Let's get on the same page: How One Spinal Cord Injury Rehabilitation Unit Has Facilitated Nurse **Participation in Interdisciplinary Team Communication** Jamie H. Troup, BSN, RN, CRRN

Introduction

As nurses, many of us are accustomed to relaying and receiving information about our patients primarily through shift report, with other nurses. When we need to communicate with other members of the patient care team, it is often through hurried interactions in the halls, or through playing "phone tag" with clinicians who are just as busy as we are. Nurses on one spinal cord injury (SCI) rehabilitation unit have begun using weekly emails via their facility's secure intranet in order to communicate with the interdisciplinary team. Email is a mode of communication that other professions use regularly, though for some nurses it may be outside their comfort zone. Many other facilities may not yet have attempted to utilize email in such a manner, so it is hoped that the information shared in this poster may benefit other rehabilitation facilities, staff, and patients.

Here is what team members are saying:

"It's helpful to know what's happening at night or on the weekend when we (therapy) aren't here."

"I find myself much more knowledgeable when I go see my patients first thing Monday morning. It allows me to see how their weekend progressed- so I can better understand where they are mentally on Monday morning."

I love reading the updates from my peers. They make me feel more confident and prepared for the day and that I am on the same page as the rest of them."

> "When dealing with difficult patients or with emotional issues, it has been very helpful to communicate with members of the team on a regular

"I enjoy hearing about the personal" and emotional growth as our adolescent patients begin to accept and learn to live with their disabilities.'

> "Team updates make me feel "in the loop" on my first day back after being off. Communication with updates helps us to stay on the same page. I know how family training is going and how the patient is progressing after reading them. They also help me hold the patients accountable for skills they should be practicing outside of the gym."

Methods

Weekly team update emails connect every nurse with the team. The following is a chain of hypothetical interdisciplinary emails inspired by several real-life situations that have occurred on this unit:

Weekday RN: **Room 123 Mr. B**

Bowel: Digital stimulation program. Have noticed he tends to have bowel involuntaries during morning therapy, is bowel program? I have discussed with the patient and he is on board.

Bladder: I.C.'s every 4 hours, is beginning training, doing well with maintaining clean technique.

Skin: Post cervical incision intact, no redness- staples dc'ed today. Dry gauze cover dressing.

Respiratory: vent weaned overnight last week, hygro filter/room air during day, with 2LO2 at night.

Pain: He has minor pain during the day, and is taking Ibuprofen prior to therapy. I hear he takes Ultram at night sometimes, when his pain is a little worse.

Family: His wife is eager to participate in his care and has begun family training. She is checked off on bathing, padding and positioning. She is only able to be away from work for 2 more weeks, so we should take every opportunity we can while she is available to train.

Other: Mr. B is already thinking ahead and had some questions about what the plan is for him after his inpatient stay. Does anyone know if he has benefits for Day Program or outpatient therapy?

Occupational Therapist Reply to team:

Nurse J,

I think a morning bowel program might work well for Mr. B. These bowel involuntaries have been negatively impacting his therapy sessions. I will be available to assist with training in the mornings starting Thursday, if nursing can help with | doing. Alternately, if he is still on O2, he can replace that the ADL's we don't get to by 10am. In the meantime, I will | outing with an art therapy session in-house. get together with his Physical Therapist and rearrange his schedule to allow time in his mornings for this. Thanks.

Case Manager Reply to team:

Mr. B has XYZ Insurance plan, which will allow him to choose either our facility's day program or go home and choose an outpatient therapy provider in his area. We expect that he will not have any nursing care needs once his inpatient stay is over, so home health will not be required in his case. Mr. and Mrs. B have a bit more time before they need to decide which option they would like to go with. Please keep me updated as decisions are made, thank you.

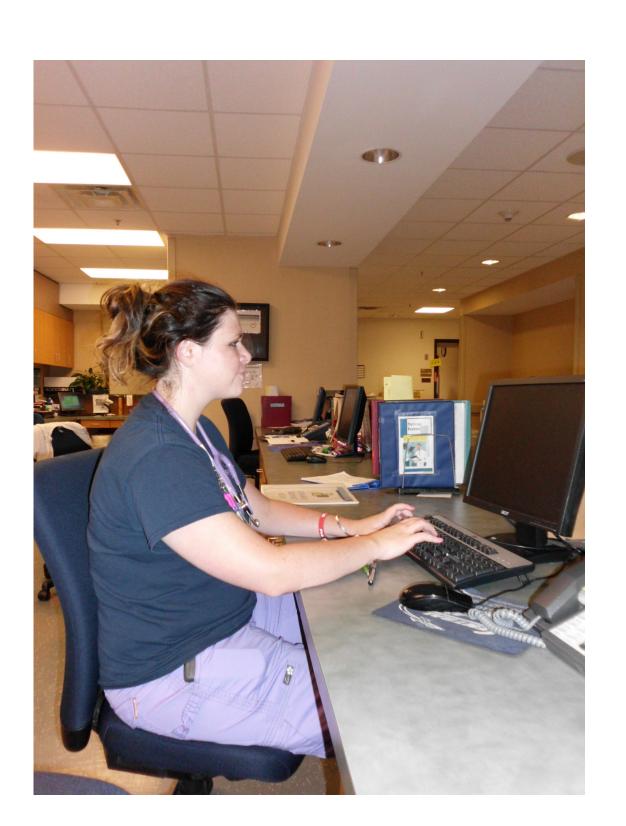
PT/OT Reply to team:

Mr. B has told us he'd rather stay here for day program, and Mrs. B will be able to take more leave from work to stay with him while he is here. We will begin to help Mr. B determine what goals he will work towards during his day program stay. Also, he is working on slide board transfers from chair to bed/mat and back. We've documented this, so could we all help him practice this skill rather than use the lift? Thanks!

Night RN: *Room 123 Mr. B*

Bowel: Am digital stim program is going well; he's been **Bowel:** Digital Stim changed to morning program. Per day making an effort to include more fiber foods in his diet after shift RN report, no involuntaries since switching. anyone opposed to switching from an evening to a morning | | **Bladder:** I've reviewed the documentation, and Mr. B's I.C. our discussion about their role in stool consistency. volumes are low enough to where he could go from cathing **Bladder:** He is now Modified Independent with his I.C.'s- so every 4 to every 6 hours. It would also let him sleep with less long as he remembers to set everything up on his bedside interruption. Protocol sheet has been filled out; patient and table prior to getting in bed for the night. **Skin:** Incision completely healed at this point, no dressing wife agree to this change. Skin: Incision looks great, still intact, no redness. needed; continue to monitor to ensure it stays intact. **Respiratory:** He was able to go without supplemental O2 **Respiratory:** He's upgraded to being plugged during the and was on room air last night. day, hygro filter at night. No supplemental O2 needed **Pain:** He had more pain overnight than usual and had to **Pain:** He reports he's built up muscle strength, and is not alternate his Ibuprofen and Ultram, 2 doses each. nearly as sore as he has been in the past. One dose of reported muscle soreness from working so hard in therapy. Ibuprofen during my shift. **Family:** Mrs. B has been very involved in Mr. B's care. When **Family:** Mrs. B has been at his side since he arrived to our he tried to convince me to use the automated lift to help him facility, and has been assisting in his care whenever possible. She's been setting a timer to wake her up to help Mr. B turn into bed, she helped remind him that he has been working on his slide board transfer skills so that he will get better at it by and set up for his I.C. The Patient Care Tech and I asked her the time he's done with outpatient. He thought about it for a if she'd like us to help him at 6 am, so that she could rest. We are slightly concerned she has been overextending herself. minute, and then agreed that he should practice this skill. Thanks, (Physical Therapist), for filling me in on this detail. **Other:** Mr. B's birthday is coming up later this week; we've coordinated with his family to reserve a conference room on often don't have time to review all the documentation before beginning my shift, and this kept me from having to leave the the unit so that they can have a small get together with birthday cake. Helped him transfer with mod assist to bed room to go back and check. **Other:** Mrs. B has confided in me that she is worried that Mr. from his chair tonight using slide board.

> **Reply from Recreation Therapist to team:** Glad to hear he is off oxygen. If he can stay off for 48 hours, it will allow him to attend the baseball game outing we have | planned for next week. I will be in touch to see how he is



Weekend RN: *Room 123 Mr. B*

B is becoming depressed about going back to his job as an accountant. He worries that it will be difficult, and that while he has a great relationship with his employer and coworkers, he is afraid his employer may not be willing to accommodate. With her permission, I spoke with both of them and confirmed this. Mr. B. was asking if he could have an extra session with his counselor, and I suggested he speak with the vocational rehab department to determine what his employer must do by law to accommodate his return to work.

Reply from Licensed Professional Counselor to team: Nurse J,

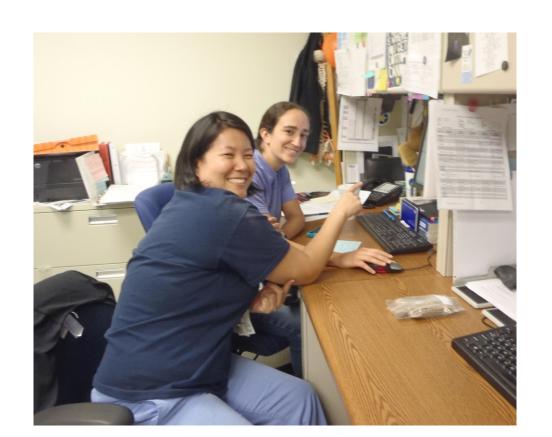
Thanks for filling us in on this. I have Mr. B on my schedule for an extra session tomorrow. I stopped in and spoke with his PT and OT and they have scheduled a session with vocational rehab for later this week. Mr. B. is very determined to return to his job, so with his approval, I have also asked one of our peer supporters who has a similar profession to touch base with him to provide some insight into the challenges he may face while returning to work with a spinal cord injury.



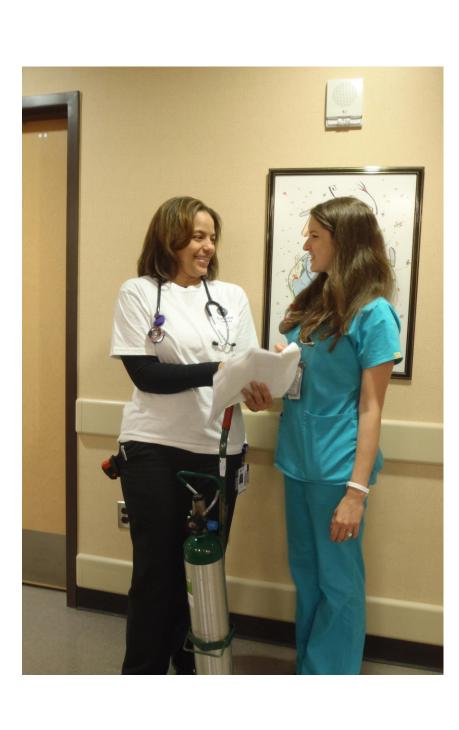
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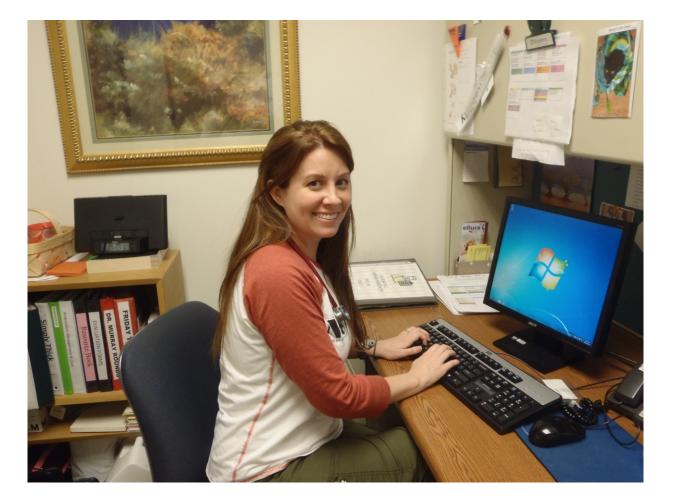
Weekly Team Update Emails connect staff nurses with:



Charge Nurses **Physical Therapists Occupational Therapists** Physicians **Respiratory Therapists Speech Therapists Counselor/Psychologists Recreation Therapists** Dieticians **Case Managers Nursing and Therapy Managers**







Conclusion

What the staff members working on the unit have found is that nurses who were not as able to participate in team communication, such as weekend and night shift nurses are now more easily able to share their important observations and opinions. Though these nurses cannot easily attend weekly interdisciplinary team meetings, their emails help their voices be heard within the interdisciplinary team. It has also been noted that patient issues are dealt with much more quickly, since all members of the team are informed as they arise. The emails also give the team a way to more discreetly discuss sensitive topics, and provide them with a medium to confer with one another as to the best approach to overcoming each issue. As a result of the success with this practice on one unit, it is now being adopted on other units within this facility. As the title suggests, this practice has helped greatly with ensuring that each member of the interdisciplinary care team is, indeed, on the same page.

Bibliography:

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