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?

Dial In: 877.668.4493
Code: 664 736 347
Having Audio Issues?

If you experience any disruptions or other issues with audio during today’s WIHI, we ask that you:

• 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, 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.
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.
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:

<table>
<thead>
<tr>
<th>Behavior</th>
<th>Description</th>
</tr>
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<tbody>
<tr>
<td>GENERATE TRUST</td>
<td>Open; Honest; Approachable</td>
</tr>
<tr>
<td>PROMOTE RESPECT</td>
<td>Non-negotiable; Non-hierarchical</td>
</tr>
<tr>
<td>PSYCHOLOGICAL SAFETY</td>
<td>Responsive to team members speaking up about concerns and ideas</td>
</tr>
<tr>
<td>JUST CULTURE</td>
<td>Clear policy and practice of fair treatment and accountability</td>
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"We show up, don’t we?"
Chronically Complacent

"Safety is important. We do a lot every time we have an accident"

Systems being put into place to manage most hazards

"We methodically anticipate"—prevent problems before they occur

Organizational Culture “Genetically-wired” to produce safety

Where is Yours?

Attribution: Prof. Patrick Hudson, Univ. Leiden
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

Safe & Reliable Healthcare
Safeandreliablehealthcare.com - Resources
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.
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, 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.

For resources & slides, visit IHI.org/WIHI

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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
Where We Are

1. Alamance Regional Medical Center
2. AnMed Health Medical Center
3. AnMed Health Rehabilitation Hospital
4. AnMed Health Women’s and Children’s Hospital
5. Annie Penn Hospital
6. Anson Community Hospital
7. Bon Secours/St. Francis Hospital
8. Cannon Memorial Hospital
9. Carolinas Medical Center
10. Carolinas Medical Center-Lincoln
11. Carolinas Medical Center-Mercy
12. Carolinas Medical Center-NorthEast
13. Carolinas Medical Center-Pineville
14. Carolinas Medical Center-Union
15. Carolinas Medical Center-University
16. Carolinas Rehabilitation
17. Carolinas Rehabilitation-Mount Holly
18. Carolinas Rehabilitation-NorthEast
19. Cleveland Regional Medical Center
20. CMC-Randolph
21. Columbus Regional Healthcare System
22. Cone Health Behavioral Health Hospital
23. Crawley Memorial Hospital
24. Elbert Memorial Hospital
25. Grace Hospital
26. Kings Mountain Hospital
27. Levine Children’s Hospital
28. MedWest-Harris
29. MedWest-Haywood
30. MedWest-Swain
31. Moses H. Cone Memorial Hospital
32. Murphy Medical Center
33. Roper Hospital
34. Roper St. Francis-Mount Pleasant Hospital
35. Scotland Memorial Hospital
36. St. Luke’s Hospital
37. Stanly Regional Medical Center
38. Valdese Hospital
39. Wesley Long Hospital
40. Wilkes Regional Medical Center
41. Women’s Hospital
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.
EMR SBAR Example
# SBAR for Listening

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<thead>
<tr>
<th>Sender</th>
<th>Receiver</th>
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<tr>
<td>S</td>
<td>Situation</td>
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<td></td>
<td>Set Aside Assumptions</td>
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<td>B</td>
<td>Background</td>
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<td>Be Attentive</td>
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<td>Assessment</td>
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<td>Ask Questions</td>
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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

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