

# Communication with Physicians: It Can Be a Sticky Situation

## -Results of a Pilot Communication Tool within Cerner-

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### Background

Prior to Lawrence Memorial Hospital (LMH) implementing Computerized Physician Order Entry (CPOE) the pharmacy staff used "Blue Notes" located within the patient's paper chart to communicate non-urgent medication issues with prescribers. After going live with CPOE on March 23, 2010 there was a need amongst the pharmacy staff to have the capabilities of "Blue Notes" within the Cerner system. To address this deficiency LMH implemented Sticky Notes, an electronic communication tool within Cerner in September of 2010.

A known deficiency of "Blue Notes" was the lack of a consistent format and variability between authors. SBAR (Situation, Background, Assessment, Recommendation) is the standard format for communication at LMH and multiple studies<sup>1,2</sup> support its clinical effectiveness. It was chosen as the communication tool for Sticky Notes. Predefined situations for contact were created in a fashion similar those utilized in "Blue Notes" to ensure proper use and prevent excessive use.

This poster will detail the implementation of Sticky Notes and the measures taken to address formatting deficiencies identified within "Blue Notes".

1.) Haig KM, Sutton S, Whittington J. SBAR: A shared mental model for improving communication between clinicians. *Joint Commission Journal on Quality and Patient Safety* 2006; 32 (3): 167-175.  
2.) Leonard M, Graham S, Bonacum D. The human factor: the critical importance of effective teamwork and communication in providing safe care. *Qual Saf Health Care* 2004; 13: i85-i90.

### Purpose

The purpose of Sticky Notes was to increase efficiency in communicating non-critical medication issues between pharmacy and prescribers. To account for and prevent excessive use, predefined situations for contact were created. To provide a standardized form of communication, a known deficiency of "Blue Notes", the SBAR format was chosen. The pharmacy staff were trained to provide consistency amongst writers.

We have collected and will continue to collect data to provide objective results, identify areas for improvement, dictate modifications and support the hospital using Sticky Notes.

### Criteria

#### Inclusion:

- Any Sticky Note posted in the EMR and copied into the data collection access database

#### Exclusion:

- Sticky Notes posted by the reviewers were not included in the analysis of compliance to SBAR

### Methods

#### Administration

Presented the Sticky Note implementation plan to the Medical Informatics Committee (MIC). Obtained approval from the MIC to implement Sticky Notes and determined go-live date.

#### Pharmacy Staff

#### Training

- Prepared a document detailing the following about SBAR:
    - Define SBAR
    - Operational definitions for:
      - Situation: reason for communication, initials, MRN
      - Background: list pertinent clinical details (i.e. PMH, laboratory values, vital signs)
        - Section 1: Adequate background information
        - Section 2: Pertinent clinical details
      - Assessment: evaluate the background
      - Recommendation: proposed changes with specifications (i.e. drug, formulation, dose, route, and frequency)
    - Format: Compliance with SBAR, author's name, call back number
  - Purposes
  - Proposed benefits
  - Examples
  - Published articles
- Pharmacy staff education required and individualized feedback provided
  - Prepared templates for the more commonly used situations to encourage use
  - Instructed to document Sticky Notes into the pharmacy database

#### Quality Assessment

- Data collected and assessed:
  - Compliance to SBAR operational definitions
  - Type of intervention
  - Responding prescriber
  - Prescriber response
  - Response time
- Performed an audit and presented the findings at a pharmacy clinical conference meeting
  - Requested that pharmacy staff follow upon Sticky Notes pending for 48 hours

#### Medical Staff

#### Training

- Sent out a Staff Memo with the purpose of:
  - Explaining Sticky Notes
  - Communicating the go-live date
  - Providing contact information for any questions
- Provided handouts to the Medical Staff containing:
  - Predefined uses
  - Screen shots of Sticky Notes
- Responded to prescriber emails and provided individual instruction as requested

#### Quality Assessment

- Survey created to assess prescribers perception:
    - The use of Sticky Notes\*
      - Is the SBAR format being used appropriately?
      - Is the SBAR format adequately standardized?
      - Are Sticky Notes optimizing communication between you and the pharmacy staff?
      - Do you feel the standardized communication has improved the care your patients have received?
    - Are there any other situations in which you would like to see Sticky Notes being used?
    - Any other comments or concerns?
- \* Likert Scale was used

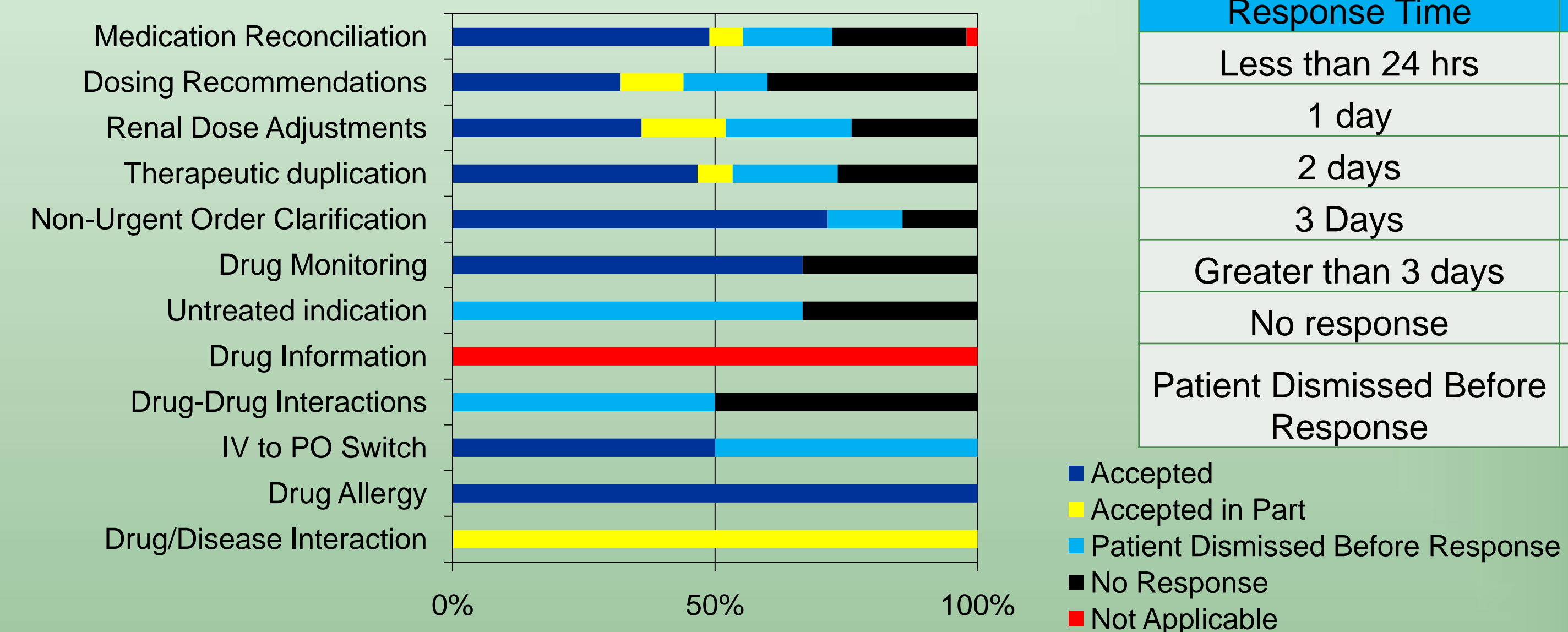
### Results

#### Medical Staff

#### Reasons for Contacting Medical Staff (n=133)

Reason	Overall %	Reason	Overall %	Reason	Overall %
Medication Reconciliation	35%	Untreated indication	2%	Drug-Drug Interactions	2%
Renal Dose Adjustments	19%	Drug Monitoring	2%	Drug Information	2%
Dosing Recommendations	19%	Drug Monitoring	2%	Drug/Disease Interaction	1%
Therapeutic duplication	11%	IV to PO Switch	2%	Drug Allergy	1%
Non-Urgent Order Clarification	5%				

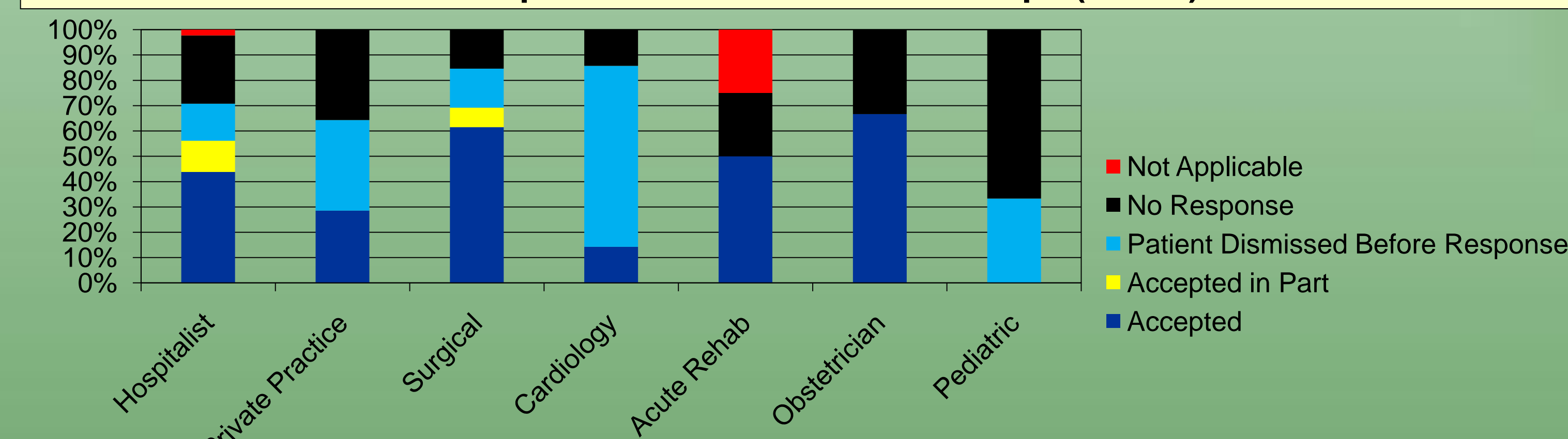
#### Response to Types of Interventions (n=133)



#### Response Time (n=133)

Response Time	% of total
Less than 24 hrs	38%
1 day	8%
2 days	4%
3 Days	1%
Greater than 3 days	2%
No response	27%
Patient Dismissed Before Response	20%

#### Response within Prescriber Groups (n=133)

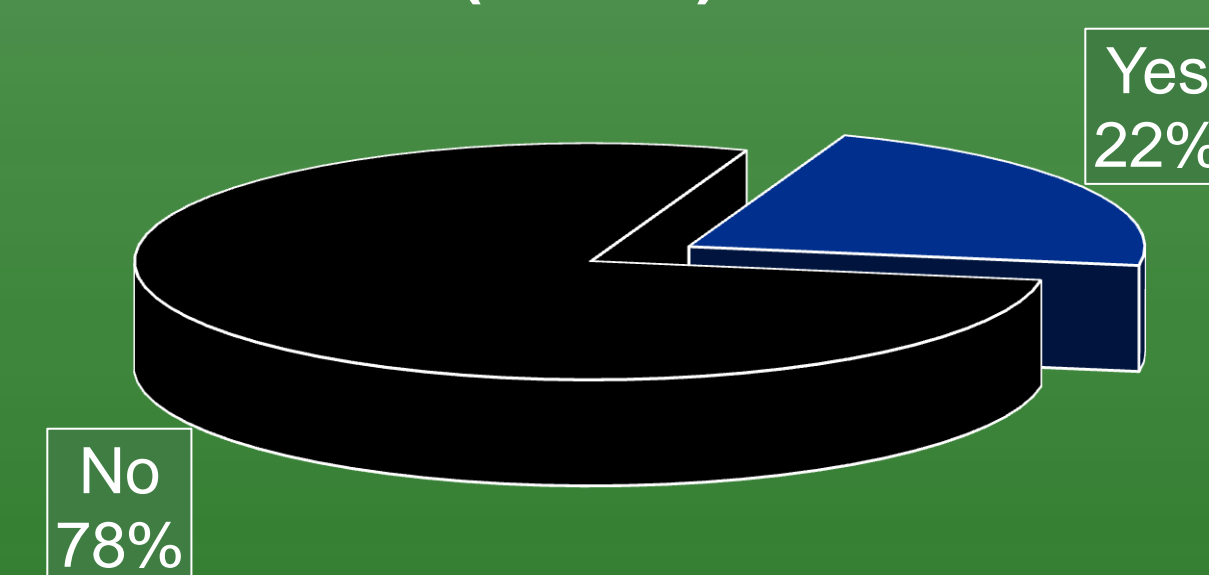


#### Prescriber Survey (n=8)

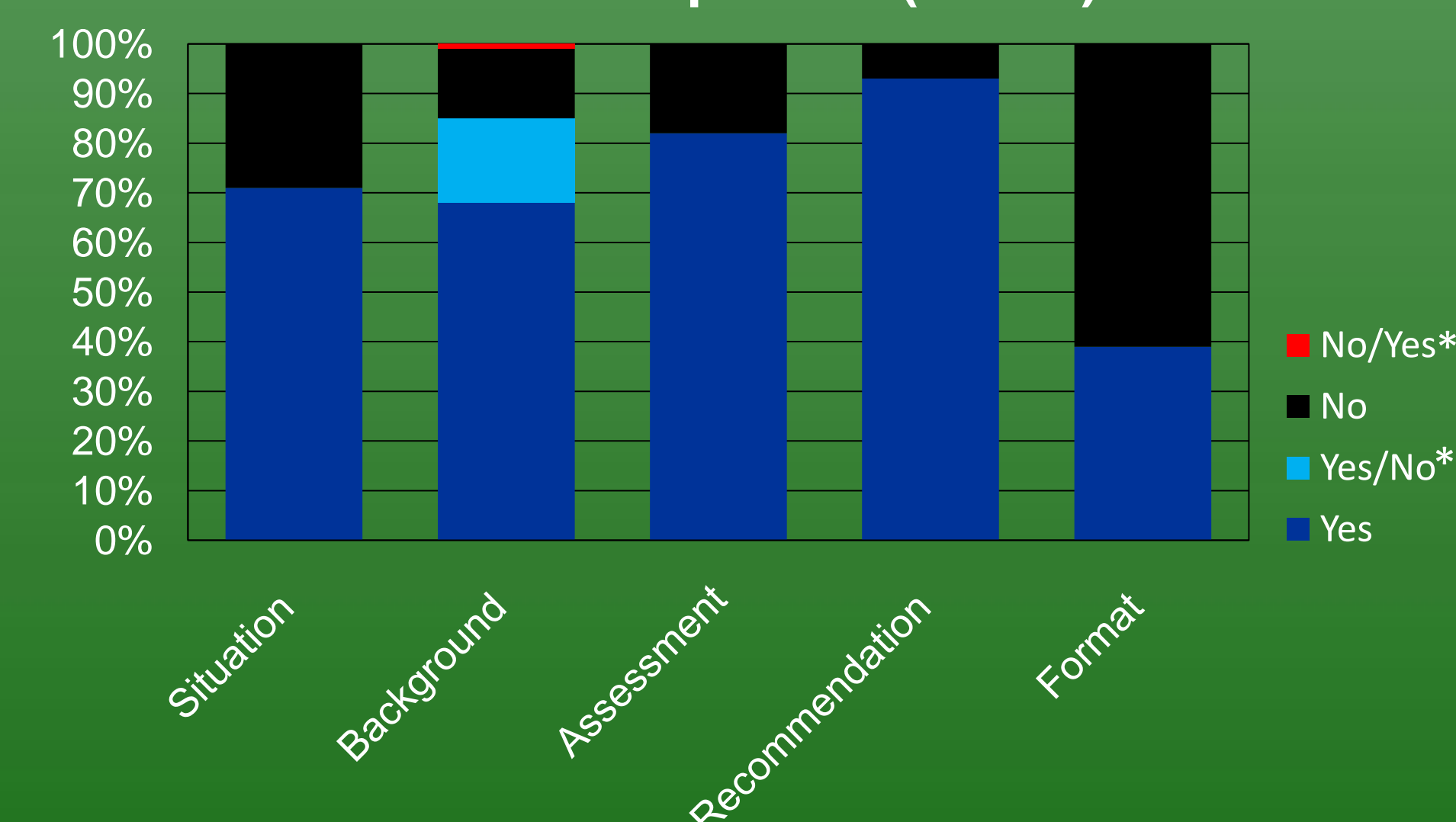
	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
Is the SBAR format being used appropriately?	0%	0%	25% (2)	50% (4)	25% (2)
Is the SBAR format adequately standardized?	0%	0%	12.5% (1)	62.5% (5)	25% (2)
Are the Sticky Notes optimizing communication between you and the pharmacy staff?	0%	12.5% (1)	25% (2)	37.5% (3)	25% (2)
Do you feel the standardized communication has improved the care your patients have received?	0%	12.5% (1)	25% (2)	50% (4)	12.5% (1)

#### Pharmacy Staff

#### Overall SBAR Compliance (n=100)



#### SBAR Compliance (n=100)



	Yes	No
Section 1	Adequate background	Lacked adequate background data
Section 2	All pertinent clinical details present	Lacked pertinent clinical details

### Limitations

- No verification was performed to ensure that prescribers were able to functionally utilize and respond to a Sticky Note
- A notification tool was not available to alert prescribers of a new or pending Sticky Note
- Pharmacy staff was unable to detect if a prescriber viewed a Sticky Note
- Lack of follow up documentation by pharmacists occurred in 14% of Sticky Notes
- Pharmacists may have failed to document direct communication with a prescriber regarding a pending Sticky Note or composition of a Sticky Note

### Discussion

- Non compliance to the operational definitions for format was the main contributor for the overall low SBAR compliance
- The following areas of improvement were noted:
  - Inclusion of each section of the SBAR format
  - Inclusion of author and contact information
- Not being able to verify if a prescriber viewed a Sticky Note hindered the identification of prescriber teaching and thoroughness of data collection
- There was minimal prescriber response beyond one day
- Medication reconciliation was the most common reason for sending a Sticky Note (35%) and had a high amount of acceptance
- The Hospitalist service was most likely to respond to a Sticky Note (67%)
- Preliminary results and comments from the prescriber survey indicate:
  - Sticky Notes decreased interruptions in workflow
  - Identified nurse utilization as a potential expansion
- We were unable to calculate specific response time for the Hospitalist service, one of our original goals, due to their rotating schedule

### Conclusion

Assessments indicated areas of improvement with Sticky Notes. However, they still represent an efficient mode of electronic communication between health care professionals.

### Disclosure

Authors of this presentation have the nothing to disclose concerning possible financial or personal relationships with commercial entities that may have a direct or indirect interest in the subject matter of this presentation.