



Communication and Teamwork

SBAR, Assertion, Briefings

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Improvement

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Safety is a dynamic non-event

Human Error is Inevitable Because:

- Inherent human limitations
- Complex, unsafe systems
- Safety is often assumed, not assured
- Culture of the expert individual

Error

“For to err in opinion, though it be not the part of wise men, is at least human.”

“To err is human; to forgive, divine.”

To err is human; to forgive is against company policy.”

“We are human, and humans err. Despite outrage, despite grief, despite experience, despite our best efforts, despite our deepest wishes, we are born fallible and will remain so.”

- Don Berwick, MD, MPP 2001

Where Do Things Fall Through the Cracks?

- Systems – information, tests, diagnoses
- Communication
- Hand-offs
- Failure of Planning
- Failure of recognition
- Failure to rescue

Why Focus on Communication?

- The overwhelming majority of untoward events involve communication failure
- Somebody knows there's a problem but can't get everyone in the same movie
- The clinical environment has evolved beyond the limitations of individual human performance

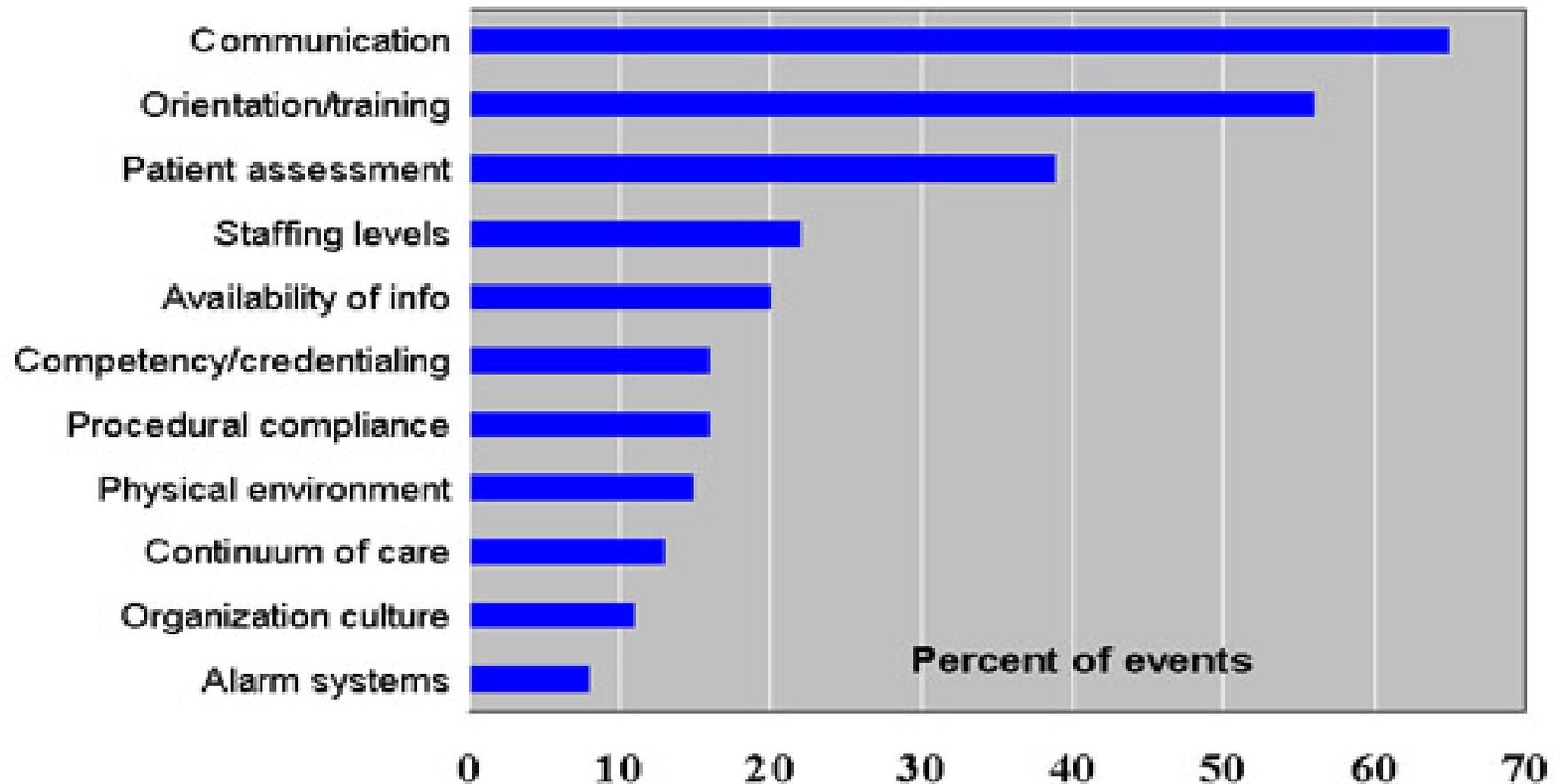
JCAHO Sentinel Events

- Communication breakdowns remain the primary root cause of more than 70% of the 2400 sentinel events analyzed
- Virtually all had communication failures
- The majority of sentinel events (75%) resulted in a patient death

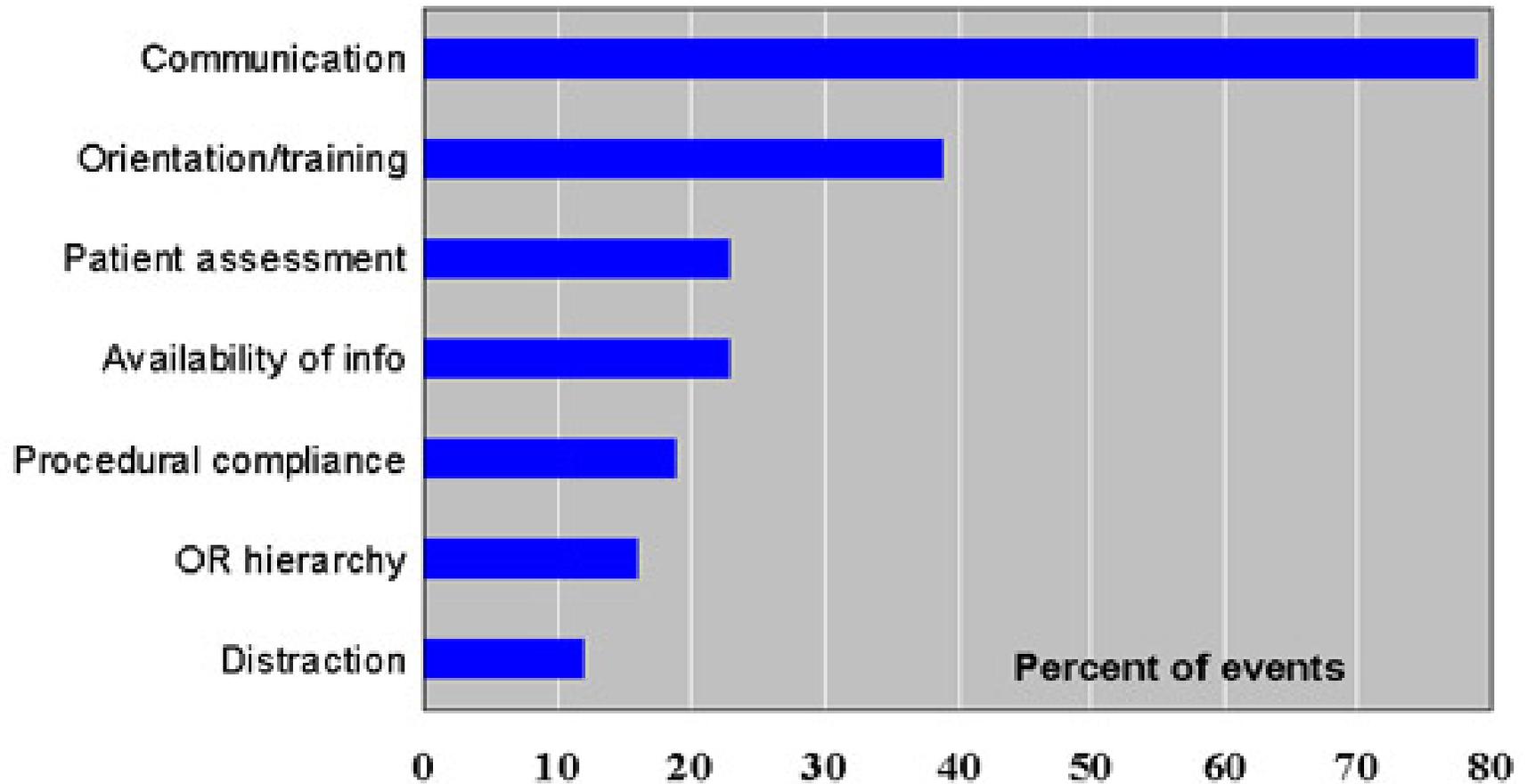
From JCAHO

Root Causes of Sentinel Events

(All categories; 1995-2003)



Root Causes of Wrong Site Surgery (1995-2003)



Effective Communication Requires:

- **Structured communication – SBAR**
- Assertion/ Critical Language – key words, the ability to speak up and stop the show
- Psychological safety – an environment of respect

Situational Briefing Model

S-B-A-R

- Situation
- Background
- Assessment
- Recommendation

SBAR

- **Situation** – the punch line 5-10 seconds
- **Background** – the context, objective data, how did we get here
- **Assessment** – what's the problem?
- **Recommendation** – what do we need to do?

Situational Briefing Example

- Situation: Dr. Jones, I'm Paul, the respiratory therapist. There's someone downstairs who's in serious respiratory distress.
- Background: He has severe COPD, has been going downhill, and is now acutely worse. RR 40, O2 Sat 74%

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- Assessment: His breath sounds are way down on the right side ... I think he has a pneumothorax and needs a chest tube pronto before he stops breathing.
 - Recommendation: I really need your help now...this guy's in real trouble.

SBAR in OB

- **S** – Impending uterine rupture
- **B** – VBAC, dense epidural, persistent breakthrough pain, complete
- **A** – I'm concerned, something's wrong
- **R** – I think she needs a C-S. I need you now

SBAR Report to a Physician



BEFORE CALLING THE PHYSICIAN:

1. Assess the patient
2. Review the chart for the appropriate physician to call
3. Know the admitting diagnosis
4. Read the most recent physician and nursing notes
5. Have the chart in hand and be ready to report allergies, medications, IV fluids, lab and test results.
6. Every SBAR report is different. Focus on the problem. Be concise. Not everything in the outline below needs to be reported -- just what is needed for the situation.

S

Situation

- State your name and unit
- I am calling about: Patient Name & Room Number
- The problem I am calling about is: _____
- If this is a serious problem say what the code status is.

B

Background

- Briefly state why the patient is in the hospital give a synopsis of the treatment to date.
- Give the vital signs, oximetry, and how much oxygen is being given.
- Relate the complaint given by the patient and the pain level.
- Relate the physical assessment pertinent to the problem especially any changes.
- Pay special attention to mental status, skin temperature and emotional state of the patient.

A

Assessment

- Give your conclusions about the present situation. Words like "might be" or "could be" are helpful. A diagnosis is not necessary.
- If the situation is unclear at least try to indicate what body system might be involved.
- State how severe the problem seems to be.
- If appropriate, state the problem could be life threatening.

R

Recommendation

- Say what you think would be helpful or needs to be done, which might include:
 - medicines, tests, x-rays, ECG, D-dimer, BN peptide, CT for PE,
 - transfer to critical care, physician evaluation, or consultant evaluation.
- Make sure to clarify how often to do vital signs and under what circumstances to call back.



DOCUMENT THE CHANGE IN CONDITION & THE PHYSICIAN NOTIFICATION

SBAR – Your Turn

- Situation
- Background
- Assessment
- Recommendation
- Take a situation you have faced or is common – take 10 minutes and write it out
- Using SBAR, how you would communicate to achieve the correct outcome ?

Effective Communication Requires:

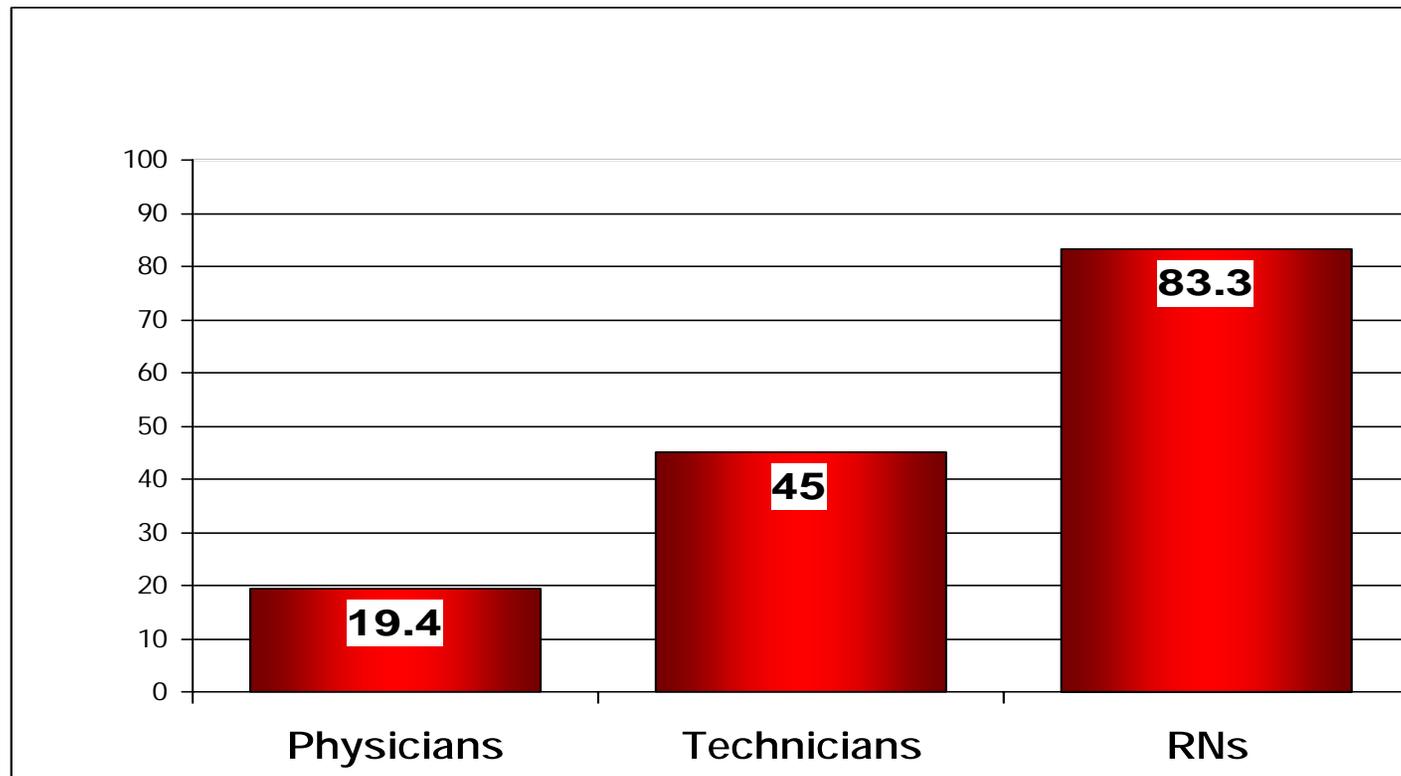
- Structured communication – SBAR
- **Assertion/ Critical Language – key words, the ability to speak up and stop the show**
- Psychological safety – an environment of respect

MD – RN: Different Communication Styles

- Nurses are trained to be narrative and descriptive, not to make diagnoses
- Physicians are trained to be problem solvers “what do you want me to do” – “just give me the headlines”
- Complicating factors: gender, national culture, the pecking order, prior relationship
- Perceptions of teamwork depend on your point of view

**“I know the names of all the personnel
that I worked with during my last shift”**

% of
respondents
who agreed

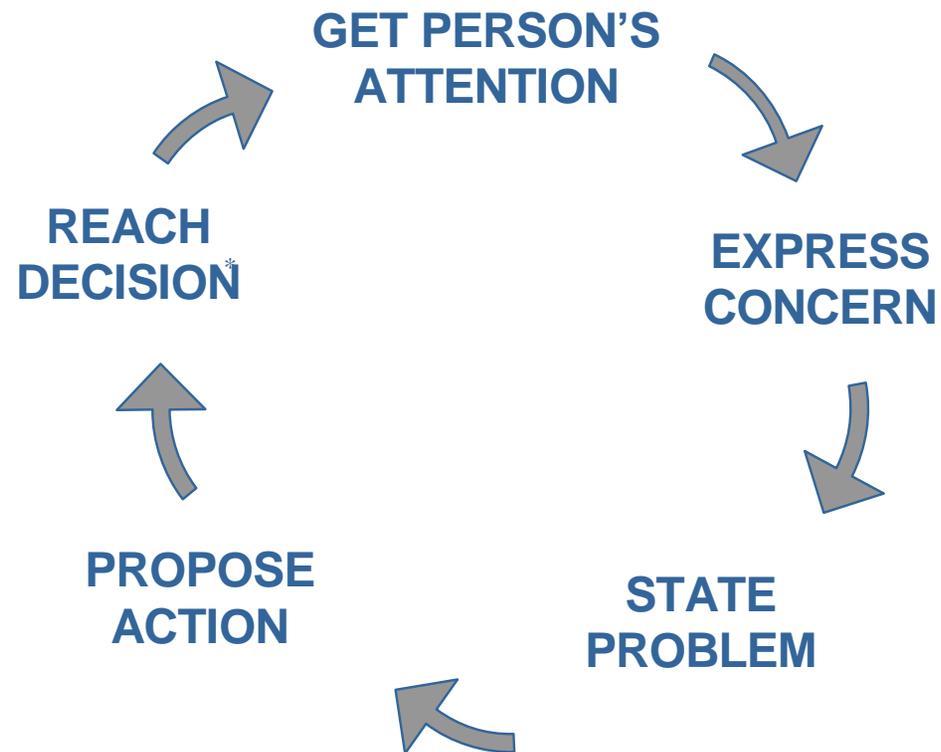


Appropriate Assertion - What is it?

“Individuals speak up, and state their information with appropriate persistence until there is a clear resolution.”

Assertion

- Model to guide and improve assertion in the interest of patient safety



Why is Assertion So Hard ?

- Hierarchy / power distance
- Lack of common mental model
- Don't want to look stupid
- Not sure I'm right
- Prior experience

Critical Language

- Key phrases understood by all to mean “stop and listen to me – we have a potential problem”
- United Airlines CUS program – “I’m concerned...I’m uncomfortable...this is unsafe... I’m scared”
- Allina – “I need some clarity”

The Difficult Conversation

- Focus on the common goal – high quality, safe care
- 3rd person – depersonalize the conversation – it's not about you and me
- Avoid judgment; who's right, who's wrong is a loser
- What needs to happen for us to do the right thing here?

Assertion

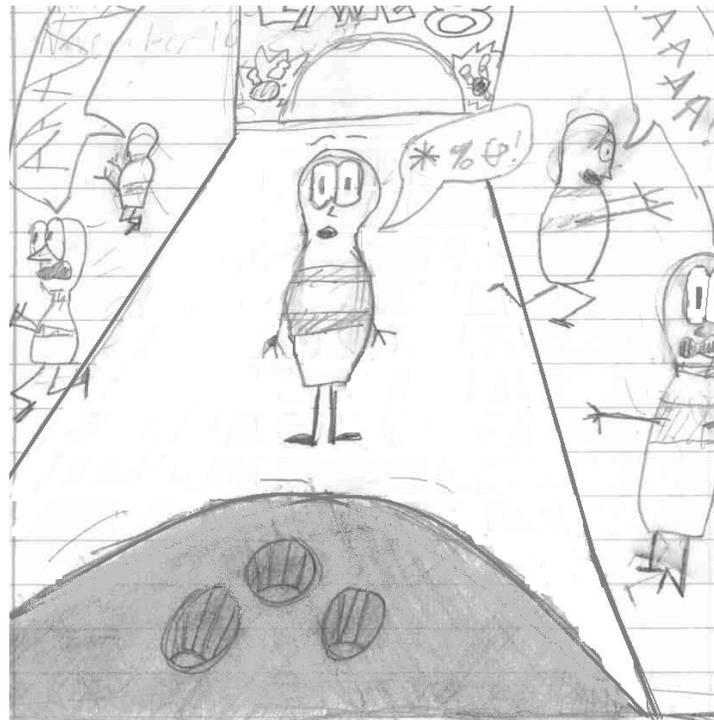
- * Like Briefing, being appropriately assertive means:
 - * Being organized in thought and communication
 - * Being technically & socially competent
 - * Disavowing perfection while looking for clarification / common understudying
 - * Being owned by the entire team - it must be valued by the receiver to work

Effective Communication Requires:

- Structured communication – SBAR
- Assertion/ Critical Language – key words, the ability to speak up and stop the show
- **Psychological safety – an environment of respect**

Systems Changes for Safety

- Create an environment/culture of safety
 - Good communication is key!



What changes are needed to create a culture of safety?

From:

Focus on Individual

Authoritarian culture

Fear, defensiveness

Secrecy, silence

Shame and blame

Humiliation

To:

Focus on Team

Communitarian culture

Openness and support

Transparency, apology

Systems and support

Mutual Respect

Teamwork

- Patient care requires groups to work together effectively
- NASA research found more than 2/3 of air crashes involve human error – especially failures in teamwork
- Professional training focuses on technical, not interpersonal skills

What is a team?

- 2 or more people with an identified leader and designated responsibilities for each member who function interactively toward a common goal
- Leader – “The buck stops here”
- Accountability as a unit
- All involved contribute and receive input
- Permanent team or single episode team
- Goal – HIGH QUALITY, SAFE HEALTH CARE

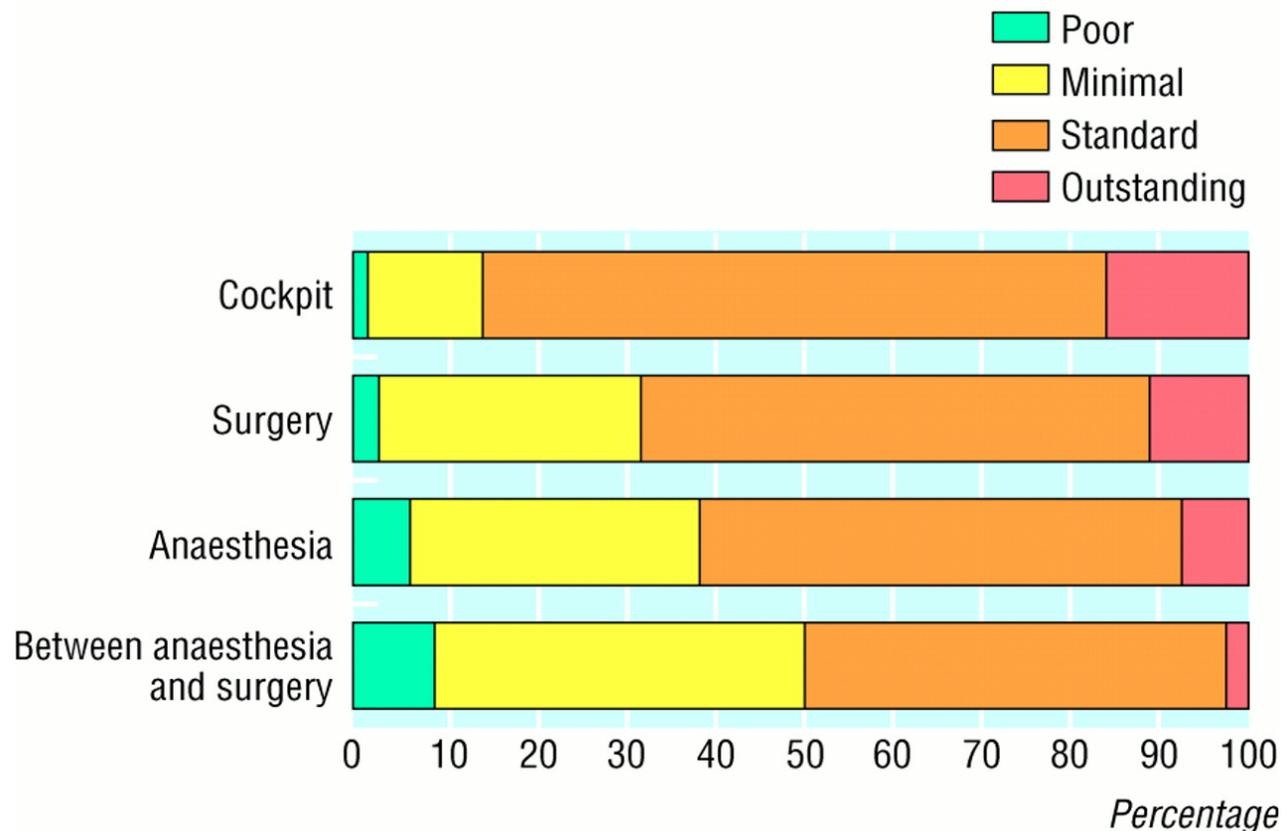
Negative Team Factors

- Communication breakdown among team members
- Resentment or indifference to team concept
- Competing priorities and goals among team members
- Language problems
- Failure to compromise with conflicting goals
- Poor coordination of activities among team members
- Role confusion – Role conflict

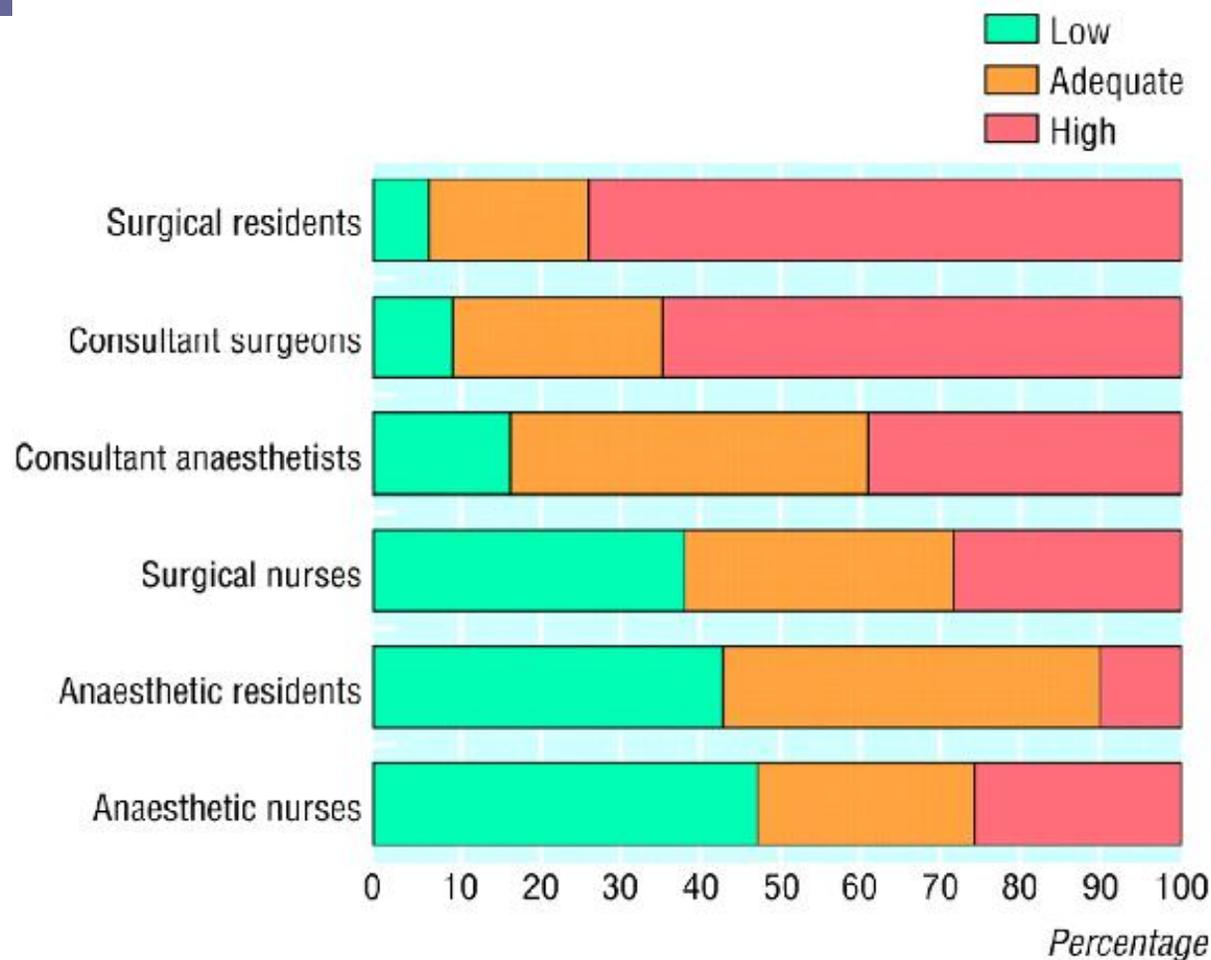
Team Formation to Reduce Human Error

- Leadership- in command, decisive and encourage participation
- Communication Environment- communication channels established and maintained, read back
- Resolve conflicts constructively

Trained Observers rating of Team Work



Rating of Team Work with consulting surgeon



What is CRM???

- CRM is a term drawn from the airline industry where it stood for Crew Resource Management
- It has been imported into medicine where it has become Crisis Resource Management or Critical Event Resource Management
- It is really all about communication

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- **Three pillars of safety for airlines: Standard operating procedures, CRM and professional culture.**
 - **Little SOP, no CRM and a professional culture that is committed but it tries to deny the existence of human weakness.**

Briefings - An Overview

- * Sets the tone for the day, the procedure, the hand-off, unexpected changes in the care process ...
- * Establishes competence
 - Organized
 - Technically & socially competent
 - Disavows perfection
- * Predicts what will happen later
- * Owned by entire team
- * Used effectively by other high risk, high reliability organizations and healthcare teams

Planning/ Briefing to Reduce Human Error

- Plans stated- shared mental model
- Workload assignment- roles and responsibility defined
- Contingency management- strategy to anticipate and manage threat

Same Game – Call It What You Will

- * Time Outs
- * Pauses
- * Double Checks
- * Language is critical – use terms that seem natural and work for you

Role of Pre-procedural Briefing

- Establish sense of team
 - Introduce everyone
 - Open door to communication
- Review the plan, including known risks
 - Ensure that everyone is on the same page
- Provide mechanism for conflict resolution

Briefings - Key Elements

1. Involve others
2. Explicitly ask for inputs
3. Ask “knowable” information
4. Share information with others
5. Use first names
6. Make eye contact - face the person
7. Emphasize responsibility to offer inputs

Briefing Mechanics - When To Brief

- When to brief:
 - Start of the day
 - Prior to a procedure
 - On the spot / as the situation changes
 - Hand-offs (e.g., breaks, shift change, continuum)
- Other situations to consider briefing:
 - New team members
 - Fatigue or staffing challenges
 - Experienced and novices working side-by-side
 - Cultural differences

Briefings

Key Elements Checklist

- Got the person's attention
- Made eye contact, faced the person
- Introduced self
- Used person's name – familiarity is key !
- Asked knowable information
- Explicitly asked for input
- Provided information
- Talked about next steps
- Encouraged ongoing monitoring and cross-checking

Example: Setting the Stage

- * Vascular surgeon doing new, complicated procedure – endovascular aortic stent - in CV lab:
“I don’t have any pride invested here. I just want to get this right, so if you think of anything helpful or see me doing anything wrong, please let me know.”

Impact of Briefings in Kaiser OR Project

- Reduction in percent reporting high workload is common
- Reduction in percent reporting that it is difficult to speak up if they perceive a problem with pt care

Orange County Briefing Card



Surgeon

- ID patient and site
- What type of surgery?
- Realistic Time Estimate
- What is the desired position?
- Any special equipment needed?
- Is this a standard procedure or are there special needs?
- Are there any Anticipated problems?
- Will we need pathology?
- Is a Radiology C-arm or portable X-ray requested, and will it be needed?
- Are there any special intraoperative requests, i.e., wake-up, and hypothermia?
- Plan to transfuse? “Wet versus Dry”
- Use of drugs on the field?
- Do you want lines?
- Postop pain management-special request (CLE, blocks, etc.)

Circulator

- Identify patient site and marking
- Allergies?
- Verification of Medication on the back table
- X-ray available and other special services, (i.e., x-rays, Pacemaker, Cell Saver, Sales Rep, Laser)
- Blood available?

Scrub

- Do we have all the instruments?
- Are there any instruments missing from the tray?
- Are all the instruments working?
- What special instrumentation do we need?
- Do they have a question about the instruments?

Anesthesia

- What type of anesthesia will be used?
- Risks?
- Should we Anticipate any problems?
- Any special needs – positioning, medications?
- Special Lines driven by Anesthesia

Start of the Day Brief – OR - #3

- * Surgeon to anesth/nurses: Good morning, Jane and David. We're scheduled to do a laparoscopic cholecystectomy. Though we've all done lots of these, this one will be a little different. We may need to explore the common bile duct and use the choledochoscope. Jane, have you used this equipment recently?
- * Nurse: Yes, we used it a couple of days ago. I'll make sure it's in the room and working. Will you need to do a cholangiogram? If so, we'll need to turn the OR table so X-ray can fit under it.
- * Surgeon: Good thinking. We may very well need a cholangiogram.
- * Nurse: We'll switch the table and I'll call x-ray and give them a heads up. Anything else?
- * Anesth: This patient is fairly obese and has bad lungs. Both may well impact her ability to tolerate having her abdomen insufflated with CO2. She will certainly benefit from the shortest procedure possible.
- * Surgeon: Good point. Let me know if ventilation is a problem. OK guys, let's have a good day, and please let me know if you see anything of concern.

The Bottom Line

- * Looking back after something has gone wrong, we usually find:
- * CONCERN was expressed
- * The PROBLEM was stated, often not clearly
- * A PROPOSED ACTION didn't happen
- * A DECISION was not reached
- * Bottom Line - Stay with the problem, proposed action, and decision until it's clear all parties are having the same conversation