ARROWHEAD REGIONAL MEDICAL CENTER

The Heart of a Healthy Community

Communication

TeamSTEPPS

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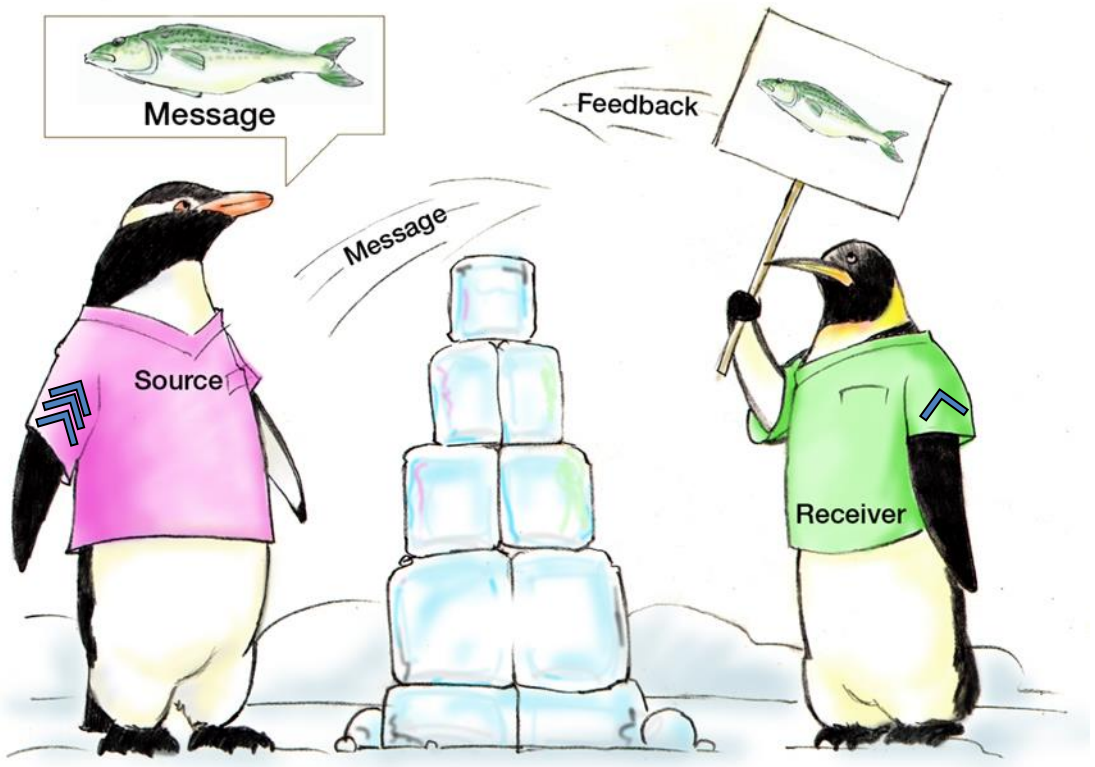
Communication

Power Differential

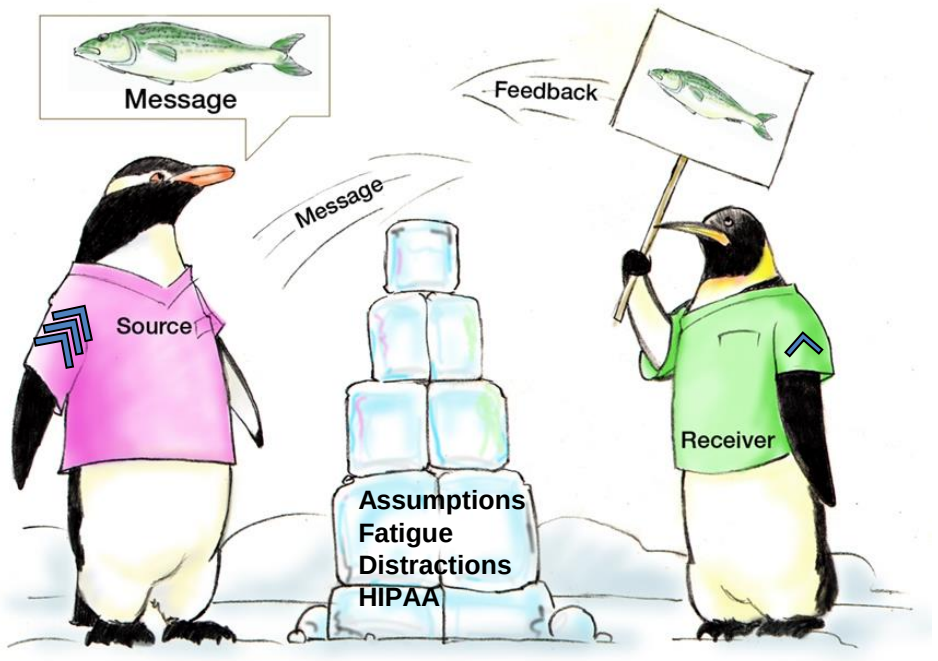


Assumptions
Fatigue
Distractions
HIPAA

Communication is…

- The process by which information is **exchanged** between individuals, departments, or organizations
- The lifeline of the Core Team
- Effective when it permeates every aspect of an organization

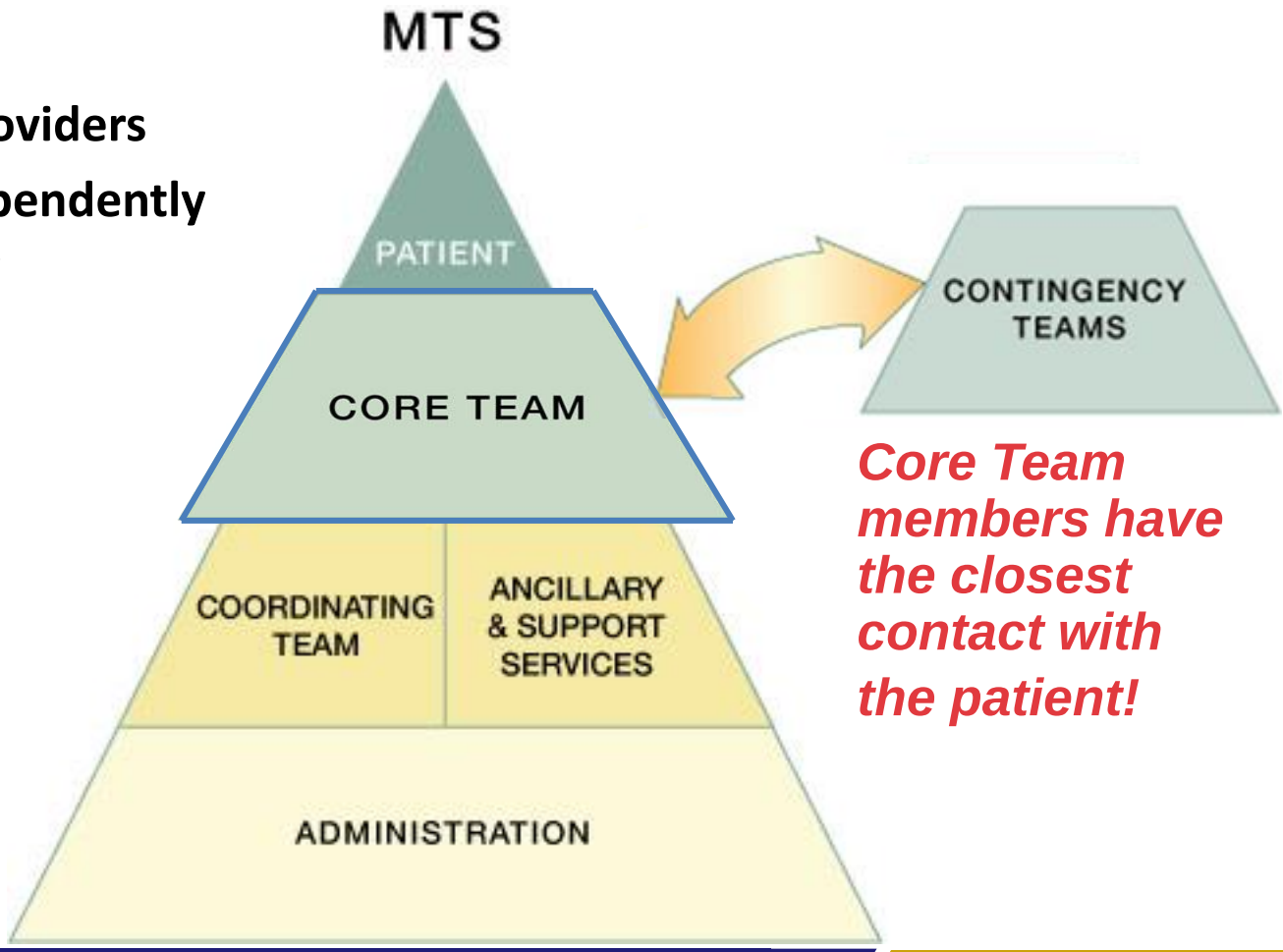
Power Differential



Communication

A Core Team is…

A group of care providers who work interdependently to manage a set of assigned patients from point of assessment to disposition



Core Team members have the closest contact with the patient!

Importance of Communication

- Joint Commission data continues to demonstrate the importance of communication in patient safety
  - 1995 - 2005: Ineffective communication identified as root cause for nearly 66 percent of all reported sentinel events*
  - 2010 - 2013: Ineffective communication among top 3 root causes of sentinel events reported**

** (JC Root Causes and Percentages for Sentinel Events (All Categories) January 1995–December 2005)*

*** (JC Sentinel Event Data (Root Causes by Event Type) 2004-2012)*

Standards of Effective Communication

- **Complete**
  - Communicate all relevant information
- **Clear**
  - Convey information that is plainly understood
- **Brief**
  - Communicate the information in a concise manner
- **Timely**
  - Offer and request information in an appropriate timeframe
  - Verify authenticity
  - Validate or acknowledge information

Communication Challenges

- Power Differential
- Language barrier
- Distractions
- Physical proximity
- Personalities
- Workload
- Varying communication styles
- Conflict
- Lack of information verification
- Shift change

Communication

How Do We Achieve the Following?

1. Standards of Effective Communication
2. Overcome Challenges/Barriers of Communication

ARMC will implement and monitor three tools:

1. ISBARQ
2. 2-Challenge Rule
3. 360 Peer Evaluation

Arrowhead Regional Medical Center's

ISBARQ

SBAR Provides…

A framework for team members to effectively communicate information to one another

Communicate the following information:

- **S**ituation—What is going on with the patient?
- **B**ackground—What is the clinical background or context?
- **A**ssessment—What do I think the problem is?
- **R**ecommendation—What would I recommend?

Handoff Consists of…

- Transfer of responsibility and accountability
- Clarity of information
- Verbal communication of information
- Acknowledgment by receiver
- Opportunity to review

Handoff is…

- The transfer of information during transitions in care across the continuum
  - Includes an opportunity to ask questions, clarify, and confirm

Communication

"I PASS THE BATON"

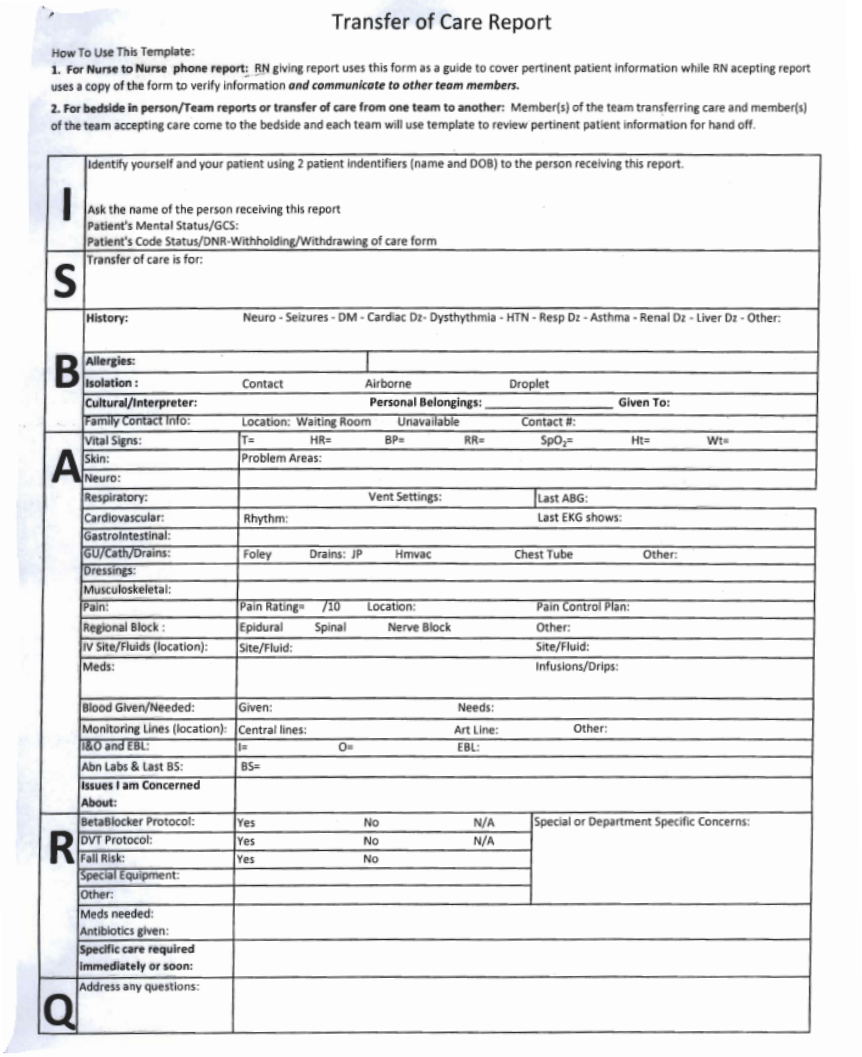
Introduction:	Introduce yourself and your role/job (include patient)
Patient:	Identifiers, age, sex, location
Assessment:	Present chief complaint, vital signs, symptoms, and diagnosis
Situation:	Current status/circumstances, including code status, level of uncertainty, recent changes, and response to treatment
Safety:	Critical lab values/reports, socioeconomic factors, allergies, and alerts (falls, isolation, etc.)
THE	
Background:	Comorbidities, previous episodes, current medications, and family history
Actions:	What actions were taken or are required? Provide brief rationale
Timing:	Level of urgency and explicit timing and prioritization of actions
Ownership:	Who is responsible (nurse/doctor/team)? Include patient/family responsibilities
Next:	What will happen next? Anticipated changes? What is the plan? Are there contingency plans?

Communication

ARMC's

ISBARQ

FORM



Transfer of Care Report

How To Use This Template:

1. **For Nurse to Nurse phone report:** RN giving report uses this form as a guide to cover pertinent patient information while RN acepting report uses a copy of the form to verify information ***and communicate to other team members.***

2. **For bedside in person/Team reports or transfer of care from one team to another:** Member(s) of the team transferring care and member(s) of the team accepting care come to the bedside and each team will use template to review pertinent patient information for hand off.

I	Identify yourself and your patient using 2 patient indentifiers (name and DOB) to the person receiving this report. Ask the name of the person receiving this report Patient's Mental Status/GCS: Patient's Code Status/DNR-Withholding/Withdrawing of care form							
S	Transfer of care is for:							
B	**History:**	Neuro - Seizures - DM - Cardiac Dz- Dysthythmia - HTN - Resp Dz - Asthma - Renal Dz - Liver Dz - Other:						
	Allergies:							
	Isolation :	Contact	Airborne	Droplet				
	Cultural/Interpreter:	**Personal Belongings:** _____ **Given To:**						
	Family Contact Info:	Location: Waiting Room Unavailable	Contact #:					
A	Vital Signs:	T=	HR=	BP=	RR=	SpO_2=	Ht=	Wt=
	Skin:	Problem Areas:						
	Neuro:							
	Respiratory:	Vent Settings:	Last ABG:					
	Cardiovascular:	Rhythm:	Last EKG shows:					
	GastroIntestinal:							
	GU/Cath/Drains:	Foley	Drains: JP	Hmvac	Chest Tube	Other:		
	Dressings:							
	Musculoskeletal:							
	Pain:	Pain Rating= /10	Location:	Pain Control Plan:				
	Regional Block :	Epidural	Spinal	Nerve Block	Other:			
	IV Site/Fluids (location):	Site/Fluid:	Site/Fluid:					
	Meds:	Infusions/Drips:						
	Blood Given/Needed:	Given:	Needs:					
	Monitoring Lines (location):	Central lines:	Art Line:	Other:				
	I&O and EBL:	I=	O=	EBL:				
	Abn Labs & Last BS:	BS=						
	Issues I am Concerned About:							
R	BetaBlocker Protocol:	Yes	No	N/A	Special or Department Specific Concerns:			
	DVT Protocol:	Yes	No	N/A				
	Fall Risk:	Yes	No					
	Special Equipment:							
	Other:							
	Meds needed: Antibiotics given:							
	Specific care required immediately or soon:							
Q	Address any questions:							

Communication

The Charge Nurse completes the audit form and doesn't tell the sending or receiving RN that they are being audited.

ISBARQ AUDIT TOOL

This tool will be used to audit how the transfer of care is carried out between the PACU/OR Personnel and the ICU Registered Nurse. The Charge Nurse will complete this form with every transfer from the PACU/OR. The Charge Nurse will not prompt/remind the RN about the expectation to use ISBARQ because all staff have been instructed to do so.

	ITEM	YES	NO
1.	Was report given over the phone prior to the patient arriving to the unit?	☐	☐
2.	Upon arrival, was the patient stable and monitored for SpO2 and ECG Leads prior to report?	☐	☐
3.	Did the receiving RN say, "Let's pause for transfer of care report?"	☐	☐
4.	Did the sending RN/Anesthesia say, "Let's pause for transfer of care report?" if the receiving RN forgot?	☐	☐
5.	Was report given in the ISBARQ format?	☐	☐

Date: _____ Time: _____

From (please circle): PACU OR MICU/SICU

TEAM MEMBERS

Receiving RN (print): _____

Sending RN/Anesthesia (print): _____

Charge RN (Print): _____

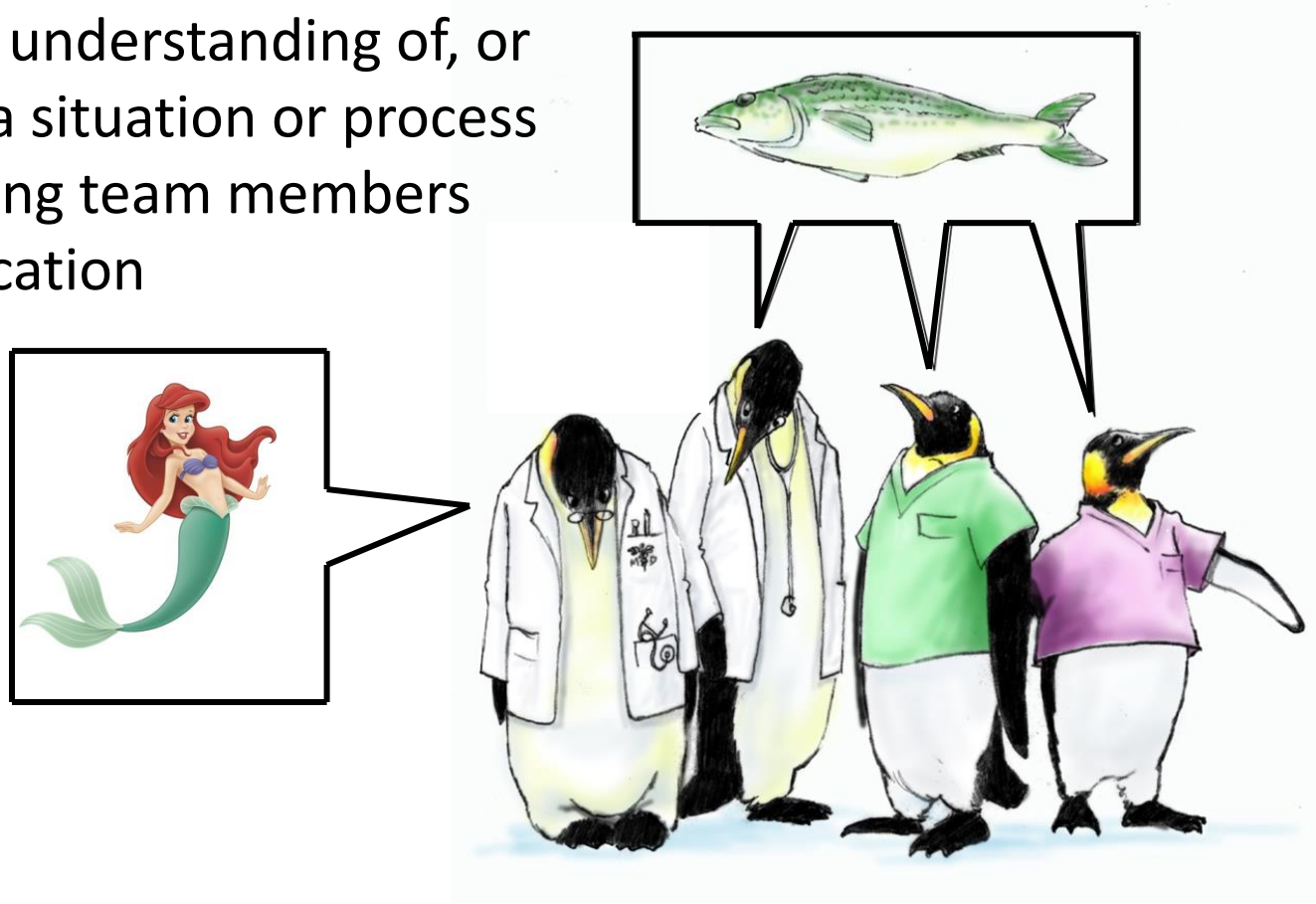
Charge RN (signature): _____

AUDIT RESULTS

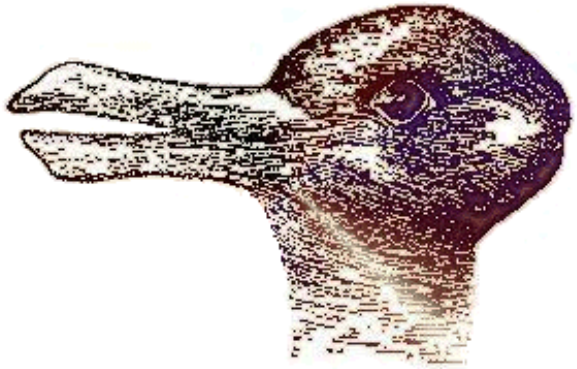
- N= 20
- Transfer of care during day shift? 19/20 (95%)
- Was report given over the phone? 14/20 (70%)
- Upon arrival, was the patient stable and monitored? 20/20 (100%)
- Did the receiving RN say, “Let’s pause for transfer of care report?” 9/20 (45%)
- Did the sending RN/Anesthesia say, “Let’s pause for transfer of care report?” 2/20 (10%)
- Was report given in the ISBARQ format? 15/20 (75%)

A Shared Mental Model is…

The perception of, understanding of, or knowledge about a situation or process that is shared among team members through communication



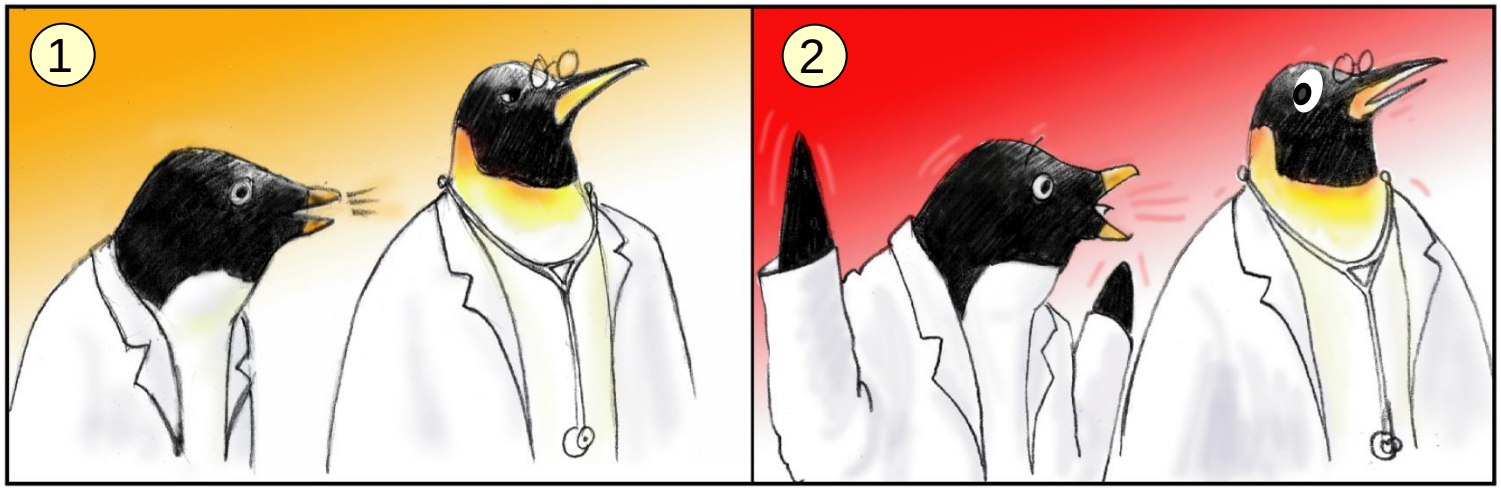
What Do You See?



Communication

Shared Mental Model?

Two-Challenge Rule



Two-Challenge Rule

Invoked when an initial assertion is ignored…

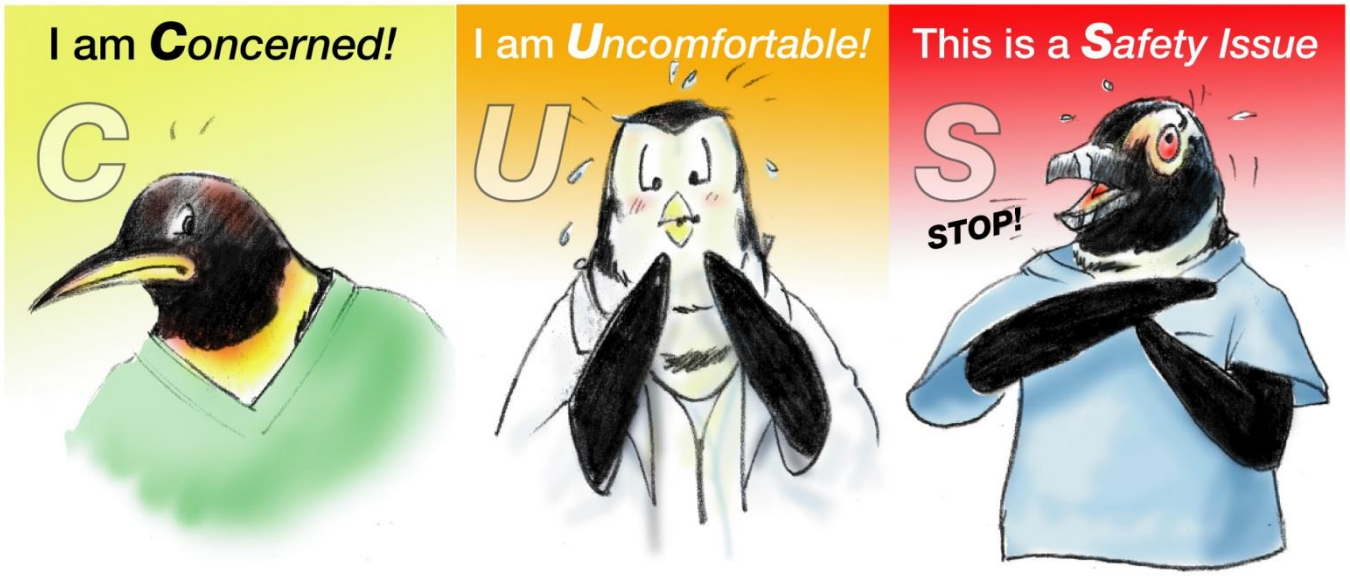
- It is your *responsibility* to assertively voice your concern at least *two times* to ensure that it has been heard
- The member being challenged must acknowledge
- If the outcome is still not acceptable
  - Take a stronger course of action
  - Use supervisor or chain of command

Two-Challenge Rule cont.

- Empower any team member to "stop the line" if he or she senses or discovers a breach of safety.
- This is an action never to be taken lightly, but it requires immediate cessation of the process and resolution of the safety issue.

Please Use CUS Words

but *only* when appropriate!



Communication

ARROWHEAD REGIONAL MEDICAL CENTER
Administrative Operations Manual

POLICY NO.
Page 1 of 1

SECTION: III. PATIENT CARE
SUBJECT: 2-Challenge Rule
APPROVED BY: _____
Chief Executive Officer

POLICY

Multidisciplinary team members are encouraged to advocate for their patients and to voice concerns to each other should a problem arise. Effective communication is complete, clear, brief, and timely. ISBARQ (Identity, Situation, Background, Assessment, Recommendation, and Questions) is the standard format used at ARMC to convey pertinent information between team members. The 2-Challenge Rule empowers all team members to stop and rethink a situation or decision if they sense or discover an essential safety breach.

PROCEDURE

I. WHEN AN INITIAL ASSERTION IS IGNORED:
   A. It is the team member's responsibility to assertively voice concern at least two times to ensure he/she has been heard. "**CUS**" may be utilized to reinforce the 2-challenge rule:
      1. Example:
         a. "I'm CONCERNED that you want _____ for Patient X?"
         b. "Yes, that is my order."
         c. "I'm UNCOMFORTABLE that you want _____ for Patient X?"
         d. "My order is final. Please carry out my order."
         e. "This is a SAFETY issue. We need another consult."
   B. The team member being challenged must acknowledge the concern.
   C. If the outcome is still not acceptable:
      1. Take a stronger course of action
      2. Utilize the supervisor chain of command until the safety issue is solved and optimal outcome is achieved.

REFERENCES:

TeamSTEPPS(2015). https://www.med.unc.edu/ihqi/files/teamstepps/implementation-package/TeamSTEPPS%20QuickFacts%20%284%29.pdf

SimulHealthc. 2009Summer;4(2):84-91.doi: 10.1097/SIH.0b013e31818cffd3. http://www.ncbi.nlm.nih.gov/pubmed/19444045

DEFINITIONS:

ATTACHMENTS:
APPROVED:
EFFECTIVE:
REVISED:
REVIEWED:

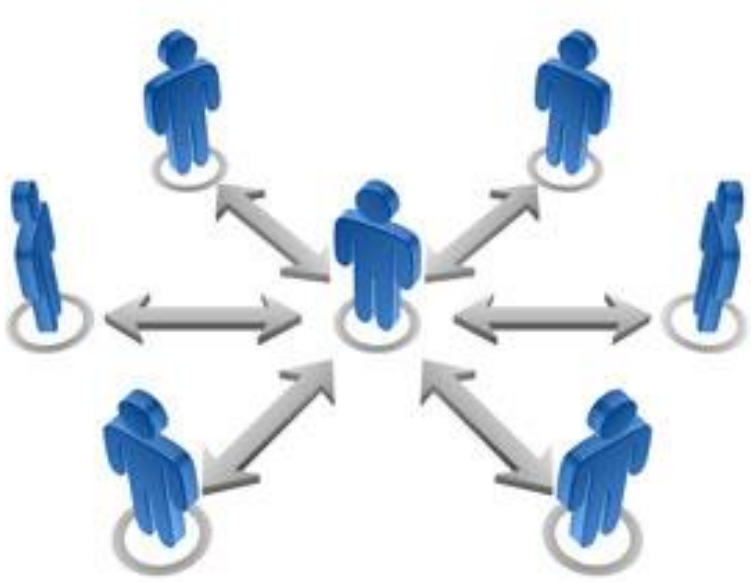
Mutual Support

Mutual Support

Mutual support involves members:

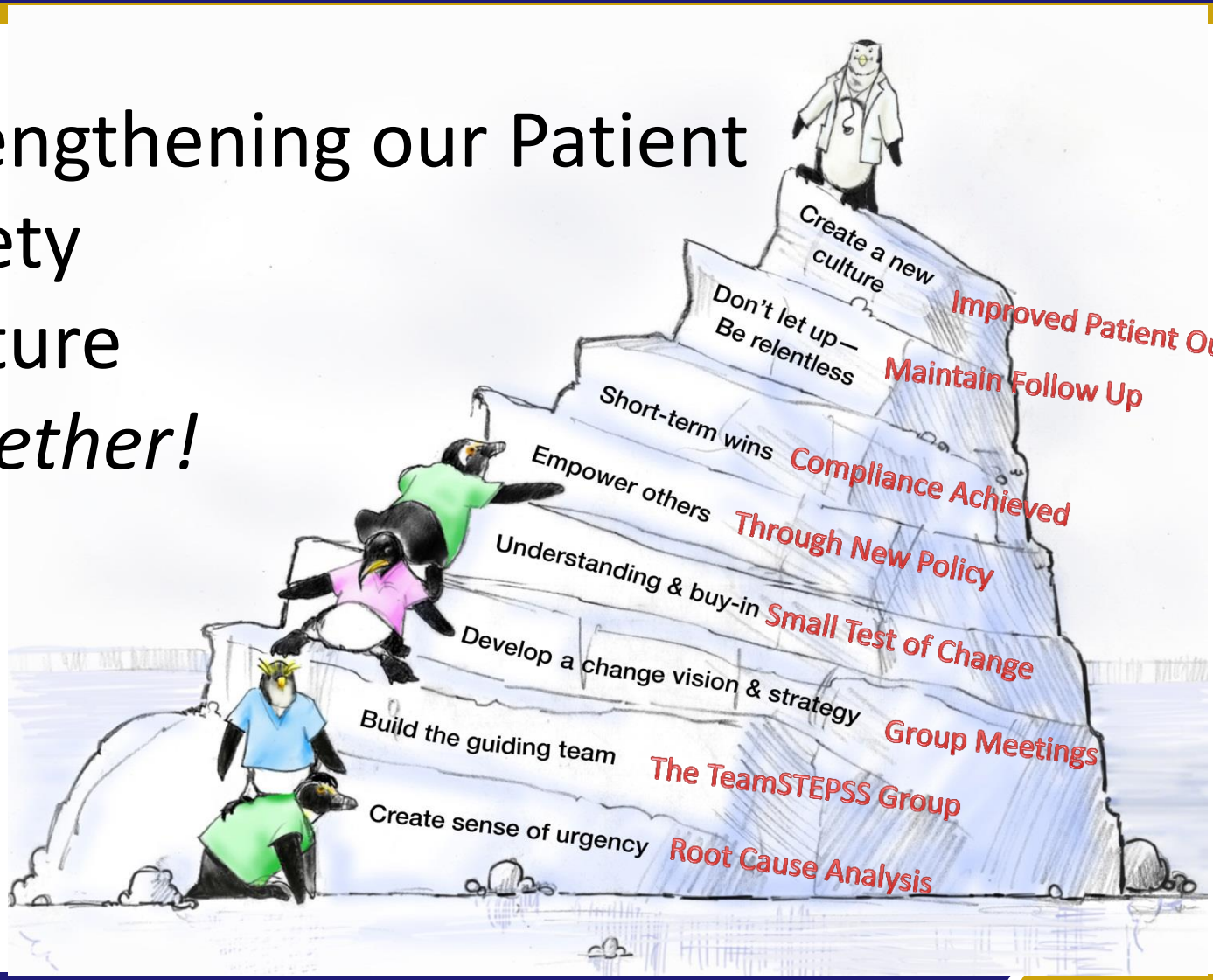
1. Assisting each other
2. Providing and receiving feedback
3. Exerting assertive and advocacy behaviors when patient safety is threatened

360° Peer Evaluation



Communication

Strengthening our Patient Safety Culture *Together!*



John Kotter