Night-time Resident and Nurse Communication on the General Medicine Ward and Implications on Patient Safety

Introduction
Abundant literature shows physicians and nurses struggle to communicate clearly with one another regarding all aspects of patient care1-4. Like many other clinical scenarios, the night float rotation on general medicine wards can be an area where communication difficulties are more evident. The aim of this study was to evaluate the effectiveness of communication between night float residents and night nursing staff on a general medicine ward and determine what effect communication may have on clinical outcomes for patients cared for by night float residents compared to staff nocturnals.

Methods
Nursing Survey
To evaluate the effectiveness of nurse-resident communication, we developed and administered a questionnaire to all night-time nurses wherein they were asked to evaluate a specific interaction with an internal medicine intern during their current shift, and also answer more general questions about their past interactions with night float interns and residents.

Intern Survey and Assessment
Trainees were directly assessed by a supervising resident who observed a night float intern respond to a randomly selected page via speakerphone. Following the call, the intern was asked to self-assess the effectiveness of their communication as well as that of the nurse. The resident evaluated the same interaction, noting any barriers to optimal communication.

Retrospective Chart Review
A retrospective chart review of all patients cared for on a medical teaching or staff hospitalist service between July 1, 2013 and June 30, 2014 was conducted, and rates of rapid response team (RRT) activations, codes, and ICU transfers between these two services were assessed and compared.

Results
There were 37 nursing questionnaire responses and 22 intern assessments completed. Nurses felt significantly (Figure 1) better about communication when it occurred face-to-face compared to over the phone. Only 1 of 22 intern assessments graded their communication as less adequate than the nurse (Figure 2). Several barriers were identified by residents and nurses including communication style, availability of pertinent patient information during interactions, and philosophy of residents to defer major management changes until the day shift (Figure 3). After adjusting for average daily census, the retrospective chart review revealed a 3-5 fold increase in RRT and ICU transfers in the first hours of the day compared to that of the staff hospitalist service (Figure 4).

Conclusions
These data emphasize that communication between nurses and residents during the night shift is in need of improvement, with more face-to-face interaction being an important element. Additionally, the data also may corroborate the suggestion by nursing that the resident tendency to defer management decisions overnight contributes to an increased frequency of RRT and ICU transfers the following morning. Our future efforts will focus on interventions to provide more structure to nurse-physician communication, and create a system of scheduled nighttime rounding to allow nurses to batch less urgent pages and facilitate more face-to-face communication between the two groups. These interventions have been previously employed in other institutions and have demonstrated improved mortality and reduced interruptions to providers5-6. Finally, the literature has shown that lack of facial recognition of nurses and residents is another barrier to face-to-face communication1. We will attempt to remedy this by creating pictures of each resident and nurse that will be posted next to their patient bed assignment on each ward. We hypothesize that this will foster a sense of teamwork and collaboration between nursing and physicians, and make both more likely to seek opportunities for face-to-face communication.

Take Home Points
- Inadequate communication between residents and nurses is common
- Common barriers include communication style, information, and culture
- Face-to-face communication improves perception from nurses
- Communication regarding clinical change or update requires more framework
- Efforts to increase face-to-face communication and structure to interactions are being implemented and studied

References: