‘I See Red’ – A system to guarantee communication between doctors and nurses

Case study

Overview

During ward walk arounds, Dr Andrew Hughes and Ms Gail Lowe asked a simple question of staff: ‘What is the biggest problem from your point of view today?’ A very common response from nursing staff focused on communication issues after medical rounds and difficulty finding and identifying who to communicate pertinent patient information to.

A formal survey of staff supported anecdotal issues raised and showed that both doctors and nurses thought this communication was vitally important but perceived that it was the other group that wasn’t interested in it. They identified a number of barriers to effective communication including difficulty finding staff, lack of understanding about who to contact and what information to convey.

Summary

The aim of the project was to develop a quick and reliable method of communication between medical and nursing staff on wards so that patient information was captured and acted upon in a timely manner. Communication failure is a major factor in 60–70 per cent of adverse events (The Joint Commission 2006).

Major improvements included:

- communication between doctors and nurses when seeing a patient on the ward increased by 13 per cent overall across the entire organisation.

Key changes

II CC RRED (I See Red) doctors’ checklist:

  - Introduce
  - Identify
  - Clinical update
  - Changes
  - Requests
  - Referrals
  - Estimated date of discharge
  - Discharge destination

- Visual cue requesting doctors to alert nursing staff on their arrival for rounds

Health service involved

Barwon Health

Project name

‘I See Red’ – A System to Guarantee Communication between Doctors and Nurses at Barwon Health

Date of completion

Ongoing

Key indicator

Effectiveness of handover

Change in performance

Improved communication between clinicians by 13 per cent

Patient experience

Improved communication between multidisciplinary teams and timely handover of care

What worked well

- Asking the staff what the problems were
- Engaging staff to identify improvements
- Developing two easy-to-follow processes
- Improved staff communication for patients not on their home ward
- Improved communication between clinical staff

What could be improved

This is only the foundation of communication of the team and requires more work to genuinely involve the whole team around the bedside to make decisions

Further reading

The Joint Commission (2009), The Joint Commission guide to improving staff communication (second edition). Joint Commission on the Accreditation of Health Care Organizations, Oakbrook Terrace, IL.

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