

## Abstract Form

|  |   |                          |                          |                                     |                            |                          |                                     |
|--|---|--------------------------|--------------------------|-------------------------------------|----------------------------|--------------------------|-------------------------------------|
| <b>Program Affiliation:</b>                  | UCLA Internal Medicine  |                          |                          |                                     |                            |                          |                                     |
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| <b>Project Title:</b>                        | Addressing areas for improvement in nurse-physician communication: A pilot study in the Veterans Affairs healthcare system  |                          |                          |                                     |                            |                          |                                     |
| <b>Research Category (please check one):</b> |   |                          |                          |                                     |                            |                          |                                     |
| <input type="checkbox"/>                     | <b>Original Research</b>  | <input type="checkbox"/> | <b>Clinical Vignette</b> | <input checked="" type="checkbox"/> | <b>Quality Improvement</b> | <input type="checkbox"/> | <b>Medical Education Innovation</b> |

### Abstract

#### Background

At the West Los Angeles Veterans Affairs Hospital, the primary mode of communication between resident physicians and nurses is through an online paging system serviced through UCLA Health. Nurses had noted issues with accessibility of the website due to frequent technical issues in accessing the portal. As a result, resident physicians were primarily receiving pages instead from the telephone paging system with only a callback number and without a message to effectively triage their many pages. Our QI project aims to improve accessibility and use of the online paging system among general medicine wards teams.

#### Methods

An initial survey was conducted among resident physicians at the VA to assess the state of satisfaction with RN-MD communication and the perceived frequency of receiving non-urgent number pages. A Gemba walk was conducted, in-person discussions were held, information was distributed, and feedback was elicited from nurses to assess RN perspectives and perceived needs. Pager logs were collected for a duration of two months on a voluntary basis among residents at the VA which asked them to log the total number of pages and number of urgent and non-urgent number pages that were received in a shift. TinyURL was used to create an easy-to-access link to the UCLA paging webpage ([tinyurl.com/pagethedoc](https://tinyurl.com/pagethedoc)). "Badge buddies" were placed on VA computers and RN workstations displaying information regarding TinyURL access. After implementation, pager logs were continued for an additional two months for post-intervention data collection and analysis.

#### Results

In December 2023, 72% of pages (159 of 219) received by overnight residents were number pages. Of these, 7% (n=17) were recorded by the resident as urgent. In January 2024, 79% (51 of 64) of pages were number pages, with 6% (n=4) recorded as urgent. In February 2024, 94% (34 of 36) of pages were number pages, with 0 recorded as urgent. In March 2024, 87% (106 of 121) of pages were number pages, with 4% (5) recorded as urgent. Overall, pre-intervention, 74% (210 of 283) of pages overnight were number pages, with 9.5% (n=21) marked as urgent. Post-intervention, 89% (140 of 157) of pages overnight were number pages, with 3.2% (n=5) marked as urgent.

#### Conclusions

While our project aimed to improve RN-MD communication by improving accessibility to the online paging system and therefore reducing the percentage of non-urgent number pages, our results did not demonstrate a significant measurable difference in this metric post-intervention. Limitations of our study include a lack of robust baseline data and reliance on resident reporting rather than objective paging data. Most notably, we ran into unforeseen structural barriers which prevented an effective rollout of our intervention. Namely, there were firewall issues which prevented reliable access to the UCLA paging system during our period of data collection. It is our assessment that further attempts at improving accessibility of the paging system will be heavily dependent on this barrier being addressed.