

COMMUNICATING IN THE EMERGENCY DEPARTMENT

JILL BREKER, MANAGER, MEDICINE FLOORS
DARIN ABBEY, CNE, EMERGENCY DEPARTMENT
NANAIMO REGIONAL GENERAL HOSPITAL

A Strangers in Crisis Sampler

Utopia General?

What if you could:

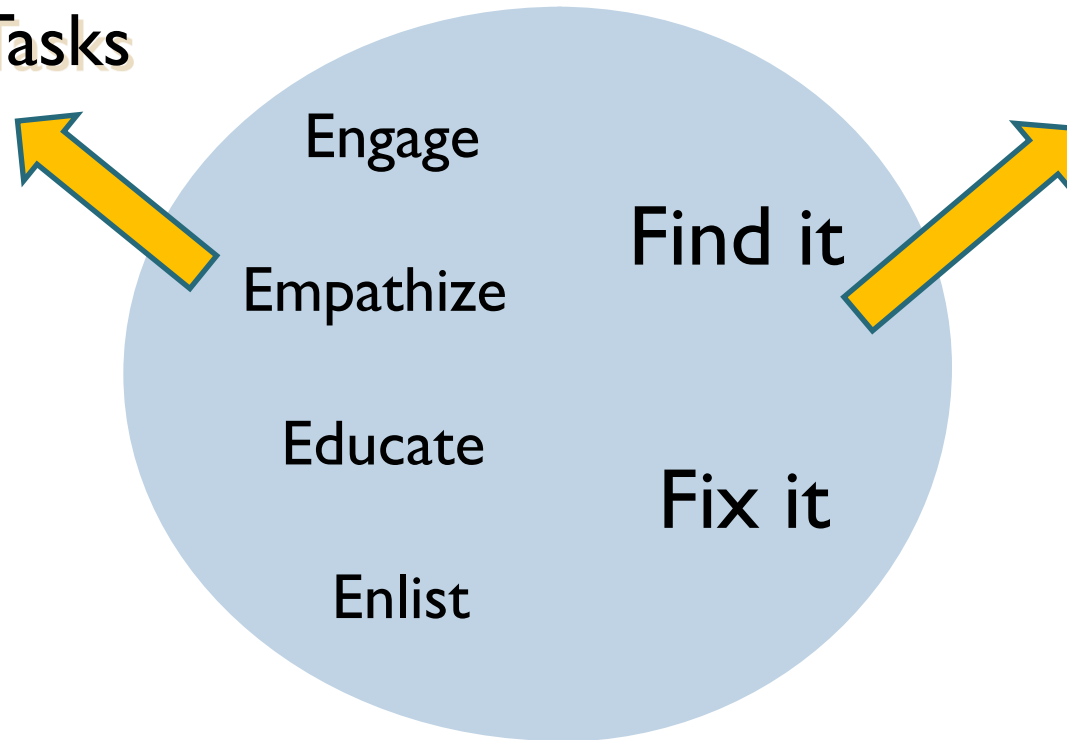
- ❑ Increased patient and clinician satisfaction
- ❑ Decreased staff burnout and turnover
- ❑ Decreased patient complaints
- ❑ Increased patient adherence
- ❑ Decreased return visits
- ❑ Decreased workload



Bridging the Gap...

Communication
Tasks

Biomedical
Tasks



Keller and Carroll, 1994

Communication as a Procedure

Consider
this...?

- Theory
- Preparation
- Practice
- Discomfort
- Feedback
- Novice to Expert

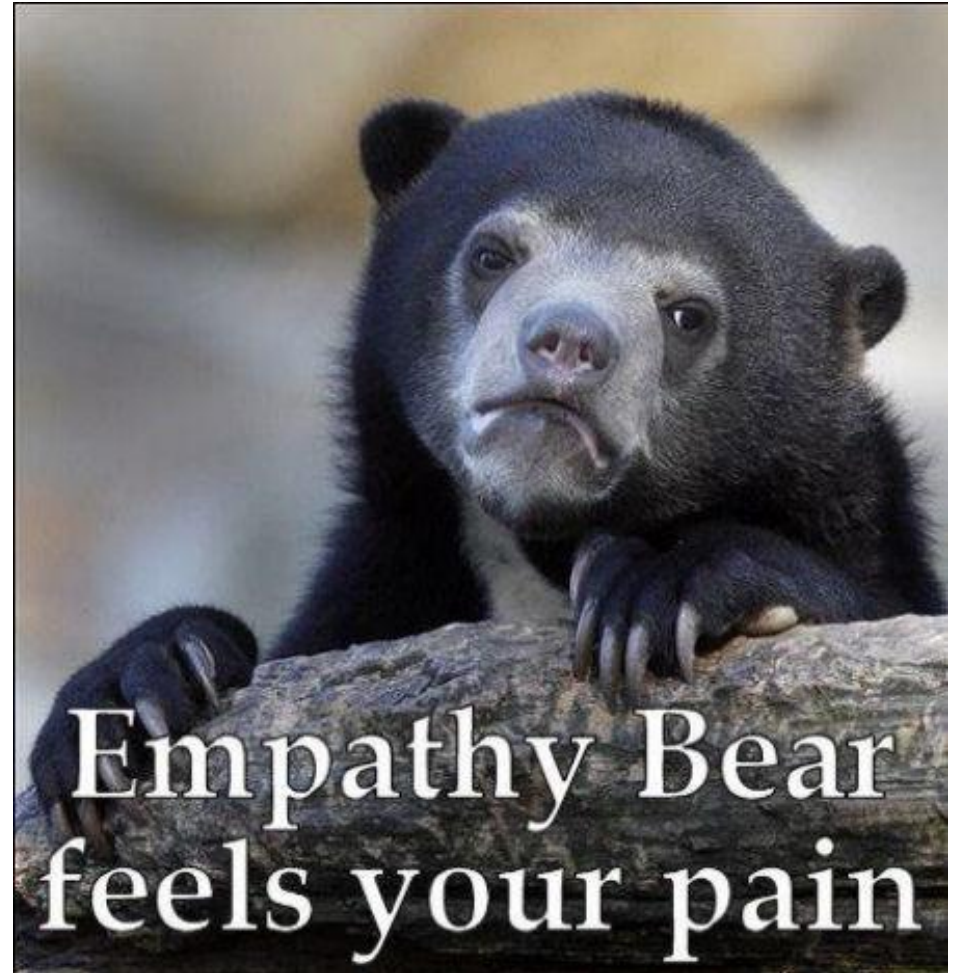
Engage

- Instant rapport
- UBC study
- Social niceties?
- The “Google” agenda

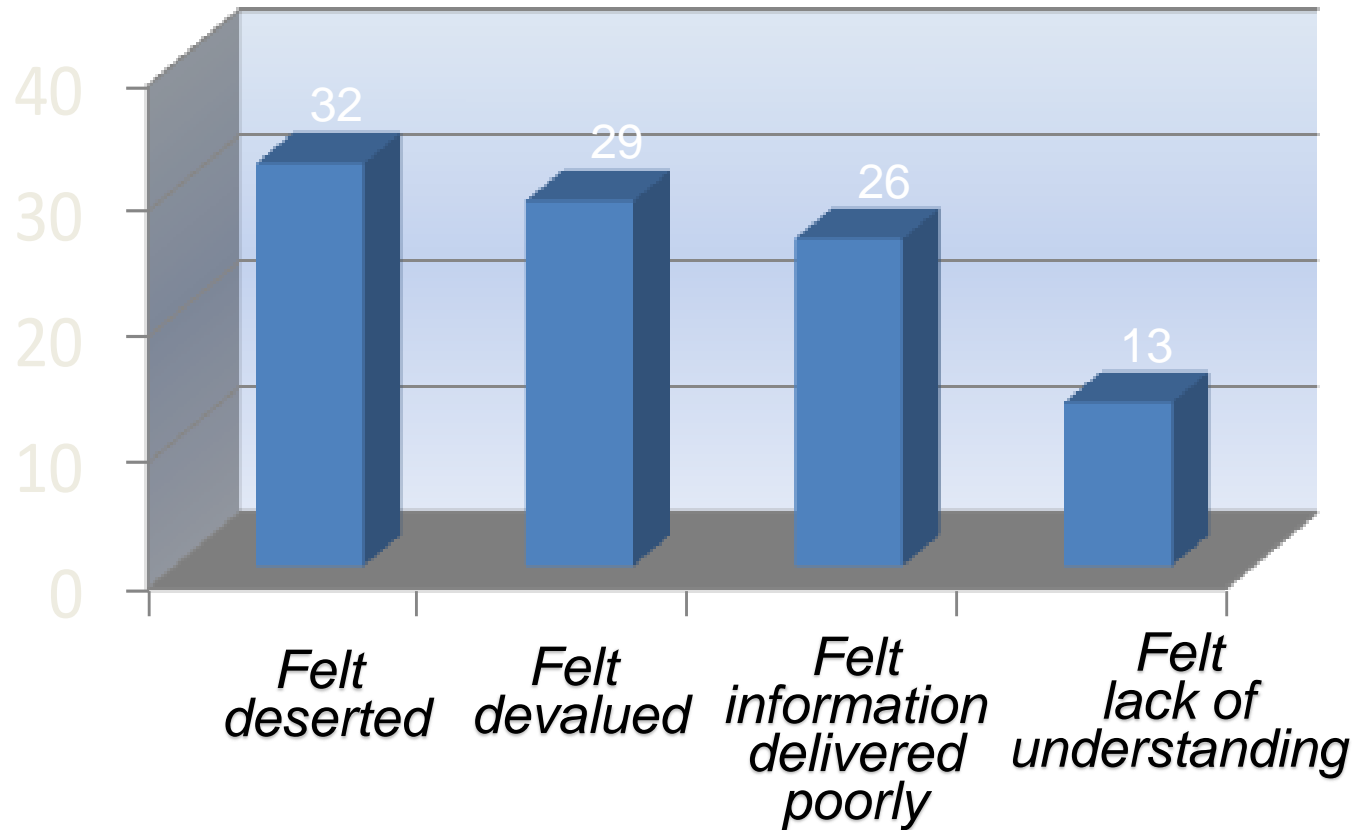


Empathy

- Who said that?
- Time-saver
- Get in early
- More impact than we realize?

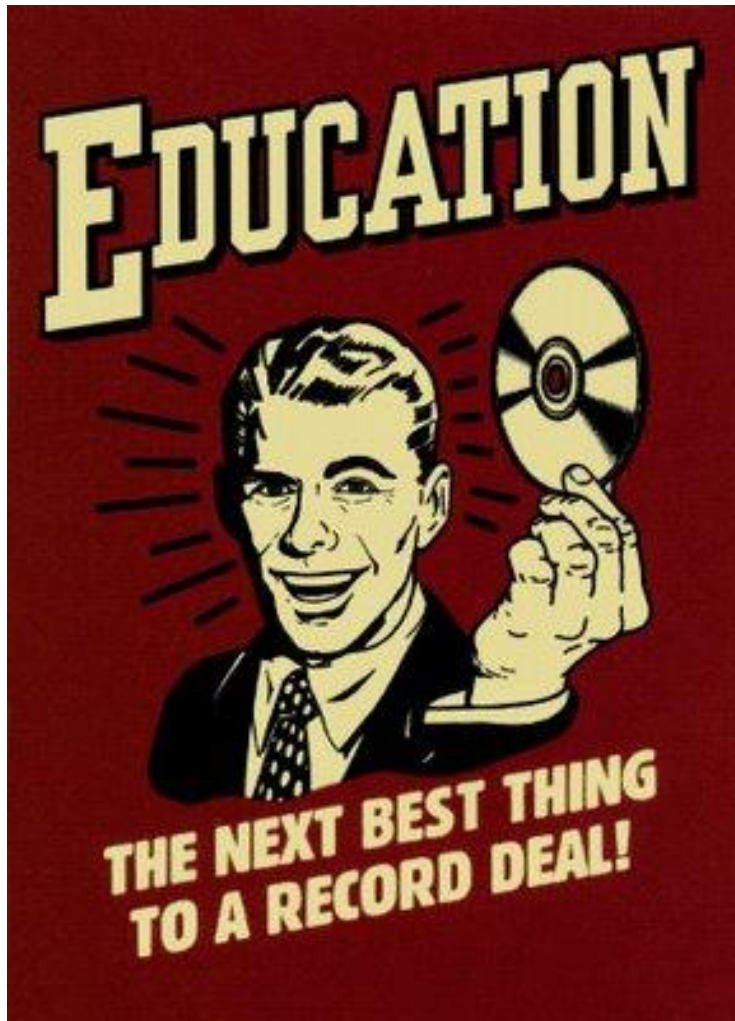


A Legal Crystal Ball?



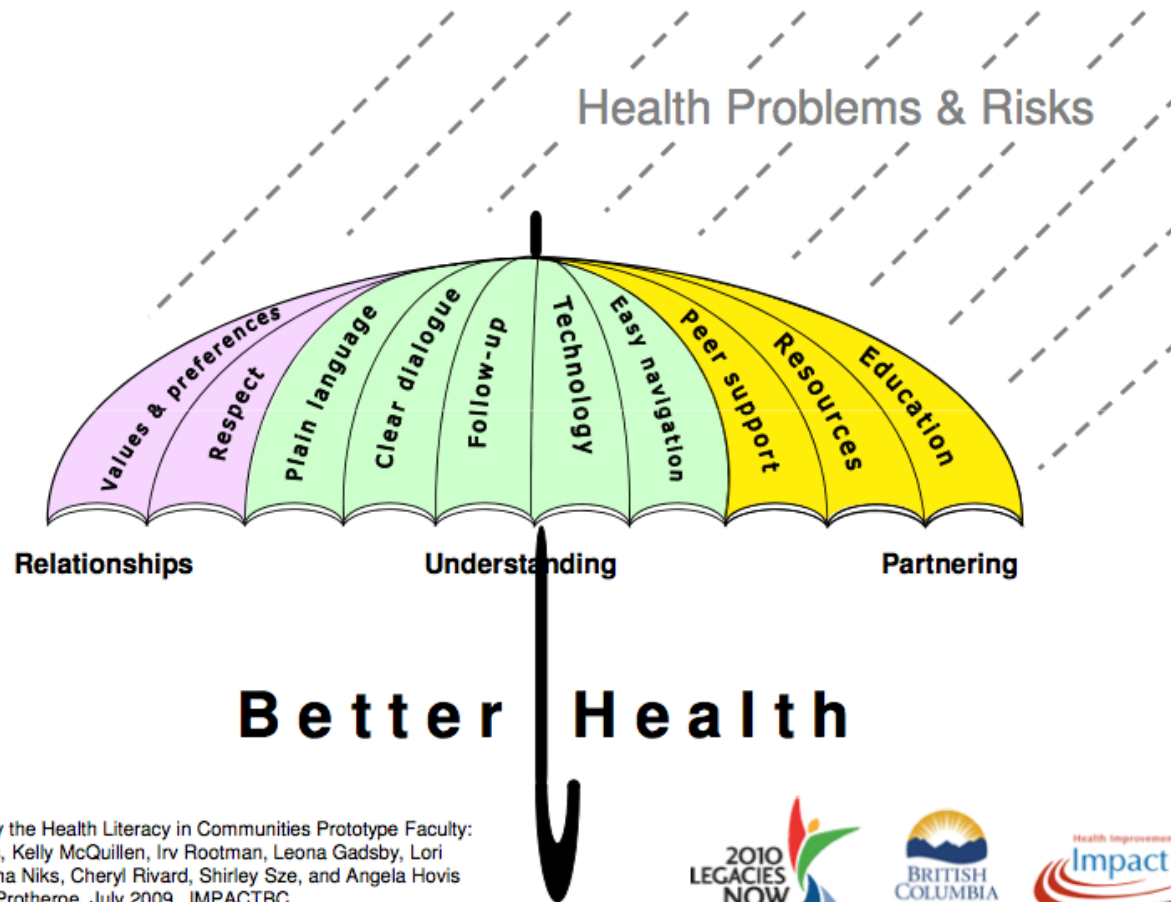
Beckman et al. 1994

Educate



- Health Literacy
- Ask-Tell-Ask
- Ask Me 3 or
It's Good to Ask

The Health Literacy Umbrella



Developed by the Health Literacy in Communities Prototype Faculty:
Connie Davis, Kelly McQuillen, Irv Rootman, Leona Gadsby, Lori Walker, Marina Niks, Cheryl Rivard, Shirley Sze, and Angela Hovis with Joanne Protheroe, July 2009. IMPACTBC.



Ask-Tell-Ask

Try this...?

ASK

TELL

ASK

- **Ask what the patient already knows**
- **Customize your message to the patients level of understanding**
- **Ask the patient to repeat key elements**

Kemp et. Al., 2008

ASK ME 3 & It's Good to Ask

- 1) What is my health problem?**
- 2) What do we need to know?**
- 3) Why do we need to do this?**



BC PATIENT SAFETY
& QUALITY COUNCIL

Working Together. Accelerating Improvement.

Enlist

“What else
needs to
happen?”

- Elicit everyone's agenda
- Identify and overcome obstacles
- Assure that everyone is on the same page

“We've
covered it
all!”

Making the Connection

Engage

Empathize

Educate

Enlist



- ✓ Increase patient adherence
- ✓ Decrease return visits
- ✓ Increase patient and clinician satisfaction
- ✓ Decrease staff burnout and turnover
- ✓ Decrease patient complaints and time spent managing them
- ✓ Decrease workload

Difficult Scenarios



Difficult Scenarios

Consider
this...?

People do not come to our
Emergency Departments.

We work in theirs!

Difficult Scenarios

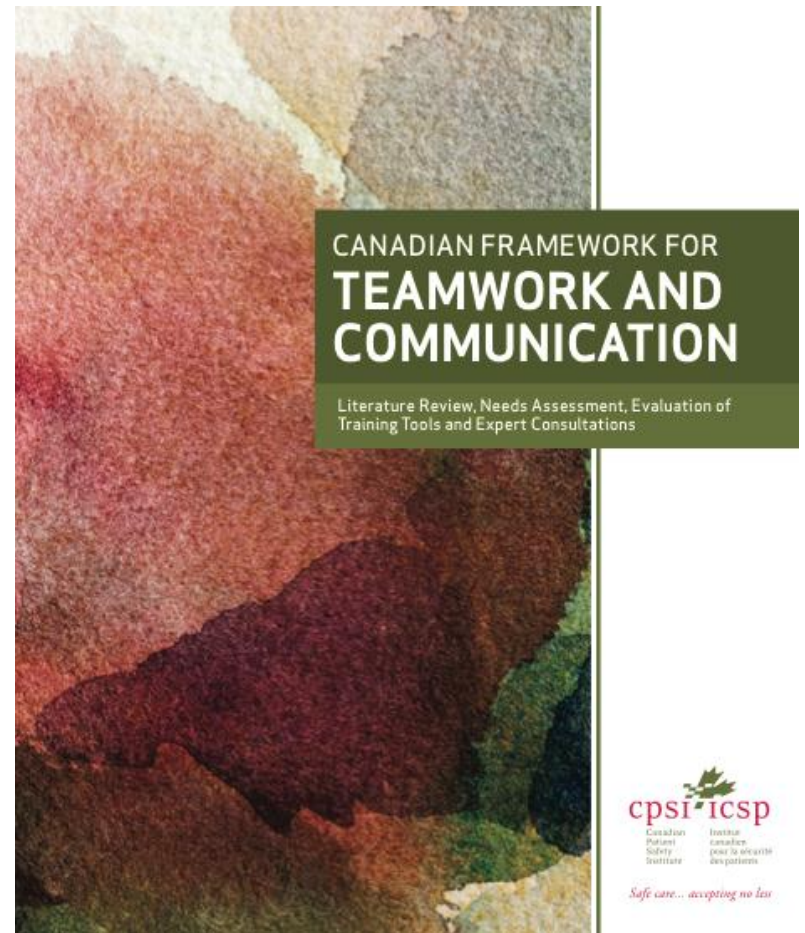
- Start with some acknowledgment
- What are my triggers?
- You can say “no”
- “Thank you” ≠ “You’re right”
- “I’m sorry” ≠ “It’s my fault”



Team Communication

“A Few Harmless
Flakes Working
Together Can
Unleash An
Avalanche of
Destruction”

Despair.com



Team Communication Tools

**Communication is
a procedure**

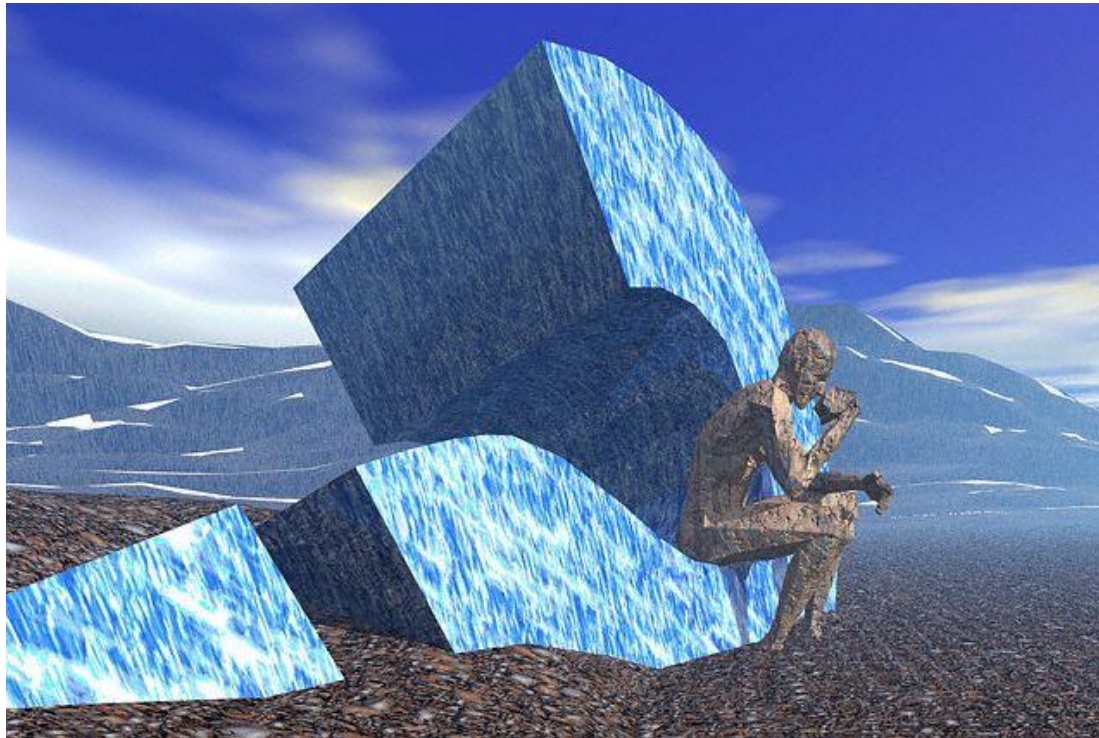
- SBARR
- CUS
- Check back
- Huddle
- Feedback

The “A-Team” Hypothesis



The “A-Team” Hypothesis

- $(\text{Throughput}) + (\text{X-factor}) = \text{Efficiency}^2 ?$
- The whole is greater than the sum of the parts



Summary



- Pick something and get started (sound familiar?)
- PDSAs!
- Patience
- Biomedical + Patient/Clinician
- “Both/And” not “Either/Or”

Thank You



Communicating In the Emergency Department

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Jill Breker, Manager, Medicine Floors

Darin Abbey, CNE, Emergency Department

Nanaimo Regional General Hospital