

Structured Communication

Briefings, SBAR, Assertion

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provided by the Institute for Healthcare
Improvement

Continuous, team-based healing relationships

Elements of Team-ness

- Flattened hierarchy
- Shared mental model
- Effective communication
- Clear roles and responsibilities
- Conflict resolution
- ???others

Teamwork pitfalls that compromise patient care

- Systems – information, tests, diagnoses
- **Communication**
- Hand-offs
- Failure of Planning
- Failure of recognition
- Failure to rescue

Why Focus on Communication?

- The overwhelming majority of untoward events involve communication failure
- Somebody knows there's a problem but can't get everyone in the same movie
- The clinical environment has evolved beyond the limitations of individual human performance

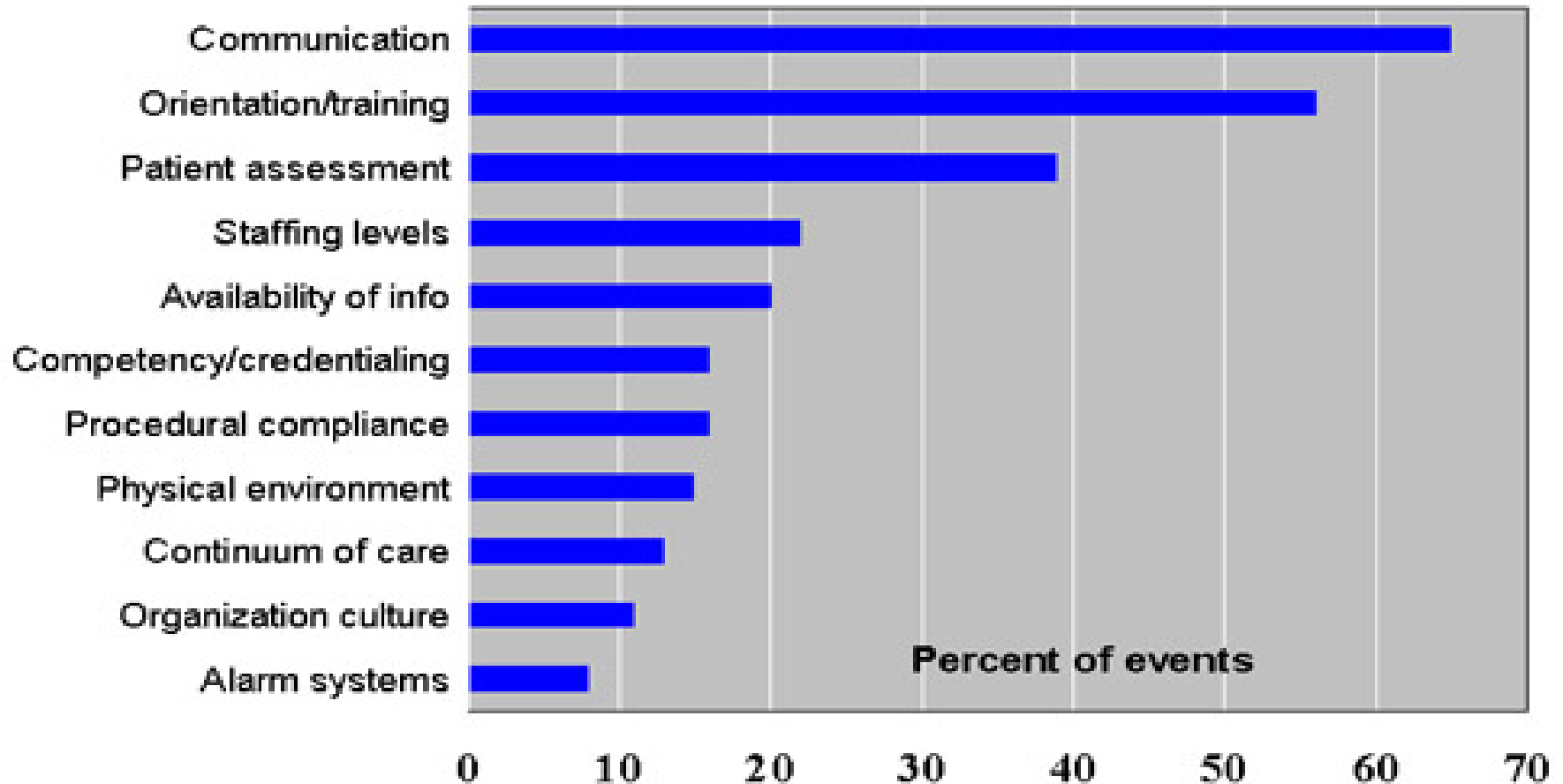
JCAHO Sentinel Events

- Communication breakdowns remain the primary root cause of more than 70% of the 2400 sentinel events analyzed
- Virtually all had communication failures
- The majority of sentinel events (75%) resulted in a patient death

From JCAHO

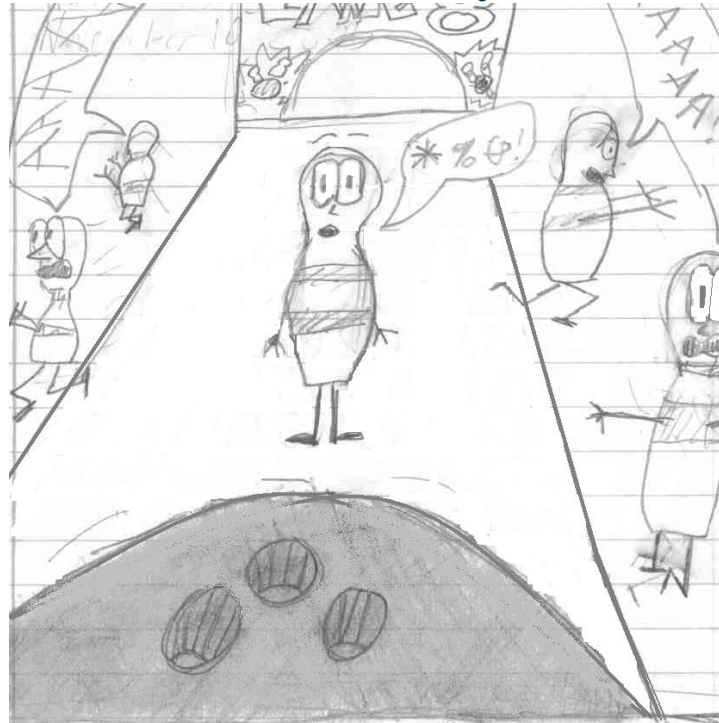
Root Causes of Sentinel Events

(All categories; 1995-2003)



Systems Changes for Teamwork Effectiveness

- Create an environment/culture of safety
 - Good communication is key!



Effective Communication Requires:

- **Structured communication – SBAR**
- Assertion/ Critical Language – key words, the ability to speak up and stop the show
- Psychological safety – an environment of respect

Briefings - An Overview

- * Sets the tone for the day, the procedure, the hand-off, unexpected changes in the care process ...
- * Establishes competence
 - Organized
 - Technically & socially competent
 - Disavows perfection
- * Predicts what will happen later
- * Owned by entire team
- * Used effectively by other high risk, high reliability organizations and healthcare teams

Planning/ Briefing to Reduce Human Error

- Plans stated- shared mental model
- Workload assignment- roles and responsibility defined
- Contingency management- strategy to anticipate and manage threat

Briefing Mechanics - When To Brief

- When to brief:
 - Start of the day
 - Prior to a procedure
 - On the spot / as the situation changes
 - Hand-offs (e.g., breaks, shift change, continuum)
- Other situations to consider briefing:
 - New team members
 - Fatigue or staffing challenges
 - Experienced and novices working side-by-side
 - Cultural differences

Situational Briefing Model

S-B-A-R

- Situation
- Background
- Assessment
- Recommendation

History of SBAR

- Developed by the military
 - Useful for its ability to help troops communicate clearly with officers
- Adopted in aviation
- More recently adopted in acute care
 - Rapid response teams
 - OR suites (preop briefings)

SBAR

- **Situation** – the punch line 5-10 seconds
- **Background** – the context, objective data, how did we get here
- **Assessment** – what's the problem?
- **Recommendation** – what do we need to do?

Situational Briefing Example

- Situation: Dr. Jones, Ms. Williams is here today. I've done a dextrostick on her; her blood glucose level is 350.
- Background: You've been treating Ms. Williams for diabetes for the past year. She normally takes an oral hypoglycemic, but was unable to fill her medications this month due to the cost. She is here today for a regular re-check – and is feeling ill.

- Assessment: Her blood glucose is out of control due to skipping several days of medications, and she is in danger of a diabetic crisis.
- Recommendation: I would like for you to see her immediately.

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Patient / Situation: _____

Background:

Assessment:

Recommendation:

Clinician's Signature: _____

Physician's Reply:

Physician's Signature: _____

Effective Communication Requires:

- Structured communication – SBAR
- **Assertion/ Critical Language – key words, the ability to speak up and stop the show** Psychological safety – an environment of respect

(All are part of Crew Resource Management, or CRM)

**“SHORT ON CRM”
EQUALS
“SHORT ON LANDING”**



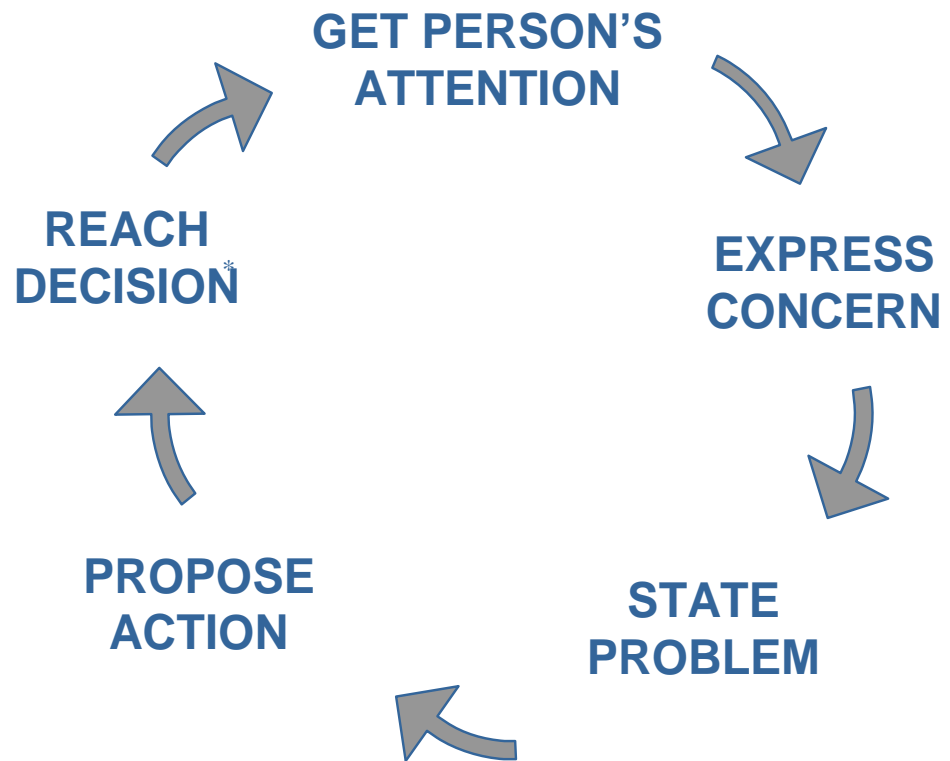
Thanks to Denny Lessard for this image

Appropriate Assertion - What is it?

“Individuals speak up, and state their information with appropriate persistence until there is a clear resolution.”

Assertion

- Model to guide and improve assertion in the interest of patient safety



Assertion

- * Like Briefing, being appropriately assertive means:
 - * Being organized in thought and communication
 - * Being technically & socially competent
 - * Disavowing perfection while looking for clarification / common understudying
 - * Being owned by the entire team - it must be valued by the receiver to work

Why is Assertion So Hard ?

- Hierarchy / power distance
- Lack of common mental model
- Don't want to look stupid
- Not sure I'm right
- Prior experience

Critical Language

- Key phrases understood by all to mean “stop and listen to me – we have a potential problem”
- United Airlines Safety program – **“I’m concerned...I’m uncomfortable...this is unsafe... I’m scared”**
- Allina – **“I need some clarity”**

If You Need to: The Difficult Conversation

- Focus on the common goal – high quality, safe care
- 3rd person – depersonalize the conversation – it's not about you and me
- Avoid judgment; who's right, who's wrong is a loser
- What needs to happen for us to do the right thing here?

The Bottom Line

- * Looking back after something has gone wrong, we usually find:
- * CONCERN was expressed
- * The PROBLEM was stated, often not clearly
- * A PROPOSED ACTION didn't happen
- * A DECISION was not reached
- * **Bottom Line - Stay with the problem, proposed action, and decision until it's clear all parties are having the same conversation**

A few SBAR/communication references

- www.ihi.org
- Leonard M, Graham S, Bonacum D. The human factor: the critical importance of effective teamwork and communication in providing safe care. *Qual Saf Health Care* 2004; 13 (suppl 1)
- JCAHO. National Patient Safety Goals. www.jcaho.org
- Haig KM, Sutton S, Whittington J. SBAR: A shared mental model for improving communication between clinicians. *Joint Commission Journal on Quality and Patient Safety*. Mar 2006;32(3):167-175.