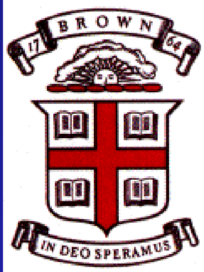


Transitions in Care and Authority Gradients

Contributions from Center for Safety in Emergency Care (CSEC)
Chris Beach MD , Ravi Behara PhD, Pat Croskerry MD PhD,
Eric Eisenberg PhD, Lexa Murphy PhD, Shawna J Perry MD,
Marc J Shapiro MD, Mary Vanderhoef MSN, Robert R. Wears MD, MS

Purpose

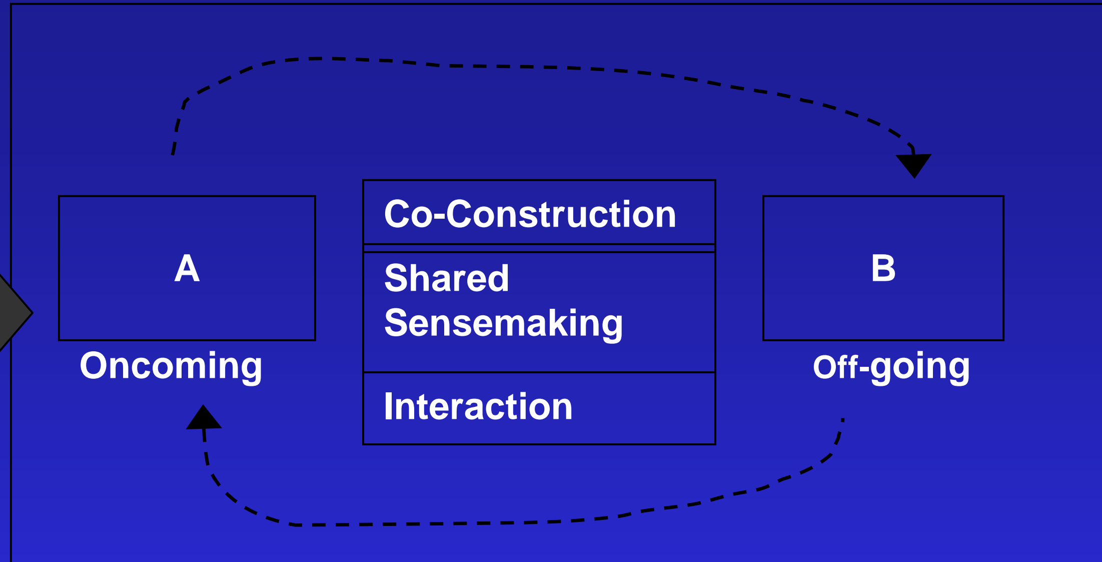
- Transfer of clinical information
- Transfer of responsibility and authority
- Overall situational awareness of clinical setting (volume, resources, staffing etc.)
- Forum for review of decision making?
- Error prevention

Expectations for future
Information
Contingency plans
Turnover Content
Authority*
Attitudes towards changes in plan
Responsibility
Confidence in current understanding
Recent history of attempts at process control

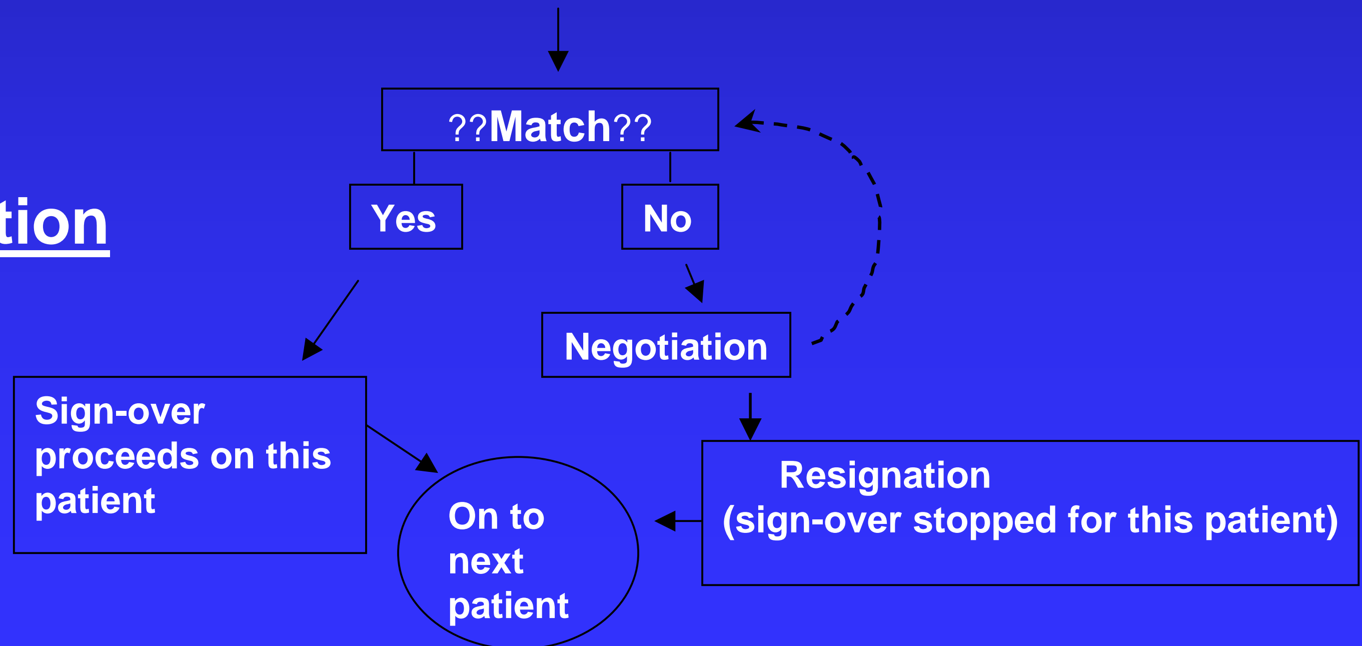
Factors Influencing Transition:

Hospital Factors
ED Factors
Credibility
Competency
Perceptions/
Roles

Limited co-presence



Co-Orientation



Transitions: Present Weaknesses

- Limited investigations in Medicine to create minimum standard literature in other industry
- No education for residents
- Not customized to setting or function
  - -patient acuity
  - -medical specialty
  - -short term coverage or patient transfer
- Individual not team activity
- Encounter is variable in terms of :
  - -Content
  - -Format
  - -Structure
  - -Personnel
  - -Tools used

Potential Threats to High Quality Transitions

- Traditional Patient Presentation
  - Diagnosis oriented
  - Lacks process issues (pending tests or tasks)
  - Transactional not interactive (one way data transfer)
- Interruptions
  - Incomplete or inaccurate data
- Patients labeled
  - Cognitive bias may limit work up
  - High risk groups
    - Psychiatric, substance abuse, frequent fliers

Focus on Enhancement

Patterson (2004), INTERNATIONAL JOURNAL OF QUALITY IN HEALTHCARE. VOL.16, NO 2 p125-132

- Focus on enhancement rather than control of the process
- 21 strategies for improving effectiveness (across all sites, differing domains)

Suggested Strategies for Improvement

- Face to face verbal update w/ interactive questioning
- Topics initiated by incoming as well as outgoing
- Additional update from practitioners other than the one being replaced (nurses, etc)
- Limited interruptions during update
- Limit initiation of operator actions during update
- Include out-going team's stance toward changes to plans and contingency plans
- Readback to ensure that information was accurately received

Strategies for Improvement (cont.)

- Out-going writes summary before handoff
  - IT support?
- Incoming assesses current status
- Update information in the same order every time
- Incoming activities
  - scans historical data before update
  - reviews automatically captured changes to sensor-derived data before update
- Intermittent monitoring of system status while "on-call"
- Out-going has knowledge of previous shift activities

Strategies for Improvement (cont.)

- Incoming receives paperwork that includes handwritten annotations
- Incoming receives primary access to the up-to date information
- Unambiguous transfer of responsibility
- Make it clear to others at a glance which personnel are responsible for which duties at a particular time
- Overhear others updates
- Outgoing oversees incomings work following update
- Dealt the transfer of responsibility when concerned about status/stability of process

Authority Gradients

Authority Gradients

- Long recognized in aviation and aerospace
  - 40% junior officers report failure to relay doubts
  - Factor in Challenger disaster
- Introduced to medicine in IOM report
  - "To Err is Human"
- Little in medical literature

Authority Gradient in Medicine

- Medicine steep hierarchy
  - Promotes safety
  - Contributes to error
- Authority gradient
  - Different seniority of team members
  - Higher seniority wield influence
- Conflicts
  - Impede free flow of information
  - Decrease team performance
- High profile cases in medicine

Medical Education

- Focus on knowledge acquisition
- Neglect interpersonal skills
- Lack Patient Safety Curriculum
  - Teamwork training
  - Conflict Resolution
    - Structure
    - Formal communication skills

Clinician Attitudes About Teamwork

- Operating Room (Sexton JB et al. BMJ. 320(7237):745-9, 2000 Mar 18.)
  - Only 55% of consultant surgeons rejected steep hierarchies
  - Minority of Anesthesia and Nursing reported high levels of teamwork
- Critical Care (Thomas EJ et al. Crit Care Med. 2003 Mar;31(3):992-3)
  - Discrepant attitudes between physician and nurses about teamwork
    - 73% physicians “High” or “Very High”
    - 33% nurses “High” or “Very High”

Conflict in Roles

- Resident Physician
  - -Personal accountability to patient
  - -Fear of error
  - -Focus on limited patient
- Attending Physician
  - -Management of overall system
  - -Assuage fear
  - -Prioritize effort

Conflict Between Specialties

- Daily occurrence
- Not usually resolved constructively
  - Compromise
  - Avoidance
  - Accommodation
  - Dominance
- Put patient at center not your ego
- Structure for resolving conflict

Conflict Resolution: DESC^2 SCRIPT

Describe the specific situation or behavior providing concrete data.

Express your concerns about the action.

Suggest other alternatives and seek agreement.

Consequences should be stated in terms of impact on performance goals.

Consensus should be obtained with a focus on patient outcome.

Reproduced with permission (DRC). Emergency Team Coordination Course- Student Guide. Locke A (Ed.). Andover MA: Dynamics Research Corporation, 1997, p1-11.

Practical Solutions: How to Challenge?

- New Lexicon
  - Increasing threat
    - “How might I recognize this complication”
    - “I’m worried”
    - “Something is wrong”
- Cultural Change
  - Value all team members
  - Expectation to speak up
  - Formal structure for challenge

Organizational Solutions

- Military and Aviation
  - Safety can take precedence over rank
  - Formal Teamwork Training
- Business
  - Emotional Intelligence
- Medicine
  - Change in medical education
  - Organizational/Hospital system change
  - Cultural Change