Vital Signs for Team Communication: Avoiding life support

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Vital signs for team communication: Avoiding life-support

This is session will provide you with the knowledge to:

1. Recognize how ineffective team communication creates risks to patient safety and team culture.
2. Understand the impact of ineffective team communication on organizational reputation, malpractice risk and business performance.
3. Identify team communication tools, training, and resources to enhance patient safety.
4. List next-step action plans to identify, prioritize and implement improvements in team communication.

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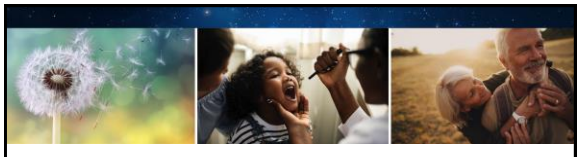

Intro
Communication Gaps

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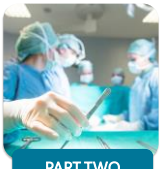
Session roadmap

PART ONE
Risks and impact


PART TWO
Breakdowns in communication

PART THREE
Teamwork training

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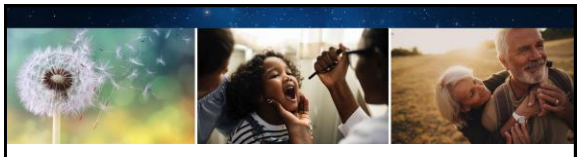

Part One
Risks and impacts

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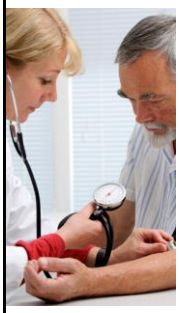
What skills make a good clinician?



We think of:

- Clinical skills
- Technical skills
- Organizational skills

We don't always think of:

- Communication skills
- Teamwork skills

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Impact on patient safety

An estimated 80% of serious medical errors involve miscommunication between caregivers during the transitions of patients
– Joint Commission Center for Transforming Health Care

73% of patients say they are concerned about the potential for medical errors
- Wolters Kluwer Health Survey 2012

26% of surgery cases involve one or more communication errors
- CRICO's 2015 Annual Benchmarking Report

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The cost of communication issues

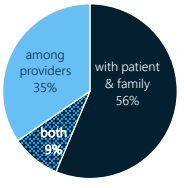
N=413 | $111.4 Million Total Incurred Costs | Asserted 2013-2017

Allegations with communication factors

39.7%
claim occurrence

$156.9 million
total incurred cost

Communication factors



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Communication breakdowns among providers

N=413 | $111.4 Million Total Incurred Costs | Asserted 2013-2017

Top Communication Breakdowns	% Cases	Losses (millions)
Regarding patient's condition	53%	$74.3M
Not reading other provider's notes	20%	$21.1M
Poor professional relationship/rapport	9%	$10.3M
Lost info in transitions of care	9%	$5.4M
Not closing the loop	6%	$10.7M
Due to hierarchical issues	3%	$11.4M

More than one factor can be identified in a claim

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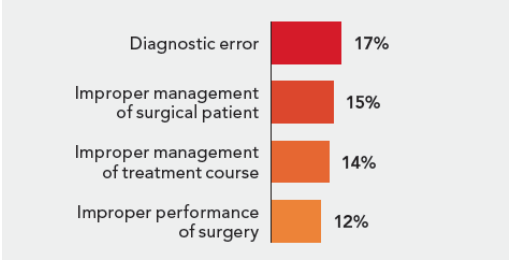
Top allegations impacted by communication failure



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Causative vs. contributing

- Communication is often a contributing factor
- Often overlooked in event investigations
- 49% of cases with team communication gaps resulted in indemnity payments
- 14% more than breakdown in patient communication

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Team communication failures

Factors

- Workload pressure
- Cumbersome EHRs
- Lack of role clarity
- Distractions
- Workplace culture

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Why it matters

Impact on patients

- Poor medical outcomes
  - Diagnostic errors
  - Surgical errors
  - Medical treatment errors
- Poor patient experiences
- Financial burden
- Disability, death

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Why it matters

Impact on clinicians and team members

- Second Victim Syndrome
- Sleeplessness
- Fatigue
- Insecurity
- Poor concentration and memory
- Difficulty thinking clearly, uncertainty
- Different attitude with patients
- Different attitude with the team

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Why it matters

Impact on care teams

Teamwork influences

- Team member relationships
- Culture of support
- Workload management
- Job satisfaction
- Reduce turnover
- Patient safety
- Improve patient relationships

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Why it matters

Impact on organization

- Financial
  - Poor patient experience scores
  - Hospitalizations, readmissions
  - Poor team performance = decreased productivity
  - Turnover due to burnout
  - Recruitment costs
  - Second victim burnout
  - Malpractice claims
  - Reputation damage

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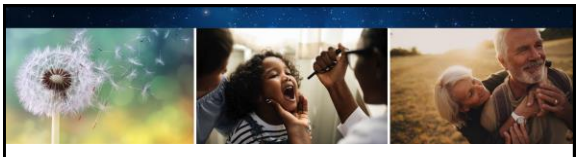

Part Two
Breakdowns in Communication

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Health care is complex

Comfort with complexity

- Processes and workflows become routine
- Familiarity with co-workers can lead to assumption and presumptive responses

Did you know
Breakdowns in communication are more common among people who know each other than between strangers?

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Common communication breakdowns

- Documentation failures
- Incomplete handoffs
- Transition in care failures

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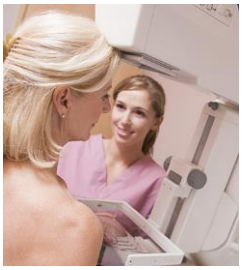
Documentation failures

- Documentation is the way health care teams communicate
- Timely documentation is vital for clinical decision-making
- Documentation is essential for referral management



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Incomplete handoffs

- Non-standardized communication is a root cause of patient injury during handoffs
- Handoff failures involve
  - Content omissions
  - Illegible, unclear, or untimely communication

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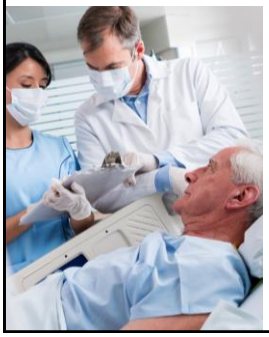
Trouble at times of transition



Communication with
- My hospital
- My department
- Our health system

But what about with
- Other health care organizations

Care transition is a team sport, and yet all too often we don't know who our teammates are, or how they can help.

Dr. Eric Coleman

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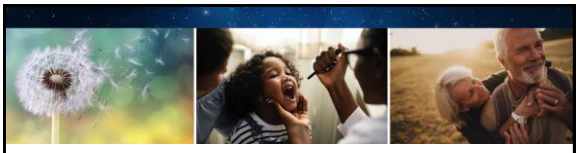

Part Three
Teamwork Training

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TeamSTEPPS

Team **S**trategies & **T**ools to **E**nhance **P**erformance & **P**atient **S**afety

- Decades of research
- Evidence-based system
- Shown to improve
  - Attitudes
  - Knowledge
  - Behavioral skills
- Practical and adaptable
- Ready-to-use materials

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Health care is a team sport

The TeamSTEPPS model
- Leadership
- Situation monitoring
- Mutual support
- Communication

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AHA Team Training model/logo

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Vital signs to assess your organization

- What do your incident reports and patient complaints tell you?
- Do communication failures cause or contribute to bad outcomes in your organization?
- Do team members seek and offer assistance to each other?
- Is every member of the team empowered to say something if they see something bad happening?
- How do you communicate across the continuum of care?
  - Do you support their care of the patient?
  - Do they have all the information they need?

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Next steps

What tools or strategies can be leveraged for identified gaps?

- Full TeamSTEPPS training
- Select TeamSTEPPS tools
- INTERACT tools
- Partnering with other health care organizations

Decide who will be included *Hint: everyone*

Create a sense of urgency

Gain and sustain leadership support

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"Leadership is the art of getting someone else to do something you want done, because he wants to do it."

– Dwight D. Eisenhower

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Types of team leaders

Designated:

Assigned to lead, organize, establish goals and facilitate communication and teamwork

Situational:

Any team member who has the skills to manage the situation at hand

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Effective team leaders

- Organize the team
- Share clear goals
- Make decisions using input of team members
- Empower team members to speak up and challenge when necessary
- Actively promote, model, and facilitate positive teamwork
- Model conflict resolution
- Lead team events such as
  - Huddles
  - Briefs
  - Debriefs

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Huddles, briefs, and debriefs

Problem Solving

- Huddle – Ad hoc planning to reestablish situation awareness; reinforce plans already in place; and assess the need to adjust the plan

Planning

- Brief – Short session before starting to discuss team formation; assign essential roles; establish expectations and climate; anticipate outcomes (including potential bumps in the road) and likely contingencies

Process Improvement

- Debrief – Informal information exchange and action review designed to improve team performance and effectiveness

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Situation monitoring

- Continually assessing what's going on around you
- Knowing what is going on around you
- Broadening the view to avoid task fixation
- Retaining a shared mental model
- Promoting support of fellow team members
- Ensuring new or changing information is identified for communication and decision-making

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Sharing a mental model

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

What do you see in this picture? Does everyone agree?

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Factors that can undermine situational awareness

Failure to

- Share information across the team
- Request information from others
- Direct information to team members
- Include patient or family in communication
- Utilize resources fully (e.g., status board, automation)
- Maintain documentation
- Know and understand where to focus attention
- Know and understand the plan
- Inform team members that the plan has changed

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Mutual support

A chain is only as strong as its weakest link. - Unknown

Mutual support is when team members

- Assist each other
- Provide and receive feedback
- Exert and support assertive behaviors and advocacy when patient safety is threatened

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Task assistance – a form of mutual support

Team members foster a climate in which it is expected that assistance is actively *sought* and *offered* as a method to reduce the occurrence of error

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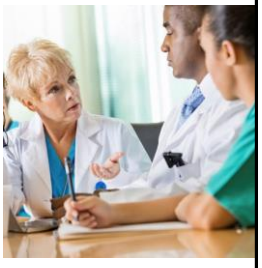
Feedback – another form of mutual support

Formal

- Retrospective and typically scheduled in advance
- Examples: Collaborative discussions, case conferences, individual performance reviews

Informal

- Typically in real time and an ongoing basis
- Focus on knowledge and practical skill development
- Examples: Huddles, debriefs



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Effective feedback is....

- Timely
- Respectful
- Specific
- Directed toward improvement
- Considerate

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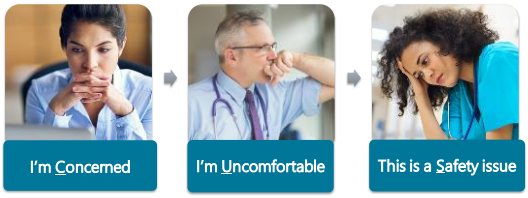
Please CUS when appropriate



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Advocacy and assertion

- Assert corrective action in a *firm* and *respectful* manner
- Clearly state concerns and suggestions in a nonthreatening manner that ensures critical information is addressed

Five-Step Process:

1. Open the discussion
2. State the concern
3. State the problem—real or perceived
4. Offer a solution
5. Obtain an agreement

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Conflict in teams

Informational conflict	Interpersonal conflict
When you each have different information or need to get back to a shared mental model	When there may be hostile or harassing behavior between team members
Use the Two-challenge Rule or DESC Script	Use of the DESC Script is recommended

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DESC Script

Timely constructive approach to manage and resolve conflict

- **D**escribe the specific situation or behavior; provide data
- **E**xpress your concerns about the action
- **S**uggest other alternatives and seek agreement
- **C**onsequences stated in terms of impact on team goals and safety

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DESC Script

- Always strive for a win-win whenever possible
- Frame problem in terms of your own experience or observation
- Choose a private location
- Use "I" statements; avoid blaming statements
- Critique is not criticism
- Focus on what is right, not who is right

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Two-challenge rule

This tool empowers any team member to *stop the line* when they sense or discover a breach of safety

The sender of the message holds the *responsibility* to assertively voice their concern at least *two times* to ensure that it has been heard and received

The team member receiving the challenge must *acknowledge* the challenge with correction or rationale.

If the outcome is still not acceptable:

- Take a stronger course of action
- Engage a supervisor or the chain of command

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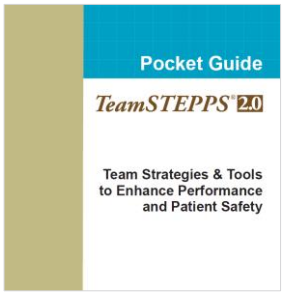
Pocket Guide Team Strategies and Tools



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Communication tools

Communication is

- The lifeline of the team
- Effective when it can permeate every aspect of an organization

Messaging and feedback loops can root out the negative impacts of:

- Assumptions
- Fatigue
- Distractions

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Call-out

A strategy used to communicate important or critical information

- It informs all team members simultaneously during emergency situations
- It helps team members anticipate next steps

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Handoffs

Handoffs should be completed every time care is transitioned to another's responsibility and should:

- Utilize a standard format
- Identify responsibility and accountability
- Provide clear pertinent information
- Be acknowledged by receiver
- Allow opportunity to ask clarifying questions

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Handoff tools

- SBAR
  - Situation: What is going on with the patient?
  - Background: What is the background or context?
  - Assessment: What do I think the problem is?
  - Recommendation: What would I recommend?
- ANTICipate
  - Administrative Data; New clinical information; Tasks to perform; Illness severity; Contingency plans
- I PASS
  - Illness severity; Patient Summary; Action list; Situation awareness and contingencies; Synthesis and "read back" of the information

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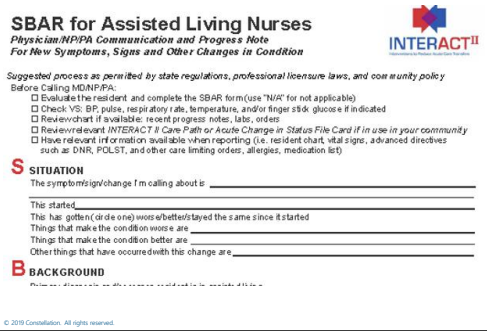
INTERACT: SBAR for assisted living



SBAR for Assisted Living Nurses

Physician/NP/PA Communication and Progress Note
For New Symptoms, Signs and Other Changes in Condition

INTERACT II

Suggested process as permitted by state regulations, professional licensure laws, and community policy

Before Calling MD/NP/PA:

- ☐ Evaluate the resident and complete the SBAR form (use "N/A" for not applicable)
- ☐ Check VS: BP, pulse, respiratory rate, temperature, and/or finger stick glucose if indicated
- ☐ Review chart if available: recent progress notes, labs, orders
- ☐ Review relevant *INTERACT II Care Path or Acute Change in Status File Card if in use in your community*
- ☐ Have relevant information available when reporting (i.e. resident chart, vital signs, advanced directives such as DNR, POLST, and other care limiting orders, allergies, medication list)

S SITUATION

The symptom/sign/change I'm calling about is _____

_____

This started _____

This has gotten (circle one) worse/better/stayed the same since it started

Things that make the condition worse are _____

Things that make the condition better are _____

Other things that have occurred with this change are _____

B BACKGROUND

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Partnering in your community

- Many senior living organizations have capacity to increase their clinical services.
- This can avoid a hospital transfer and keep a resident in their familiar environment where they are less likely to incur harm due to being in unfamiliar territory.
- In one case, the hospital invited a community senior living partner for an all-day educational session about cardiac care - from EKG reading, to the use of a defibrillator, to understanding blood pressure management.

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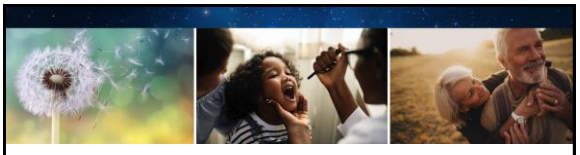

Conclusion

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Now it's your turn

1. How will you assess your organization's teamwork and communication when you get back?
   _____
2. What tools for change or improvement will you explore in the next 3 months/6 months/year?
   _____
3. How will you measure success?
   _____

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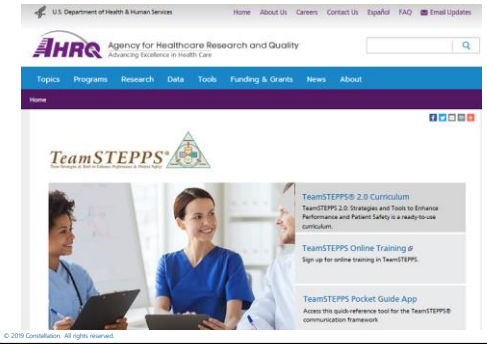
TeamSTEPPS Resources and Tools