James also **confirms his understanding** of the next steps… *'I am going to ring nursing administration…'*
- Again in this version, while James and Emer are using ISBAR$_3$, the communication is interactive, so Emer is not a passive recipient of handover information but works collaboratively with James to enhance the informational content of the communication. This is achieved through using a common agreed structure underpinned by good communication skills.

National Healthcare Communication Programme

ISBAR

Identification

Night nurse in Ward A and medical registrar on call. Patient's name is Mr James Collins (Jimmy) a 60 year old gentleman under the care of Professor Moylan. DOB 22.09.61. MRN 764231.

Situation

The patient was found collapsed in the bathroom 5 minutes ago by his wife Denise. Complaining of severe pleuritic chest pain, pain is rated at a 10/10 on the pain scale, tachypnea with a respiratory rate of 32 breaths per minute. Early Warning Score (EWS) of 9.

Background

Day 4 post incisional hernia repair which had been uneventful. Was due to be discharged this afternoon.

Assessment

The patient's blood pressure is 100/80. His heart rate is 120 beats per minute. His breathing is laboured with a respiratory rate of 32 and he is saturating at 85% on room air. The patient was placed on 100% rebreathable mask and his oxygen saturations improved to 91%. Looks pleuritic and the patient may have a pulmonary embolism. He has been given some pain relief and nursing staff are doing a 12 lead ECG test at present.

Recommendation, Read-back, Risk

Given his current EWS of 9 and the fact that it is getting progressively worse; he requires review by the medical registrar in accordance with the escalation protocol with a possible transfer to a higher level of care bed. The risk is the possible difficulty with getting a bed for the patient in high dependency unit (HDU).