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MHP: Communication

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Objectives

- 1. Discuss the importance of communication in a MHP*
- 2. Identify method of activating an MHP (overhead, text page, call to blood bank)*
- 3. Discuss the options for improving communication during a MHP*

Why Communication is Important?

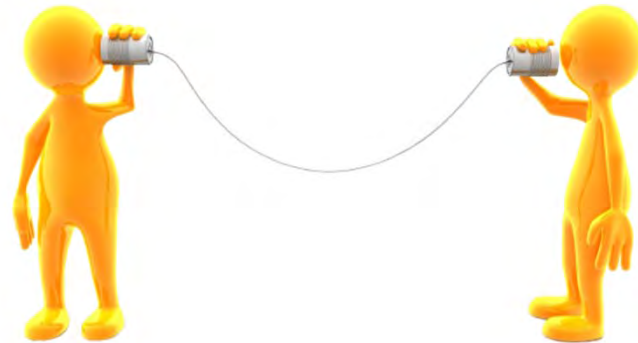
- Teamwork requires co-operation, co-ordination and communication between members in order to achieve desired outcome
- Communication is essential for a optimum team performance and ultimately effective patient care
- Communication builds and maintains relationships
- Communication failure is detrimental to patient safety
 - 80% of serious medical errors take place because of miscommunication between providers
 - Communication lapses during patient care transitions are frequent and may result in patient harm

Why Communication Fails?

- Lack of understanding of members' roles and perspectives
- Professional silos and hierarchies
- Individuals on the team change and may have different levels of experience with MHP
- Geographically distributed and/or mobile team
- Lack of effective means to communicate

Communication Plan

- MHP should include a list of team members and their roles and responsibilities and a communication plan
 - How to activate/deactivate MHP
 - What communication, to whom and by what means during MHP



MHP Activation

- No established standard of care, limited literature
- Significant variability in how MHP is being activated (based on the survey and literature)
 - “a la carte”: individual phone calls, ex. to Transfusion Medicine, Core Lab, etc.
 - Not efficient and prone to omission errors
 - Order: CPOE, written or verbal/telephone order
 - Code: Silent vs. overhead
 - Pros and cons:
 - Silent – less noise pollution
 - Overhead – may bring in more help

MHP Activation

- Survey of US level 1 trauma centres, 43/121 responses
 - Current state
 - CPOE 48.8%
 - Verbal/telephone 86.1%
 - Written 44.2%
 - Preferred method
 - Verbal/telephone (97.6% agreement)

MHP Activation: What should be done?

- MHP should be a code
 - MD calls locating code line to initiate MHP
 - Overhead/silent code is initiated
 - Locating
 - alerts Core Lab, RT and porter
 - connects MD to Transfusion Medicine Lab
 - summons additional resources if requested by the clinical team

Communication: When and What?

- MHP activation/deactivation
- Patient location and status change
- Sign-over at critical patient care points
 - Reassessment vs. resuscitation goals
- TM lab-specific
 - Switching blood group
 - TM lab inventory concerns
 - Off-label or inappropriate use
 - Lack of appropriate use of blood components or products

Communication: When and What?

- Most labs will communicate verbally only critical results
 - May not need to call with every result –
distracting to clinical team and time consuming to the lab
 - Dangerous to rely solely on electronic information system to convey results, especially critical ones

Communication: How?

- Verbal communication is key
- Most commonly TM Labs and Core Labs communicate by calling a phone extension or faxing results
- However, a massively bleeding patient and his/her clinical team are mobile (transfer to critical care, OR or angiography) and information does not reach those who need it
 - Consider an MHP cell phone, radio or another mobile communication device

Communication: How?

- Clinical team members communicate verbally and by written/electronic notes
 - Consider developing a clearly identifiable and itemized MHP record, with appropriate checklists/decision support to guide care
 - Consider regular (hourly?) time-outs
- TM lab should keep a paper/electronic record of issues, returns and wastage during MHP

Where Does Communication Fail?

- Systematic review of articles on handovers
 - 20 studies addressed communication errors
 - omission of detailed patient information including **anticipatory guidance** during handovers was the greatest problem
 - this deficiency could be partly overcome by
 - structuring and systematizing the information (e.g. according to Situation, Background, Assessment and Recommendation schema (SBAR)), and/or
 - employing electronic tools integrated in electronic records systems

Communication: Who?

- Need to connect clinical team members, Core Lab, TM lab and porter (plus others if necessary)
- To avoid confusion and to ensure consistency, consider:
 - designating one health care professional on MHP team as a liaison between the clinical team and other areas (ex. labs)
 - designating one MLT in TM as a liaison between TM lab and the clinical team
 - designating one health care professional on MHP team as a recorder to keep track of interventions

Conclusions

- Communication is very important
- MHP should be a code
- Verbal communication is key
- Include a communication plan in your MHP
 - What and when
 - Who and how



COMMUNICATION

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