

communication agreement tool

The following tool may assist facilities to develop agreed communication processes for recognition and response systems. Involve representative clinicians from the facilities, units and wards involved in the operation of recognition and response systems to brainstorm ideas about communication events and processes.

Consider each event from a different health discipline's perspective and for each event or process ask:

- what information should be communicated
- who is responsible
- who should be informed
- when communication should occur
- how communication should occur (verbal or written or both).

Examples of communication events that could be considered include:

- documentation of monitoring plans
- discussion and documentation of advance care plans, resuscitation status or treatment-limiting decisions
- reporting of abnormal observations and assessments, or concern about a patient's clinical condition
- escalation of care within the healthcare team
- rapid response calls
- communication with the patient, family or carer about clinical deterioration
- transfer of a patient who has deteriorated to another clinical area
- transfer of a patient who has deteriorated to another facility.

ABOUT THIS TOOL

This tool is available as a Portable Document Format (PDF) file which can be saved to your desktop for direct electronic data entry or printed for use.

It has been designed for use in conjunction with the Australian Commission on Safety and Quality in Health Care publication *A Guide to Implementation of the National Consensus Statement: Essential Elements for Recognising and Responding to Clinical Deterioration* (2012).

This tool and further information about recognition and response systems can be downloaded from:

www.safetyandquality.gov.au

Consider if the communication plan needs to include variances depending on the time of day or day of the week, for example, if the patient's attending consultant is not available on weekends or at night an alternative contact may need to be identified.

Overleaf is a worked example of a completed communication agreement tool for medical emergency team calls. The blank template follows.

Involve representative clinicians from the facilities, units and wards involved in the operation of recognition and response systems to brainstorm ideas about communication events and processes.

communication agreement tool ▶ worked example

communication event ▶ MEDICAL EMERGENCY TEAM (MET) CALLS

At this time ▶▶▶	this person is responsible ▶▶▶	for communicating this information ▶▶▶	to this person ▶▶▶	using this communication process
<i>When the call is placed</i>	<i>Clinician who placed the MET call</i>	<i>Why the call was made, including recent observation and assessment findings</i>	<i>Ward nurse in charge</i>	<i>Push emergency bell at bed head and relay information verbally</i>
<i>When the MET team arrive at the bedside</i>	<i>Clinician who placed the MET call</i>	<i>Why the call was made, including recent observation and assessment findings</i>	<i>MET nurse MET registrar</i>	<i>Verbally communicated using ISBAR mnemonic</i>
<i>As soon as feasible after the MET call is made</i>	<i>Ward nurse in charge (MET nurse to verbally confirm with ward nurse in charge that this has occurred and delegate task if not)</i>	<i>Why the call was made, including recent observation and assessment findings. Inform that attendance at the patient's bedside is required.</i>	<i>Consultant Registrar Junior doctor (Home team in hours, on-call team afterhours)</i>	<i>Verbally - page or telephone</i>
<i>On arrival to the patient</i>	<i>Registrar if available, otherwise the junior doctor or nurse in charge</i>	<i>The patient's name, age, medical history, admitting diagnosis and the significant events of their hospitalisation Any documented limitations on treatment or advance care directive (NB emergency intervention should not be delayed if this information is not readily available)</i>	<i>MET nurse MET registrar</i>	<i>Verbally using ISBAR mnemonic The patient's clinical record should be brought to the bedside so that verbal information can be checked and augmented as required</i>

communication agreement tool ▶ worked example

communication event ▶ MEDICAL EMERGENCY TEAM (MET) CALLS

At this time ▶▶▶	this person is responsible ▶▶▶	for communicating this information ▶▶▶	to this person ▶▶▶	using this communication process
After the patient has been attended to	MET registrar	Emergency assessment findings, interventions and plan for ongoing care and follow up	Consultant Registrar Junior doctor (Home team in hours, on-call team afterhours) Ward nurses Intensive care consultant on-call (NB every patient must be discussed with the ICU consultant regardless of the time of day or the patient's condition)	Verbally communicated using ISBAR mnemonic Written on the MET call sticker/in the patient's notes
As soon as feasible	MET nurse (or delegate to the ward nurse, home team or on-call registrar or consultant with responsibility for the patient)	Inform the patient's family or carer of their deterioration	The nominated family member or carer on the patient information form	Telephone call, document what was discussed in the patient's clinical record after the call has been made
As soon as the decision is made that the patient requires transfer	MET registrar (or delegate to home team or on-call registrar or consultant with responsibility for the patient)	Liaison with and handover to HDU/ICU/CCU or other clinical area if the patient requires transfer	Admitting consultant for HDU/ICU/CCU or other clinical area	Verbally communicated using ISBAR mnemonic Record decision to transfer and name of admitting consultant in the clinical record
As soon as the patient is accepted for transfer	MET nurse Ward nurse with responsibility for the patient	Liaison with and handover to HDU/ICU/CCU or other accepting clinical area if the patient requires transfer	Nurse in charge of accepting ward/unit Hospital patient flow coordinator	Verbally communicated using ISBAR mnemonic Written details of events leading up to and including the MET call in the patient record
During the call/after the patient has been attended to	MET nurse	MET case review data collection form	Fax to ICU File in the patient's clinical record	Written

