

January 30, 2014



SBAR, Structured Communication, and Psychological Safety in Health Care





**Waiting for
WIHI to start?**

Take our poll!

- **Question 1:** What are the most significant communication challenges I face in my day-to-day work?
- **Question 2:** What drew you to this WIHI program?

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Code: 664 736 347



Having Audio Issues?



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- Notify WIHIAdmin through the WebEx chat
- If the problem persists, notify IHI Customer Service at 617.301.4800 or info@ihi.org

Download resources and slides when you log off or next day on IHI.org/WIHI

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Madge Kaplan

Director of Communications
Institute for Healthcare Improvement



Madge Kaplan, IHI's Director of Communications, is responsible for developing new and innovative means for IHI to communicate the stories, leading examples of change, and policy implications emerging from the world of quality improvement — both in the U.S. and internationally. Prior to joining IHI in July 2004, Ms. Kaplan spent 20 years as a broadcast journalist for public radio – most recently working as a health correspondent for National Public Radio. Ms. Kaplan was the creator and Senior Editor of Marketplace Radio's Health Desk at WGBH in Boston, and was a 1989/99 Kaiser Media Fellow in Health. She has produced numerous documentaries, and her reporting has been recognized by American Women in Radio and Television, Pew Charitable Trusts, American Academy of Nursing and Massachusetts Broadcasters Association.

For resources & slides, visit IHI.org/WIHI

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Michael Leonard

Safe & Reliable Healthcare



Michael Leonard, MD, a founder of **Safe & Reliable Healthcare**, is a cardiac anesthesiologist by training, who spent 20 years with Kaiser Permanente, both in the Colorado region as a practicing clinician and leader, and 10 years as the National Physician Leader for Patient Safety across the Kaiser system. In 1999, he helped Kaiser forge a collaborative relationship with Dr. Robert Helmreich's Human Factors Research Project, which was seminal in bringing Crew Resource Management into aviation. The new work was designed to integrate human factors teamwork and communication training into healthcare.

Dr. Leonard has a deep interest in culture, teamwork, and reliability in diverse areas of clinical practice. He has taught extensively throughout the Kaiser Permanente system and for outside organizations in high-risk areas such as surgery, obstetrics, critical care, and others to enhance safety. At IHI, he has been active in several domains, including the Patient Safety Executive Development Program (formerly the Patient Safety Officer Training Course), Transforming Care at the Bedside, the Open School, the Safer Patients Initiative in the United Kingdom, and Patient Safety Scotland.

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Teams

- **WHAT TEAMS DO:**

Plan Forward

Reflect Back

Communicate Clearly

Manage Conflict

The associated behaviors:

Brief (huddle, pause, timeout, check-in)

Debrief

Structured Communication SBAR
and Repeat-Back

Critical Language



Leaders

The associated behaviors:

GENERATE TRUST

Open; Honest; Approachable

PROMOTE RESPECT

Non-negotiable; Non-hierarchical

PSYCHOLOGICAL SAFETY

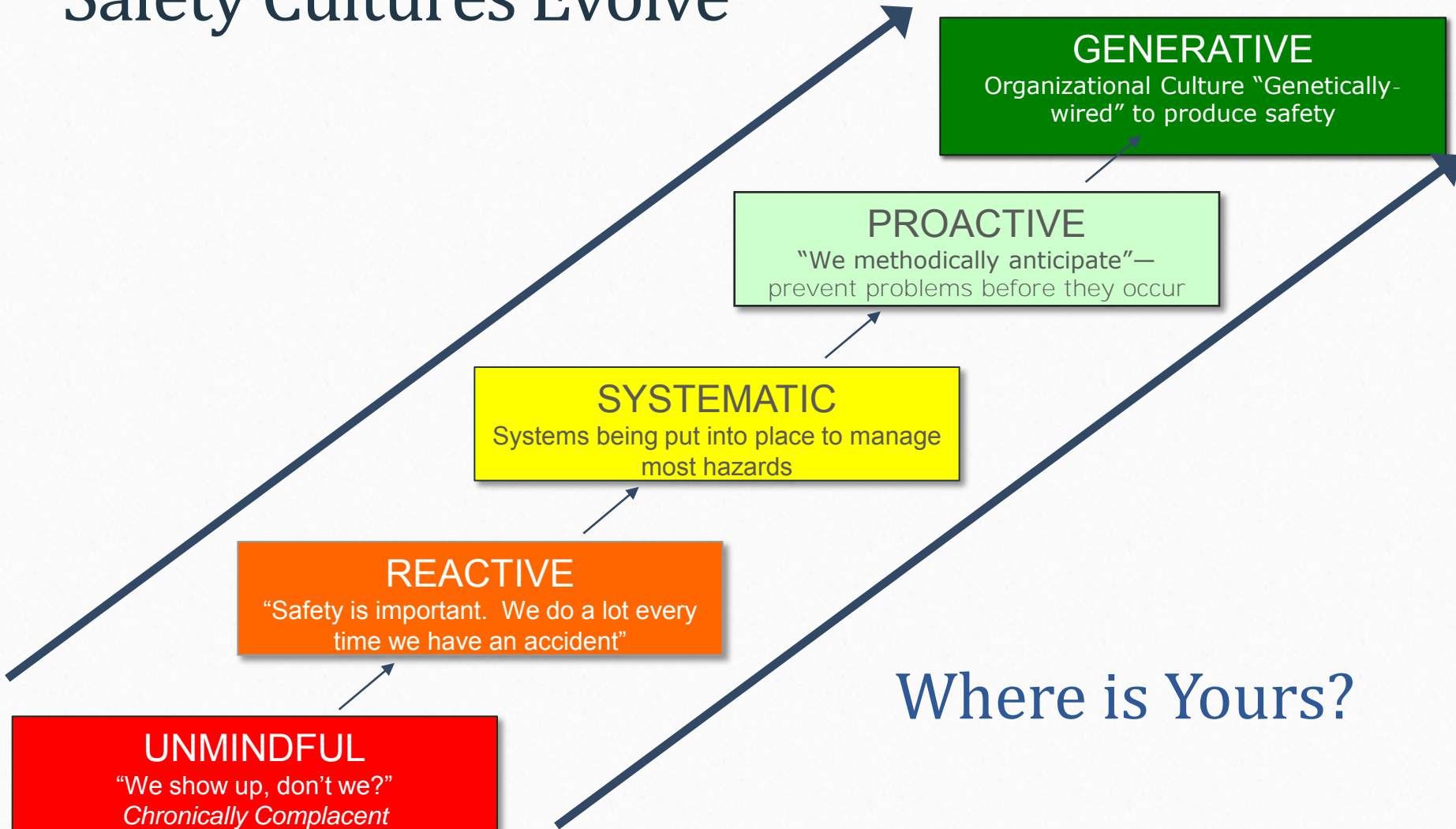
Responsive to team members speaking up about concerns and ideas

JUST CULTURE

Clear policy and practice of fair treatment and accountability



Safety Cultures Evolve



Where is Yours?



SocioTechnical Framework

Unmindful • Reactive • Systematic • Proactive • Generative

- Patient & Family Centered Care
- Leadership – Senior and Clinical
- Effective Teamwork
- Psychological Safety
- Organizational Fairness
- Reliable Processes of Care
- Learning System - Improvement



Jill Morgan

UnityPoint Health – St. Luke's Hospital



Jill Morgan RN, BSN, MBA, NE-BC, has been a **Nurse Manager** of a 16-bed Medical Surgical Intensive Care Unit and Acute In-Patient Dialysis at UnityPoint Health – St. Luke's Hospital in Cedar Rapids, Iowa since 2001. She was recently appointed Director of Hospice, Palliative Care, Spiritual Care, UnityPoint at Home and Home Medical Equipment. Ms. Morgan has led several transformational initiatives including the implementation of Multidisciplinary Rounds, Family Presence during resuscitation, Family-Centered Visiting in Critical Care, and Rapid Response Teams. A member of the Society of Critical Care Medicine, American Association of Critical Care Nurses, and Iowa Organization of Nurse Leaders, Ms. Morgan has been honored by the American Association of Critical Care Nurses (Beacon Award), 100 Great Iowa Nurses, and the Iowa Organization of Nurse Leaders (Innovation Award 2012: Behavioral Health Rapid Response Team). Ms. Morgan is also the recipient of the Iowa Organization Nurse Leaders 2013 Outstanding Nurse Leader award.

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SBAR Communication – Clinical Ethics Committee Consult

- **Situation:** Referral from CCU Staff regarding conflict in goals of treatment, family dynamics, DPOA, and conflicting treatment plans from physicians. Specifically: patient is unresponsive, has been in the CCU 8 days, and needs a decision to proceed with a feeding tube and tracheostomy or move to comfort cares.
- **Background:** Mr. M.J. is a 72yr male who lives alone and has been in declining health over the past months due to end stage COPD and ETOH dependency. He had also started chronic dialysis 4 months ago. DPOA is Mr. D.K. who states “being a lifelong good friend – drinking buddy.” Mr. D.K. and other neighbors had helped Mr. M.J. with groceries, etc. along with driving him to outpatient dialysis treatments. All agree that Mr. M.J. would not want to proceed with a feeding tube or tracheostomy and recall various conversations including “he wished he never started dialysis.”

B.J. is an adult daughter who has been estranged from her father for the last 20 years and was located by Social Services with assistance from Mr. M.J.’s friends. B.J. will arrive tomorrow from the West Coast and is stating to do “everything for her father” and “his friends should not be making any decisions – they are the cause of his problems.”
- **Assessment:** Mr. M.J. is currently unresponsive with guarded prognosis to regain decision-making capacity. Our Social Services and Palliative Care initiated DOPA process during a previous admission when Mr. M.J. demonstrated capacity.
- **Recommendation:**
 - Legal consult/clarification: next of kin and DPOA
 - Clinical Ethics Team member along with Palliative Care, Social Services, and Chaplain to meet with Mr. M.J.’s friends and daughter separately with a goal of a combined meeting
 - Continues use of SBAR communication to keep Care Team members informed.



SBAR Communication to Senior Administration

- **Situation:** Patient fall resulting in harm and unplanned transfer to ICU from 5E Medical
- **Background:** At approximately 1800, December 5, 2013; 86yr female M.B. MRN 12345 was left unattended in her patient bathroom and asked by nursing tech (L.J.) not to “get up” until she returned in approximately 5-10 minutes. Patient was found by daughter lying on floor outside bathroom approximately 7 minutes after left unattended. Fall resulted in fx hip requiring surgery.
- **Assessment:** Patient to ICU at 0100 December 6. Patient currently on ventilator following surgery. Prognosis guarded to dx COPD and old CVA. Vitals WNL. Patient sedated and comfortable. Daughter states she plans to contact her brother who is an attorney. States “very upset about what we put her Mother through” and “Mom would never want to be on a ventilator.”
- **Recommendation:**
 - Pemenic – variance report complete
 - Risk Management notified
 - Start Adaptive Design A3 to identify break in Fall Precautions process
 - Family conference today at 1300 with Palliative Care, Manager 5E Medical, ICU Manager: Risk Management and Administration optional
 - Provide Daily updates using SBAR to Administration and Risk Management



Ansley Stone

Carolinas Medical Center - Pineville



Ansley Stone, RNC-OB, is the **Quality Improvement Coordinator and staff nurse at Carolinas Medical Center-Pineville in Charlotte, NC**. Over the past 20 years, Ansley has worked in the LDRP setting focusing on quality improvement in collaboration with the North Carolina Perinatal Quality Collaborative and more recently as a member of the IHI Perinatal Community. The CMC-Pineville team has been engaged in a variety of quality improvement projects including 'Heart to Heart Birth Routines: Hardwiring Evidence Based Practices to Increase Exclusive Human Milk for babies,' 'Eliminating Non-Medically Indicated Deliveries before 39 Weeks Gestation,' and 'Reducing Surgical Site Infections in the Obstetrics Operating Room.' Most recently, the Maternity Center at CMC-Pineville has fully implemented an OB hemorrhage protocol, standardizing diagnosis and treatment of hemorrhage.

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VISION

Carolinas HealthCare System will be recognized nationally as a leader in the transformation of healthcare delivery and chosen for the quality and value of services we provide.

At - a - Glance

- **41 hospitals** and **900+ care locations** in North Carolina, South Carolina and Georgia
- More than **7,800** licensed beds
- **10.5 million** patient encounters in 2012
- **3,000+** system-employed physicians, **14,000+** nurses and more than **60,000** employees
- **\$1.25 billion** in community benefit in 2012
- More than **\$8 billion** in annual revenue
- More than **50 disease-specific certifications** from The Joint Commission – one of the highest totals in the country among comparable systems
- The region's only Level I trauma center
- **One** of five academic medical centers in North Carolina
- **One** of the largest HIT and EMR systems in the country

Audrey Lyndon

UCSF School of Nursing



Audrey Lyndon, PhD, is an **Associate Professor in the UCSF School of Nursing**. Her research on patient safety in perinatal care focuses on effective communication and teamwork in maintaining safe care. Dr. Lyndon is a volunteer leader with the AWHONN-California Section and the California Maternal Quality Care Collaborative. She holds a PhD and an MS in Nursing from UCSF, and a BA in Biology and Women's Studies from UC Santa Cruz. She has practiced as a staff nurse, Clinical Nurse Specialist, and faculty in community and academic labor & delivery units in the Washington-Baltimore region and in San Francisco

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EMR SBAR Example

Menu

Allergies
Histories & Procedures
Diagnosis and Problems
Doc Viewer & PowerNote
Provider Documents
Clinical Documents
Flowsheets
Microbiology Viewer
Oncology Clinical Trials
Form Browser
Growth Chart
Advanced Graphing
I-View & I&O
MAR
MAR Summary
Med Request Hx
Med Task Review
Medication List
Admission Med Rec
Orders
Patient Information
Perinatal Rounds Report
Reference Text
Facesheet
Therapy Patient Care Summary
Infusion Billing Summary
Inpatient Summary v02a
ED Snapshot
Immunization Schedule
Discharge Summary V4
Ambulatory Summary

Handoff Communication

Print 5 minutes ago

Situation Background Assessment Recommendation

Diagnoses (2)

Selected visit

Medical induction of labor (0)
Post-dates pregnancy (645.10)

Problems (2)

All Visits

Advanced maternal age, antepartum (659.60)
Primigravida (V22.0)

Past Medical History (0)

All Visits

No results found

Patient Background

Selected visit

| | | |
|------------------------------------|---|----------------|
| Attending Physician: | NORTHCUTT, HUGH N MD | 01/26/14 00:51 |
| Service: | OB - Obstetrics | 12/12/13 17:07 |
| Resuscitation Status: | 01/26/14 8:55:00 EST Routine Full Code Blue | 01/26/14 08:55 |
| Out of Bed: | As Tolerated 01/27/14 7:35:00 EST | 01/27/14 07:35 |
| Para Gravida: | 0/2 | 01/26/14 07:59 |
| Fall Risk Score: | 0 | 01/29/14 19:50 |
| Regular for Preg/Lactation Diet: | 01/28/14 7:42:00 EST | 01/28/14 07:42 |
| Advance Directive: | No | 01/26/14 07:59 |
| Living Will: | | |
| Advance Directive: | No | 01/26/14 07:59 |
| HCPOA: | | |
| Anesthesia Type: | Combined Spinal Epidural | 01/27/14 04:01 |
| Preferred Language for Healthcare: | English | 01/26/14 07:59 |
| Pregnancy Status: | Confirmed positive | 01/26/14 07:48 |
| Weeks of Gestation: | 41 | 01/26/14 07:59 |
| Adoption Requested: | No | 01/26/14 07:59 |
| Patient Blood Type: | A positive | 01/26/14 07:59 |
| Tdap After Age 18: | Yes | 01/26/14 07:59 |
| Group B Beta Strep Status: | Negative | 01/26/14 07:59 |

Allergies (1)

All Visits

No known allergies

Immunizations (1)

All Visits

diphtheria/pertussis, acel/tetanus adult 12/11/2013

Overdue Medication Task (0)

Last 24 hours for the selected visit

No results found

Medications

Selected visit

4 Scheduled (1) Next: 12 hours

| Medication | Next Dose |
|---|----------------|
| simethicone (simethicone 80 mg Chew Tab) 80 mg, 1 tablet, ORAL, QID (4 times a day) | 01/30/14 13:00 |

4 Continuous (1)

Dextrose 5% in Lactated Ringers 1,000 mL (Dextrose 5% in LR 1,000 mL) 125 mL/hr, IV (INTRAVENOUS), Stop: 02/10/14 8:04:00 EST

4 PRN/Unscheduled Available (12)

| Medication | Last Dose |
|---|----------------|
| docusate (docusate sodium) (docusate sodium 100 mg Capsule) 100 mg, 1 capsule, ORAL, BID (2 times a day), PRN: Constipation | 01/30/14 08:51 |
| ibuprofen (ibuprofen 800 mg Tablet) 800 mg, 1 tablet, ORAL, q8h, PRN: Pain, Mild (1-3) | 01/30/14 08:51 |
| oxyCODONE-acetaminophen (oxyCODONE-acetaminophen 5 mg-325 mg oral tablet) (oxyCODONE-acetaminophen 5-325 mg Tab) 1 to 2 tablets, ORAL, q4h, PRN: Pain, Moderate (4-7) | 01/27/14 07:52 |
| ketorolac (ketorolac 30 mg/mL 1mL inj) 30 mg, 1 mL, IV PUSH, q6h, PRN: Pain, Moderate (4-7) | 01/27/14 03:47 |
| acetaminophen (Tylenol) (acetaminophen 325 mg 325 mg oral tablet) (acetaminophen 325 mg Tab) 325 mg, 1 tablet, ORAL, q4h, PRN: Pain, Mild (1-3) | 01/27/14 03:47 |



SBAR for Listening

| | Sender | Receiver |
|----------|-----------------------|------------------------------|
| S | Situation | Set Aside Assumptions |
| B | Background | Be Attentive |
| A | Assessment | Ask Questions |
| R | Recommendation | Reflect |
| R | Rationale | Respond |
| R | Ratification | Ratify |



Detect patient harm with IHI's Global Trigger Tool

How many patients have been unintentionally harmed in your hospital? If you are relying on AHRQ Patient Safety Indicators or voluntary reporting, you may not be finding all incidences of harm. Even together those have been shown to capture no more than 11% of harmful events.

The **IHI Global Trigger Tool** is the best tool to date for identifying and measuring harm with a sampling approach. With just 3-4 hours of total time per month, hospitals can collect data that typically is not identified via any other method and use that to measure the effect of patient safety efforts.

To help you learn how to use the tool successfully in your organization, a web-based training session — **Using the IHI Global Trigger Tool for Measuring Adverse Events** — will be offered by IHI starting on **February 18, 2014**.



For more information, visit IHI.org/globaltriggertool



Continue the Discussion over at IHI's Facebook Page

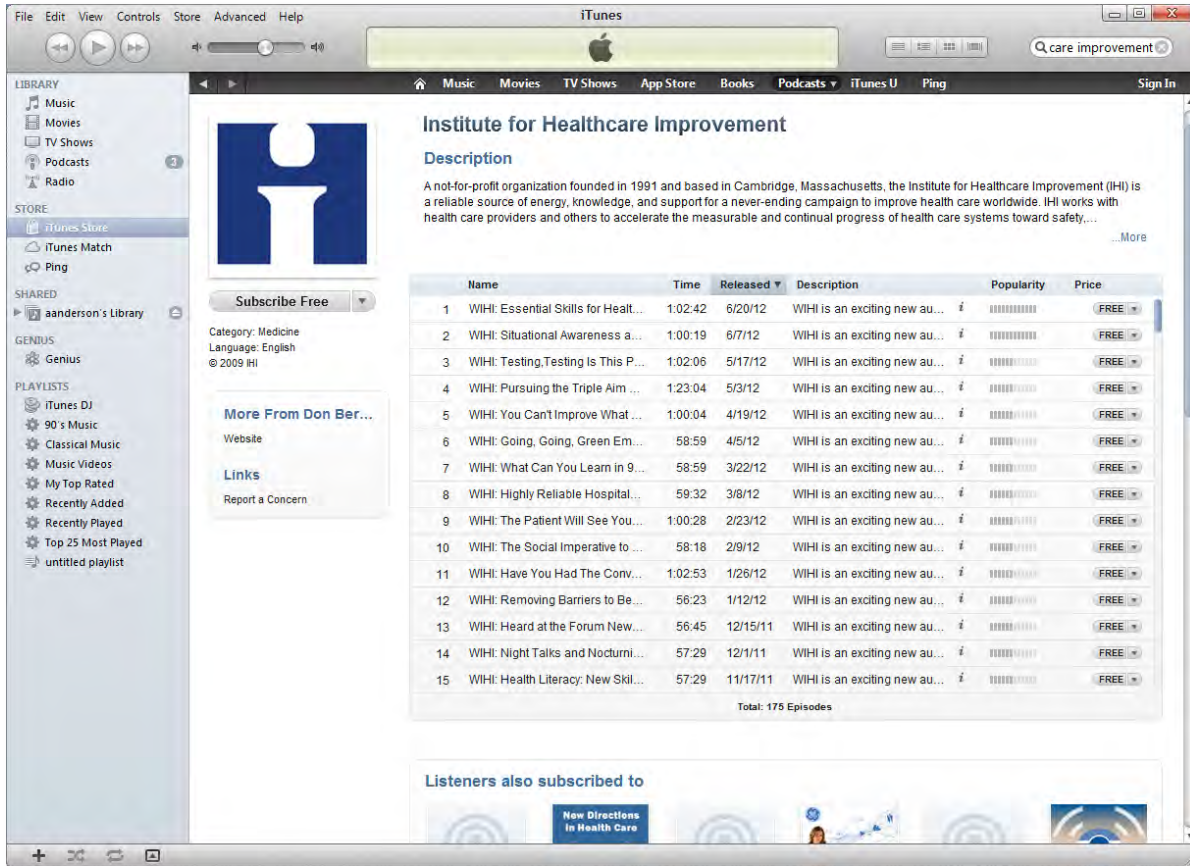
21

The screenshot displays the Facebook profile for the Institute for Healthcare Improvement (IHI). The cover photo features the IHI logo and the text: "We will improve the lives of patients, the health of communities, and the joy of the health care workforce." Below the cover photo is a profile picture of a woman at a computer. The page name is "IHI: Institute for Healthcare Improvement" with 7,151 likes and 82 people talking about it. Navigation tabs include "About", "Photos", "Map", "Events", and "Likes". The "About" tab is selected, showing a description: "The Institute for Healthcare Improvement (IHI) is an independent not-for-profit organization that works with health care professionals. Learn more at www.IHI.org." The "Map" tab shows a location in the Boston area. The "Events" tab shows a colorful illustration of people. The "Likes" tab shows a thumbs-up icon and the number 7,151.

Pop over to IHI's Facebook page and share your thoughts from today's program!



Find Us at iTunes®



The screenshot shows the iTunes desktop interface. The top menu bar includes File, Edit, View, Controls, Store, Advanced, and Help. The search bar contains 'care improvement'. The left sidebar shows the Library (Music, Movies, TV Shows, Podcasts, Radio) and the Store (iTunes Store, iTunes Match, Ping). The main content area displays the 'Institute for Healthcare Improvement' podcast page. It features a large blue 'i' logo, a 'Subscribe Free' button, and a list of 15 episodes. Below the list, there are links for 'More From Don Ber...', 'Website', and 'Links'. At the bottom, it says 'Listeners also subscribed to' with a 'New Directions in Health Care' button.

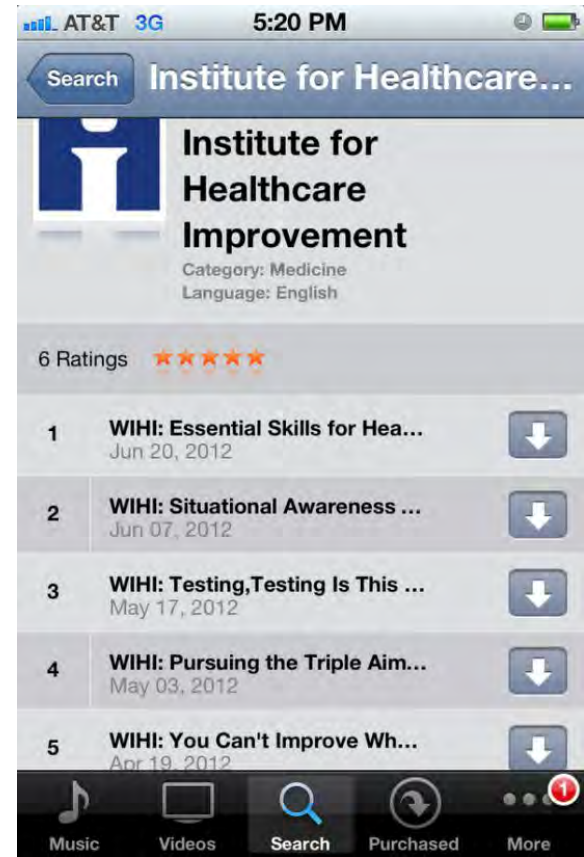
Institute for Healthcare Improvement

Description

A not-for-profit organization founded in 1991 and based in Cambridge, Massachusetts, the Institute for Healthcare Improvement (IHI) is a reliable source of energy, knowledge, and support for a never-ending campaign to improve health care worldwide. IHI works with health care providers and others to accelerate the measurable and continual progress of health care systems toward safety....

| Name | Time | Released | Description | Popularity | Price |
|---------------------------------------|---------|----------|-------------------------------|------------|-------|
| 1 WIHI: Essential Skills for Healt... | 1:02:42 | 6/20/12 | WIHI is an exciting new au... | ██████████ | FREE |
| 2 WIHI: Situational Awareness a... | 1:00:19 | 6/7/12 | WIHI is an exciting new au... | ██████████ | FREE |
| 3 WIHI: Testing,Testing Is This P... | 1:02:06 | 5/17/12 | WIHI is an exciting new au... | ██████████ | FREE |
| 4 WIHI: Pursuing the Triple Aim ... | 1:23:04 | 5/3/12 | WIHI is an exciting new au... | ██████████ | FREE |
| 5 WIHI: You Can't Improve What ... | 1:00:04 | 4/19/12 | WIHI is an exciting new au... | ██████████ | FREE |
| 6 WIHI: Going, Going, Green Em... | 58:59 | 4/5/12 | WIHI is an exciting new au... | ██████████ | FREE |
| 7 WIHI: What Can You Learn in 9... | 58:59 | 3/22/12 | WIHI is an exciting new au... | ██████████ | FREE |
| 8 WIHI: Highly Reliable Hospital... | 59:32 | 3/6/12 | WIHI is an exciting new au... | ██████████ | FREE |
| 9 WIHI: The Patient Will See You... | 1:00:28 | 2/23/12 | WIHI is an exciting new au... | ██████████ | FREE |
| 10 WIHI: The Social Imperative to ... | 58:18 | 2/9/12 | WIHI is an exciting new au... | ██████████ | FREE |
| 11 WIHI: Have You Had The Conv... | 1:02:53 | 1/26/12 | WIHI is an exciting new au... | ██████████ | FREE |
| 12 WIHI: Removing Barriers to Be... | 56:23 | 1/12/12 | WIHI is an exciting new au... | ██████████ | FREE |
| 13 WIHI: Heard at the Forum New... | 56:45 | 12/15/11 | WIHI is an exciting new au... | ██████████ | FREE |
| 14 WIHI: Night Talks and Nocturn... | 57:29 | 12/1/11 | WIHI is an exciting new au... | ██████████ | FREE |
| 15 WIHI: Health Literacy: New Skil... | 57:29 | 11/17/11 | WIHI is an exciting new au... | ██████████ | FREE |

Total: 175 Episodes



The screenshot shows the mobile app interface. The top status bar displays AT&T 3G, 5:20 PM, and battery level. The search bar contains 'Institute for Healthcare...'. The main content area displays the 'Institute for Healthcare Improvement' podcast page. It features a large blue 'i' logo, the category 'Medicine', and the language 'English'. Below this, it shows '6 Ratings' with a 4.5-star rating. A list of 5 episodes is displayed, each with a download button. The bottom dock contains icons for Music, Videos, Search, Purchased, and More.

Institute for Healthcare Improvement

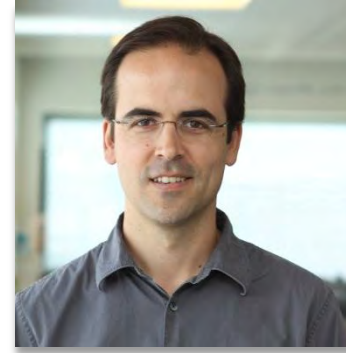
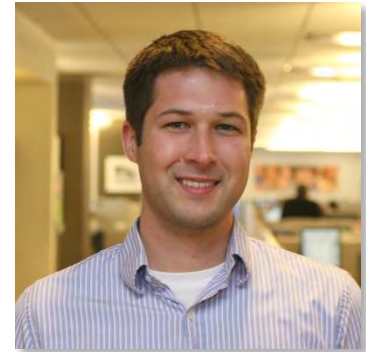
Category: Medicine
Language: English

6 Ratings ★★★★★

- WIHI: Essential Skills for Hea...**
Jun 20, 2012
- WIHI: Situational Awareness ...**
Jun 07, 2012
- WIHI: Testing,Testing Is This ...**
May 17, 2012
- WIHI: Pursuing the Triple Aim...**
May 03, 2012
- WIHI: You Can't Improve Wh...**
Apr 19, 2012



Thanks to everyone who makes WIHI possible!



Next up on WIHI:

February 13, 2014

- **Working Toward Health Equity**

February 27, 2014

- **New Imperatives and New Models for Skilled Nursing Facilities**

For more information & episodes, visit IHI.org/WIHI

