Communication Tools

• Closed Loop Communication
• Two-Challenge Rule
• CUS
• SBAR
• Call-Out
• Check-Back
• Handoff-”I Pass the Baton”
Closed Loop Communication

• 70—80% of medical errors are caused by communication problems (Risk Management Foundation).

• Effective teams prevent communication problems by using closed looped communications.

• Each verbal communication is addressed to a specific person by name and the person receiving the communication repeats the message back to the sender.
Closed Loop Communication

• This ensures that the message received is the message that was sent and that one specific person is responsible for responding to the speaker and completing the task.

• There is no confusion about what is needed or who will do it.

  • For example, a surgeon will shout out “hang another unit of blood.” But who is supposed to do it?

    • In a closed loop communication, the surgeon would say, “Susan, hang another unit of blood” and Susan would reply “Hanging another unit of blood” and then do it.
Two-Challenge Rule

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

Empowers all team members to "stop the line" if they sense or discover an essential safety breach.
I am CONCERNED!
I am UNCOMFORTABLE!
This is a SAFETY ISSUE!

“Stop the Line”
A technique for communicating critical information that requires immediate attention and action concerning a resident’s condition

- **Situation — What is going on with the resident?**
  "I am calling about Mrs. Mary Smith, 88 years old, who has had a change in condition. She has a new onset of confusion, has developed a cough, ate very little today, and has been refusing all extra fluids."

- **Background — What is the clinical background or context?**
  "Mrs. Smith has type 2 diabetes, arthritis, osteoporosis, cataracts, stress incontinence, and mild cognitive impairment."

- **Assessment — What do I think the problem is?**
  "She is lethargic but responsive to simple verbal commands. She has a dry cough and on auscultation of her lungs has some rhonchi in the right base. Her urine looked cloudy."

- **Recommendation and Request — What would I do to correct it?**
  "I am wondering if she is starting with a UTI or a respiratory infection. I think she is stable to stay here but should we get a urine sample, chest x ray, or any lab work?"
Call-Out

Strategy used to communicate important or critical information

- Informs all team members simultaneously during emergent situations
- Helps team members anticipate next steps
- Important to direct responsibility to a specific individual responsible for carrying out the task
- Example during an incoming trauma:
  - Leader: "Airway status?"
  - Resident: "Airway clear"
  - Leader: "Breath sounds?"
  - Resident: "Breath sounds decreased on right"
  - Leader: "Blood pressure?"
  - Nurse: "BP is 96/62"
Check-Back

- Process of using closed-loop communication to ensure that information conveyed by the sender is understood by the receiver as intended
- The steps include the following:
  - Sender initiates the message
  - Receiver accepts the message and provides feedback
  - Sender double-checks to ensure that the message was received
- Example:
  Nurse: “Apply 2 liters of oxygen via nasal cannula.”
  Nursing Assistant: “2 liters oxygen via nasal cannula.”
  Nurse: “Yes, that’s correct.”
Handoff

- The transfer of information (along with authority and responsibility) during transitions in care across the continuum; to include an opportunity to ask questions, clarify, and confirm

- Examples of transitions in care include shift changes, physicians transferring complete responsibility, and resident transfers
### Handoff-I Pass the Baton

<table>
<thead>
<tr>
<th>I</th>
<th>Introduction</th>
<th>Introduce yourself and your role/job (include resident)</th>
</tr>
</thead>
<tbody>
<tr>
<td>P</td>
<td>Patient/Resident</td>
<td>Name, identifiers, age, sex, location</td>
</tr>
<tr>
<td>A</td>
<td>Assessment</td>
<td>Relevant diagnoses and complaints, vital signs, symptoms</td>
</tr>
<tr>
<td>S</td>
<td>Situation</td>
<td>Current status (e.g., ADL status, intake/appetite, elimination, behavior, cognition), circumstances, including code status, level of uncertainty, recent changes, response to treatment</td>
</tr>
<tr>
<td>S</td>
<td>SAFETY Concerns</td>
<td>Critical lab values/reports, allergies, alerts (falls, isolation, etc.)</td>
</tr>
<tr>
<td>B</td>
<td>Background</td>
<td>Other diagnoses, previous episodes, current medications, history</td>
</tr>
<tr>
<td>A</td>
<td>Actions</td>
<td>What actions were taken or are required? Provide brief rationale</td>
</tr>
<tr>
<td>T</td>
<td>Timing</td>
<td>Level of urgency and explicit timing and prioritization of actions</td>
</tr>
<tr>
<td>O</td>
<td>Ownership</td>
<td>Who is responsible (nurse/doctor/APRN/nursing assistant)? Include resident/family responsibilities</td>
</tr>
<tr>
<td>N</td>
<td>Next</td>
<td>What will happen next? Anticipated changes? What is the plan? Are there contingency plans?</td>
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</tbody>
</table>