

Increasing patient safety with neonates via handoff communication during delivery: a call for interprofessional health care team training across GME and CME

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Abstract: Hospitals have struggled for years regarding the handoff process of communicating patient information from one health care professional to another. Ineffective handoff communication is recognized as a serious patient safety risk within the health care community. It is essential to take communication into consideration when examining the safety of neonates who require immediate medical attention after birth; effective communication is vital for positive patient outcomes, especially with neonates in a delivery room setting. Teamwork and effective communication across the health care continuum are essential for providing efficient, quality care that leads to favorable patient outcomes. Interprofessional simulation and team training can benefit health care professionals by improving interprofessional competence, defined as one's knowledge of other professionals including an understanding of their training and skillsets, and role clarity. Interprofessional teams that include members with specialization in obstetrics, gynecology, and neonatology have the potential to considerably benefit from training effective handoff and communication practices that would ensure the safety of the neonate upon birth. We must strive to provide the most comprehensive systematic, standardized, interprofessional handoff communication training sessions for such teams, through Graduate Medical Education and Continuing Medical Education that will meet the needs across the educational continuum.

Keywords: interprofessional health care teams, handoffs, neonates, patient safety, communication

Patient safety is a critical aspect of medicine. Based on a report by the Institute of Medicine, it is estimated that 98,000 Americans die annually as a result of human error.¹ One of the most cited common errors was communication. Hospitals have struggled for years regarding the handoff process of communicating patient information from one health care professional to another.^{2,3} More specifically, one of the top causes of sentinel events reported to the Joint Commission was lack of communication from 2011 to 2013.⁴ Handoffs are defined as the transfer of information and authority and/or responsibility during transitions in care across the continuum; to include an opportunity to ask questions, clarify, and confirm.⁵ Ineffective handoff communication is recognized as a serious patient safety risk within the health care community.⁵ Subsequently, unsuccessful handoff communications have been a primary contributing factor in many studies of causes leading to medical errors.⁶ Thus, it is essential to take communication into consideration when examining the safety

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of neonates who require immediate medical attention after birth; effective communication is vital for positive patient outcomes, especially with neonates in a delivery room setting. We have defined effective communication as only when the listener clearly understands the message that the speaker intended to send to the listener.

Teamwork and effective communication across the health care continuum are essential for providing efficient, quality care that contributes to enhancement of patient outcomes.⁷ Health care is complex and dependent on health care professionals maintaining their communication and coordination of care among one another to avoid fragmentation, delays, and the increase costs of health care.⁸ The medical community needs to come together as a united interprofessional health care system to communicate systematically and continuously in order to meet the individual needs of patients. This has the potential to alleviate barriers to ineffective communication and problems with patient handoffs; furthermore, this may lead to positive patient outcomes when the interprofessional health system is working in a fluid motion in the best interest of the patient.

In the United States, health care professionals are overwhelmingly trained in uniprofessional settings, independent of interprofessional health care teams and collaboration, leading to challenges in practice.⁹ These challenges can lead to miscommunication, lack of understanding of roles and responsibilities, and the potential for medical errors. Interprofessional teams have been shown to reduce medical errors and improve health outcomes among patients with chronic conditions.¹⁰ Interprofessional simulation and team training can benefit health care professionals by improving interprofessional competence, defined as one's knowledge of other professionals including an understanding of their training and skillsets, and role clarity.¹¹ Alarming, a decade ago, the Institute of Medicine initiated the call to action among health care students and professionals to collaborate on interdisciplinary teams to engage in quality improvement, and yet much remains to be accomplished in regard to training, defining, and establishing effective handoff communications.¹² Therefore, interprofessional teams that include obstetrics, gynecology, and neonatology providers have the potential to considerably benefit from training effective handoff and communication practices that would ensure the safety of the neonate upon birth.

In order to achieve the highest levels of patient safety and quality of care, we call for a standardized approach to handoff communication between obstetrics and the neonatology teams to ensure the neonate is safely cared for in

the best possible manner. It is of paramount importance to have effective, systematic, standardized, interprofessional handoff communications between teams. One such way is the Situation-Background-Assessment-Recommendation/Request) communication tool. There are several components of the Situation-Background-Assessment-Recommendation/Request to ensure success with communication: situation, succinctly state the problem; background, concisely present relevant information associated with the situation; assessment, provide an analysis and consider the various options; and recommendation, recommend a specific action.¹³ Therefore, it is critical to develop training sessions/scenarios that are customized for these teams that are 1) interprofessional and health care team-specific and 2) related to high risk situations that are centered on neonates immediately following birth.

We must strive to provide the most comprehensive systematic, standardized, interprofessional handoff communication training sessions for such teams through Graduate Medical Education (GME) and Continuing Medical Education (CME), which will meet the needs across the educational continuum. GME and CME are essential areas to focus on for training because residents and fellows are at their optimal learning stages to become physicians within their chosen fields. Furthermore, it is critical to revisit practicing physicians during CME to ensure that their handoff communication skills are in alignment with current trends and up-to-date with the newest research. Therefore, we suggest focusing on GME and CME when working on interprofessional handoff communication training sessions. Residents in obstetrics and gynecology and fellows in neonatology need to be trained in effective handoff communication strategies to ensure the best outcome possible for the neonate following birth (i.e., healthy baby Apgar scores at 1 minute between 7 and 10 and at 5 minutes between 7 and 10), and practicing physicians need to be made cognizant of the best available evidence-based practices that can be achieved through CME credits and training for handoff communication regarding a neonate after birth. With residents, fellows, and attending physicians all working toward the same common goal of increasing patient safety for neonates by following the best practices for a patient handoff via effective communication, only then can neonatal outcomes be better achieved during labor and delivery. This can occur through interprofessional health care teams working and training together. We encourage our colleagues to pursue all avenues of training and education in this endeavor. Our youngest and most vulnerable citizens are counting on you.

Disclosure

The authors report no conflicts of interest in this work.

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