

Evaluation of the Accuracy of the Clinical Context and Content of On-Call Telephone Advice following Escalation

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Objective

The objective was to establish the exact context and content of the communication during escalation of patient concerns and the eventual intervention carried out by resident doctors. The hypothesis tested is that discrepancies exist in the content of communication when issues are escalated from the resident doctor on labour ward to the Consultant Obstetrician on Call who is based at home therefore affecting what clinical intervention is undertaken.

Design

We conducted a single blinded study to proactively capture communication between resident doctors and the consultant. One consultant participated in the study and was aware of its objectives, while the resident doctors remained unaware. The consultant had five sessions in seven weeks.

Method

A proforma was developed to capture qualitative clinical information from the resident doctors about patients and the consultant’s advice. The consultant documented the patient's history, reasons for escalation, and the care plan. The following morning, the consultant reviewed the clinical entries to ensure accuracy and verify that the resident doctors’ actions aligned with the instructions provided. The interventions made by the resident doctors were compared to the consultant’s documented instructions.

Results

Comparative analysis of the entries in the proforma by the consultant and those recorded by the residents in the patients’ medical records revealed that resident doctors often failed to convey a complete picture of the patient's clinical situation to the consultant on call. Furthermore, the documentation of the consultant's clinical advice was frequently inadequate, typically summarised as, ‘Consultant informed, agreed with decision,’ without detailing the specific discussions that took place.

Conclusions

This study underscores the deficiencies in detailed information sharing and communication when residents on the labour ward escalate cases to the consultant on call. The consultant’s advice is sometimes based on incomplete clinical information, which raises concerns regarding patient safety. Standardisation of communication content are essential to ensure that all necessary information is conveyed, thereby reducing the risk of misinterpretation and erroneous clinical decisions. Effective communication between healthcare providers is vital for safe and efficient patient care.

Further quantitative and qualitative research is required to determine the scope of the problem. We recommend implementing a structured format for communication and documentation in practice. Additionally, conducting multiprofessional educational sessions on the importance of accurately reporting information during case escalations is essential. Adoption of the SBAR (Situation, Background, Assessment, Recommendation)¹ tool or a similar communication framework is advised to enhance clarity and comprehensiveness in clinical discussions.

Reference

1. Safer Care – SBAR (Situation • Background • Assessment • Recommendation) Implementation and Training Guide
<https://www.england.nhs.uk/improvement-hub/wp-content/uploads/sites/44/2017/11/SBAR-Implementation-and-Training-Guide.pdf>