

Communication Tools

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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.

CUS

I am **C** ONCERNED!

I am **U** NCOMFORTABLE!

This is a **S** AFETY ISSUE!

“Stop the Line”

SBAR

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

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