Communication

Introduction

Effective communication is key to all clinical care, particularly in the maternity services, where there may be multiple handovers of care. Communication is effective only if the relevant information is actually made available to, and understood by, those who need to act on it.

The King's Fund (2008)

Safer Births highlighted the importance of effective communication in the safe delivery of care. Communication issues are particularly important in maternity services where there may be multiple handovers depending on the duration of labour; transfers between home settings and hospital, often in an emergency; and referrals between midwives and obstetricians. Failure to communicate information clearly and to ensure that it has been received and understood has been highlighted as a cause of unsafe care. Improving communication was one of the key things that the maternity teams focused on in their improvement projects. Teams were encouraged to use a structured communication tool such as Situation, Background, Assessment, Recommendation (SBAR) for communication between team members. Teams also modified SBAR to improve communication at handovers.

Safer Births team projects

The maternity team at Derby Hospitals NHS Foundation Trust revived the departmental newsletter to share best practice and innovation from elsewhere in the department.

The maternity team at Mid Essex Hospital Services NHS Trust found that strengthening the communication channels and processes between the midwives and obstetricians had positive effects on their teamwork. Following discussions and consulting with staff, three structured ward rounds were introduced on the labour ward, with each participant required to contribute to the care planning. Records were kept of the discussion, plan of care and attendees. The introduction of a more dedicated handover period, both during the formal ward rounds and the bedside handovers, was considered to be a key outcome of the project.

The importance is putting the women and babies at the focus of your care, and communication affects that. You can have the best of everything in place, the best people, the best equipment, but if your communication is not right, it will affect everything...

Senior midwife

The team at Kingston Hospital introduced SBAR. They held a launch event using workshops and poster displays to communicate to a wider audience the changes around the use of SBAR and structured handovers. The team ran an awareness-raising campaign to embed the use of the tool. This involved discussions at relevant team

meetings, such as operational service meetings, multidisciplinary team meetings, and audit meetings, as well as information circulated by email.

They took a number of practical steps to improve communication at handover including minimising distractions and interruptions by diverting all phones to a central phone staffed by the midwifery unit leader during the handover, and ensuring the drug keys were given to the senior midwife who was not involved in the handover. They also relocated the whiteboard to a less busy area.

The team at Northern Devon Healthcare NHS Trust introduced the SBAR tool in both verbal and written communication at the daily ward rounds. They also designed a sticker for the women's medical notes to be used when a request was made for a review by an obstetrician of a woman under the care of a midwife, and for those considered to be high risk where a woman was receiving shared care.

The maternity team at Barts and The London NHS Trust introduced SBAR into their labour ward, promoting its use through visual aids and stickers on all telephones. In order to embed the use of SBAR further members of the Safer Births team received training as SBAR trainers and then incorporated SBAR into training programmes.

In addition to the SBAR aspect of the project, the maternity team also reviewed the multidisciplinary labour ward handover. The team developed standards which outlined who should attend the meeting, its format – ie, the type of topics/areas to be discussed – and advice around preparing for the meeting. Once the multidisciplinary handover of care guidelines were agreed, they were embedded into staff's roles and responsibilities.

South Warwickshire NHS Foundation Trust maternity team sought to improve communication within its maternity unit by introducing weekly emails to staff with information on the maternity wards, community and any Clinical Negligence Scheme for Trusts (CNST) issues. Important information relevant to all staff was posted throughout the staff areas including the staff toilets.

Many of the maternity teams found it difficult to quantify and qualify the extent of improvements in communication: it is important to clearly define the features of effective communication against which to benchmark current practice. What does good handover and one-to-one communication look like, whether over the phone or face-to-face? For example, how long does the interaction take, what information is exchanged, how accurate is the information and was the appropriate action recommended and taken? Effective communication is also one area of effective teamworking that can be measured using the University of the West of England (UWE) interprofessional questionnaire. Staff opinions on the effectiveness of communication and the number of clinical incidents/complaints associated with poor communication can also be used to measure improvements.

The programme has definitely improved safety. We have seen much better communication between the two teams (midwives and obstetricians), and co-ordination during handover...We are much quicker to identity a woman or a baby at risk. We get people talking to each other that much more quickly and much more accurately, and it results in getting to the baby that much quicker...

Consultant obstetrician

Key points for improving communication

- Identify how effective communication among team members is now.
- Define what 'good' communication looks like.
- Agree how to measure improvements in communication.
- Benchmark current practice with other departments or external organisations.
- Introduce regular team communication, eg, a newsletter.
- Adopt a structured communication tool such as SBAR.
- Ensure guidelines are developed to underpin the implementation of communication tools.
- Support staff with training in how to use the communication tools.
- Raise awareness of changes creatively.

This section provides a brief overview of some of the tools used by the Safer Births maternity teams to help improve communication. The tools considered are:

- maternity newsletter
- Situation, Background, Assessment, Recommendation (SBAR) including samples of ward handovers, audits and stickers.

Tool	Maternity newsletter
Description	An electronic or paper document to communicate news items or key information to a specific audience.
Benefits	 Disseminates information effectively. Can increase team interaction. Useful tool to keep all staff informed of changes within the organisation. Useful tool for promoting the trust.
How is it used?	 Consider the purpose, aims and objectives of the newsletter, and your target audience. Ensure a good skill and professional mix of staff is invited to be part of the team responsible for developing and designing the content. The team can communicate electronically if face-to-face meetings are difficult. Agree a list of contributors and a programme of topics over the course of, eg, a year so you can begin to plan and delegate tasks. Agree how the newsletter will be distributed to staff. It is vital you consider how to build a rapport with the readers, for example, through a question and answer section or allowing the staff to contribute their views and comments. The use of pictures, etc, can be helpful to add variety to the content and text.
Tips for use	 Including anonymised real-life case studies or good news stories can also add interest. Identify the most suitable key member of staff or team to take responsibility for the newsletter. Agree the style and content/format. Compare your plan with other well-respected newsletters. Pilot a version and canvass feedback and ideas. Promote the use of the newsletter to staff through committees, etc. Evaluate the effectiveness of the newsletter through feedback. Consider incorporating quizzes or some activity to encourage interaction with the reader. Agree the most appropriate location to file/archive copies.
Where to find this tool	For examples of newsletter templates see www.womenshealthcare.co.uk/safermaternitycare1.pdf

Tool	Situation, Background, Assessment, Recommendation (SBAR)
Description	SBAR provides a structured method for communicating critical information about patients.
Benefits	 Contributes to effective escalation of intervention in patient care. Increases patient safety. Enhances handovers. Can be used for urgent and non-urgent communication.
How is it used?	SBAR is used to clarify information that needs to be communicated between health care professionals by using an easy-to-remember mechanism that is used to frame the conversation. The health care professionals structure their conversation around: S - the situation of concern/discussion B - the background of the client/patient under review A - an assessment of the client's/patient's condition R - the recommendations for immediate and future care.
Tips for use	 Consult widely with staff to gain co-operation to use the tool. Use SBAR stickers to act as prompts. Structure the ward documentation around the SBAR model. Structure the handovers around the SBAR model. Ensure SBAR is incorporated in teaching sessions and educational programmes/training. Ensure SBAR is incorporated into the communication/operations policy/strategy.
Where to find this tool	Information on SBAR can be found in a number of places including: www.prompt-course.org/Resources/NBT%20SBAR%200bstetric%20Hand%20over%20 sheet%20-%200ct%202008.pdf www.institute.nhs.uk/quality_and_service_improvement_tools/quality_and_service_ improvement_tools/sbarsituationbackgroundassessmentrecommendation.html

Sample: SBAR tool for ward handovers

(Can be adapted for use on the ward whiteboards)

Name	Situation	Background	Assessment	Recommendation/Plan
Location				
Prompts:	Gravida Parity Reason for admission	Obstetric history Medical history (include allergies) Social (eg, child protection) Type of delivery and why	MEOWS/MEWS CTG Blood/urine results Fluid balance Mental/medical/ obstetric health concerns	Tests Treatment (timeframe) Discharge planning Information leaflets
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				

With thanks to Northern Devon Healthcare NHS Trust 2011

Sample: SBAR handover audit tool

Key questions	Recording
Place of handover?	Ward office
	Manager's office
	At bedside
	Other location
Did the location facilitate handover?	Yes/No
Method of handover	SBAR approach clearly identified and used.
	Structured approach without using SBAR.
	Unstructured approach with irrelevant information or missed information.
Was handover time interrupted?	Yes/No
Under the circumstances was the interruption appropriate?	Yes/No
Comment	

With thanks to Northern Devon Healthcare NHS Trust 2011

Sample: SBAR sticker template

Dr's name:		Date: Time:
Patient's name:	ME(O)WS =	
		Relevant Medical/Obstetric history
	G P Gestatione delivery:since(hrs)	
Last obs were RR AVPU Pain score	HR BP Temp SaO2 Urine output mls/hr	The problems is
	·	by when

With thanks to Northern Devon Healthcare NHS Trust 2011