The Ideal Consultation: Communication & Teamwork

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Outline

- What do we mean by teamwork?
- What are the benefits of teams?
- How do you launch a team?
- How do we apply athletic principles to Teamwork and Consultations?
- What do consults have to do with teamwork?
- What are expectations of the
  - Consulting team
  - Consultant team
Everyone agrees our systems are not working.

- Institute of Medicine *To Err is Human* A call to action in 1999
- We have witnessed a decade of Brownian motion (no improvement)
- Trying harder is simply not enough
- We require a systematic approach to apply our huge scientific knowledge base
Teamwork

Root Causes of Sentinel Events

Communication
Assessment
Physical Environment
Information Management
Operative Care
Care Planning
Continuum of Care
Medication Use
Special Interventions
Anesthesia Care

TOTAL
Conditions in Academic Medical Centers that Increase Failures

- Lack of trust
- Lack of teamwork
- Dysfunctional customer-supplier relationships
- Complex patients requiring multiple specialists
- Fragmented care – failure to coordinate care
- Novice physicians
Why is teamwork poor?

- Silos
- Individual Agendas
- Group of Experts
- Disrespectful Communication
- Distrust
What Business Students Observed

- Working groups **not** working teams
- **Hierarchical** structure with the attending physician at the top
- **One-on-one** conversations (attending and trainee presenting the patient case), other members often distracted
- Case manager absent
- Nurses present on 2 of 4 groups (rarely spoke)
- Pharmacists present but never spoke
What Business Students Observed

– **No** formal process to launch the team
– **No** collective definition of goals
– **No** definition of performance metrics for the team as a whole
– **No** discussion of the decision making processes
– **No** established communication protocols
What Business Students Observed

• Team members changed frequently, every 2-4 weeks, and switched on weekends.
• The time per patient varied greatly.
  – Some patients received less attention than others, despite being equally sick. (One patient took 45 minutes leaving little time for other patients)
• Hallways were extremely noisy, making it difficult to hear important conversations.
Business Students’ Overall Impression

“ I hope I never have to be hospitalized!”
When is a Team Necessary?

- A clear task that requires multiple people with different skills to work together *interdependently* to achieve a collective outcome.
- In Surgery and Medicine (requires reciprocal interdependence)
  - Task: improving our patients’ health
  - Members
    - Physicians with different levels of training
    - Nurses
    - Students
    - Pharmacists
What conditions foster effective teamwork?

1. Compelling Goals

- Care that is:
  - Patient-centered
  - Highest Quality & Efficiency
  - Safe = Error-free
    (no unnecessary deaths or injuries)
- Measurable
  - Post-op infections
  - Post-op complications
2. Real Team

- **Bounded**
  - Can’t have people coming in and out
  - Specify a core team

- **Stable**
  - The longer together the better
  - Continual improvement over time

◆ **Right Players**
  Open, enthusiastic
  Problem solvers
John Wooden's PYRAMID OF SUCCESS

(adapted for Healthcare by Dr. F.S. Southwick)

SUCCESS

Professionalism
Always shows respect, integrity, compassion, & sensitivity

Patient care
Accurate medical knowledge
Exceptional understanding of basic and clinical science

Interpersonal skills
Effective relationships with patients and families, listens

Continual improvement
Incorporates feedback and technology to enhance your ability

System-based learning
Uses systems to reduce errors and improve

Medical knowledge
Inquisitiveness
Ask rigorous questions. Be skilled in scientific reasoning

Initiative
Summon the courage to make a decision and take action

Empathy
Compassion
Look through your patient's eyes. Show that you care

Self-Control
Practice self-discipline and keep emotions under control

Honesty
Truthfulness should always prevail. Tell it like it is, not how you wish it to be.

Friendship & Loyalty
Mutual esteem and respect loyal to the team & patients

Cooperation
Be interested in finding the best way, not in having your own way

Enthusiasm
You must enjoy what you do. You should love caring for your patients

Industriousness
Hard work results in worthwhile accomplishments
Team Number

5-7 Ideal

A) Potential Productivity

B) Process Losses

C) Actual Productivity

(adapted from Steiner, 1972)
Motivating Jobs

• **Task identity** – my job is clear
• **Task significance** – my job is important
• **Skill variety** – I am able to do many different things
• **Autonomy** – my opinion is important, people listen to me
• **Feedback** – I receive helpful and constructive critiques so I can improve
Horizontal Communication
(Not Top Down)

Establishes an atmosphere where everyone feels free to contribute.
Zone of Safety

YOU ARE ENTERING A SAFETY ZONE
On the Job Safety Begins Here

Every idea is a good idea
Feel safe to express your true opinions
RESPECT AT ALL TIMES
Communication Paramount
(Avoid Adversarial Communication)

Every idea is a good idea
Respect and team work are critical

Create a zone of safety
This is not a competition about who has the best idea
Communication must be horizontal
Disruptive Behavior

- Joint Commission Sentinel Event
- Downward cycle that destroys teams and systems of care
- Increases the risk of errors
Trust is critical for teamwork.
4. Supportive Resources

- Rewards
- Information
- Education
- Administrative backup
5. Coaching

- What went well?
- What could be improved?
Team Launch

Introductions
share strengths and weaknesses

Together create compelling goals

Define roles decide who will be doing what and when

Establish efficient communication

Motivate the team

Agree on how decisions will be made

Agree on behavioral norms

Create milestones for performance

Adapted from Rosabeth Moss Kanter, Teamwork Toolkit, Harvard Business School, 2010
Measurable Goal
Rounds < 2 hours
Ongoing dynamics

1. Information exchange – succinct and organized, shared with all team members (see http://gatorounds.med.ufl.edu)

2. Collaborative behavior - some level of task conflict boosts performance, avoid group think, need thick skin and/or skilled debaters, creative abrasiveness

3. Team identity
How do teams improve?

• Individuals learn from each other and grow
• Information systems provide meaningful feedback (LOS, Errors)
• Daily debriefing: What went well? What could we change? (+’s and Δ’ s)
• Coaching (most effective at midpoint)
• The longer a team stays together the better it performances.
Egg Shell
1. No ambiguity Every player knows his exact role
2. Exact timing, each play is described in complete detail
3. Stable relationships Handoff has to be perfect and players know how to work together
4. Learn and improve by doing
5. Constant Feedback from the coaches
6. Continuous change and improvement
Key Gator Athletic Principles

1. Playbooks

- Create mechanisms that integrate individual elements into a coherent whole
- Write out all procedures in extraordinary detail (rounding protocols)
- Forces everyone to completely understand the process and potential problems
Structure
3 Athletic Principles

1. Playbooks – everyone must know their roles
   - Attending = coach
   - Team resident = quarterback
   - Interns = running backs
   - Students = red shirt freshman
   - Nurses = offensive line
   - Case manager = assistant coach
   - Pharmacist = assistant coach

(see http://gatorounds.med.ufl.edu)
Gator athletic principles

2. Know whose throwing the ball and who is receiving (Stable Customer-supplier relationships must be specified)
   - Doctor - Patient
   - Doctor - Nurse
   - Case Manager-Physician Team
   - Attending - Residents Consultant - Ward service
Gator athletic principles

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Gator athletic principles

Handoffs must be simple and direct; relationships need to be positive and stable.

Time expectations for every response
- Consultant to primary team
- Co-management?
3. Game films
   What went well and what could be improved?
   Constantly review your performance
   Under the guidance of a coach
The Fundamentals

• Succinct and Accurate Communication
  – Problem-based SOAP + disposition
    • **Subjective** – patient complaints
    • **Objective** – vital signs, physical findings and lab findings related to active problems
    • **Assessment** – What do you think is going on? Differential diagnosis when appropriate
    • **Plans** – What are you management plans for the day?
    • **Disposition** – What are the plans for discharge?
The Fundamentals

– **SBAR** use when there is an unexpected event

  • **Situation** – What unexpected new symptom or sign happened?
  • **Background** – Why was the patient hospitalized, what underlying problems does he or she have
  • **Assessment** – Important physical findings, severity of illness, recent study results
  • **Recommendations** – Do you think the patient requires re-exploration, placement in ICU?
The Huddle

- Everyone hears the same thing at the same time
- Shared mental model
- Emphasizes a team approach
- Always use on work rounds
- Also huddle to share new information vital to the team.
The team listens closely to each other and the coach. They want to win!
Ideal Interdisciplinary Work Rounds

- http://www.youtube.com/watch?v=0dHxB8Vih1g
• Goal <120 min
• Ctl = 126 min
• Exp = 110 min
Shorter Length of Stay

20% Reduction in LOS  
(improved efficiency)

Reduced Readmissions

30% Reduction in 30-day Readmissions  
(improved quality)
Satisfaction

- Attending
  - Overall
  - Efficiency
  - Teaching time
  - Standardized

- Residents
  - Overall
  - Efficiency
Satisfaction

• Students
  • Overall
  • Efficiency
  • Integrated
  • Teaching time
• Teaching level appropriate
Satisfaction

• Nurses
  • Physician responsive
  • Sufficient contact
  • Addressing patient needs
  • Respect

• Patients
  – Overall
  $4.0 \pm 0.1$ vs $4.3 \pm 0.1$ (p = 0.076)
Consultation

• One of the most important customer-supplier relationships in any tertiary hospital
  – Specific time and content expectations
  – Accurate handoff
  – No ambiguity
When you call a consult

• You are asking the consulting team to temporarily join your team.
• What do you expect of these team members?

Primary team  Consulting team
Why should you call a consult?

• We are a tertiary care hospital. Patients are referred by experienced physicians
  – Doesn’t a referral deserve input from a subspecialist?

• If the patient has a subspecialty related complaint (Chest pain = cardiology)

• Complex patient with an unclear diagnosis. Important to coordinate the input of subspecialists (combined meeting or sharing of ideas by email)

• If you frame a question properly you can learn a great deal.
Obligations of the Consulting Physician

• Clearly define the question you are asking
  – When possible read about your patient
  – Ask informed questions
  – You need to know the key details of your patient

• Consult early in the day (before 12 noon) and early in the hospitalization
  – Consult can save time by suggesting the key tests and key therapies
  – 1 PM every day attending rounds start making late consults difficult to complete.
Obligations of the Consulting Physician

- You are entering an **informal contract**
- Follow the recommendations of the expert consultant.
- **Ignoring** the consult’s recommendations denies your patient the expertise of the expert.
- If the team does not agree with the consultant’s recommendations, the attending is obligated to immediately contact the consultant.
Expectations for Subspecialty Consultation

• Communication must be respectful
• Members of the healthcare team need to trust each other.
• Without trust and respect, there cannot be teamwork, and the care of our patients will suffer.
• Disagreements are quickly detected by patients
  – Can lead to patient distrust of the healthcare system and of the physicians.
Obligations of the Consultant

- Act as a supplier of a service and make every effort to please the customer (consulting team).
- Respond within 12 hours of a request, and in a true emergency within one hour (example: ER consults).
- Recommendations need to be logical, practical, and based on an accurate assessment of the data.
- Respond quickly to any concerns or questions by the team.
- Follow-up visits on all cases in which problems remain active and are evolving.
- Agree to co-management for complex evolving cases.
Obligations of the Consultant

- Communicate with the attending and house staff responsible for the patient’s care.
- Provide contact information that will enhance attending-to-attending communication.
Date/time 10/27/09 (false date) 6:10 PM  

**INFECTIOUS DISEASES ATTENDING**  
I have examined Mr. Jones (false name) and obtained a history. I agree with Dr. Ravi’s findings, assessment and recommendations.  
We are seeing this 45 yo BM (false age) to assist in management of his polymicrobial Gram-negative bacteremia.  
**Key Historical Points**  
- No prior medical history.  
- 1 month prior to admission he began experiencing left calf pain.  
- 9-19 Admitted to AGH with lethargy and respiratory failure and found to have a saddle pulmonary embolus. Transferred to Shands from thrombectomy that was performed emergently.  
- 9-21 An IVC filter was also placed.  
- 9-23 Fever to 39.4, WBC 12K, HR elevated. Urine negative, CXR, WNL, BC X 2 positive for Enterobacter aerogenes and Serratia. Cefepime and ciprofloxacin were initiated.  
- 9-24 35.4 temp, 9-25 BC x 1 Gram negative rods to be identified.  
- 9-26 thru 9-27 afebrile, but 9-28 Temp 39.5, BC x 3 2 sets positive for Gram negative rods. He only reports chills, no abdominal pain, appetite is excellent, and he has had several loose bowel movements.  
- 9-29 Vancomycin was added to his antibiotic regimen  
- SH works as a clerk at an attorney’s office.  

**Key Findings**  
- Tmax: 39.4 last night. Now afebrile HR 80s BP 130/80 G2 sat normal on RA  
- WBC 11.4 (77% PMN) Hct 43 Pts 292 BUN 8 SCreat 1.09 LFT T bill 0.4 AlkPhos 102 AST/ALT 95/112 (down from 9-19), 9-19 Urine culture: mixed flora  
- CT scan PE study no infiltrates  
- Microbiology Enterobacter aerogenes S ceftriaxone, cefepime, cipro. Resistant to emp and ancef. Serratia S cefepime, cipro, third generation cephalosporins.  

**IMPRESSIONS:** It is most likely he has a septic thrombophlebitis resulting persistent and high grade bacteremia. Abdominal abscesses are rarely associated with such high grade bacteremia and Serratia would be an unusual bacteria to be part of the normal bowel flora. This is a hospital-acquired pathogen that is most likely to have been introduced by an intravenous device. It is most likely that he has septic phlebitis of his right upper arm.  

**RECOMMENDATIONS:** Dx: Follow up blood cultures to document sterilization, Doppler of the right arm to exclude an area of vein occlusion and thickening. Doubt abdominal CT will demonstrate an abscess, given his benign abdominal exam. Would consult vascular surgery to consider exploration of his upper arm vein, if bacteremia fails to clear on appropriate antibiotics.  
 Rx: Cefepime 2 gm Q8H is the drug of choice. Double coverage is of no proven benefit.  
Frederick Southwick
Obligations of Both

• Respectful behavior and constructive communication are vital. When a disagreement persists, compromise. Avoid “chart wars”.

• Constructive feedback is vital in order to improve our systems of care. If you are unhappy with a specific consultation, contact the Chief of the Division or Department responsible for providing this service. (Game films)

• The consultants must respond to constructive feedback in order to improve their service.
When Consultations are Effective

- Patients receive the expert management they expect from a UF-Health
- Effective consults can lead to more effective and efficient care
- Timely consults shorten hospital stays
- Serve to teach the entire team
Conclusions

Teamwork Requires

1. Specific agreed upon goals
2. Bounded team with the right players
3. Sufficient structure and norms
4. Supportive resources
   1. Rewards for performance
   2. Information for performance feedback
5. Coaching to manage ongoing dynamics, encourage daily debriefing
Conclusions

Consultation

• A request of a subspecialist to join your team (an informal contract)
• Expectations
  – Early request & clear question
  – Timely response & clear answer
  – Follow the recommendations for you patients sake
Final Thoughts

“The secret of the care of the patient is caring for the patient” Dr. Francis Peabody
Boston City Hospital, 1925

In 1925 it took a caring physician, today it takes a caring team.