QIO Program
Implementing the CUSP Teamwork & Communication Tools
11/12/15
Implementing the Comprehensive Unit-based Safety Program (CUSP)
Teamwork and Communication Tools

Pat Posa RN, BSN, MSA, FAAN
System Performance Improvement Leader
St. Joseph Mercy Health System
Ann Arbor, MI
patposa@gmail.com

November, 2015
Learning Objectives

1. Understand the fifth step of CUSP
   - Importance of Communication

2. Review the different teamwork and communication tools
   - Interdisciplinary Rounds
   - Shadowing
   - Huddles
   - Briefings
## CUSP

**Adaptive /Cultural**

1. Educate on the Science of Safety
2. Identify Defects (Staff Safety Assessment)
3. Senior Executive Partnership
4. Learn from Defects
5. Implement Teamwork & Communication Tools

**Technical**

1. CAUTI Prevention
   - Insertion
   - Maintenance

---

[Website Link](www.ahrq/cusp)
Implement Teamwork and Communication Tools
2005 study by AACN and Vital Smarts: Silence Kills

- 1,700 nurses, physicians, clinical care staff and administrators
- More than 50% witnessed their co-workers breaking rules, making mistakes, failing to support others, demonstrating incompetence, showing poor teamwork, acting disrespectfully and micromanaging
- Despite the risk to patients, less than 10% of physicians, nurses, and other clinical staff directly confronted their colleagues about their concerns

195,000 deaths per year in US hospitals because of medical mistakes
2010 Silent Treatment Study—AACN

- Healthcare has made great strides over past 5 years to improve systems to prevent errors.
- Safety tools are an essential part of the formula for solving avoidable medical errors caused by poor communication.
- Silent Treatment study of 6,500 nurses and nurse managers reveals that safety tools fail to address a second category of communication breakdowns---undiscussables. 
- Tools don’t create safety—people do.
- In study—85% of respondents had been in a situation where a safety tool warned them of a problem----BUT 58% had also been in situations where they felt unsafe to speak up about the problems or were not able to get others to listen.
- Staff need the tools to know how to effectively speak up!
Four Key Components of Effective Communication

- Complete
- Clear
- Brief
- Timely
Elements That Affect Communication & Information Exchange

- Interruptions
- Task absorption
- Verbal abuse
- Fatigue
- Not following plan of care
- Ambiguous orders or directions
- Change in team members
- Work load
- Skill level
Communication Breakdowns Cause Treatment Delays

  - Orientation and Training 41%
  - Availability of Information 39%
  - Continuum of Care 52%
  - Patient Assessment 77%
  - Care Planning 20%
  - Procedural Compliance 17%
  - Competency and Credentialing 35%
  - Staffing 25%
  - Organizational Culture 18%
  - Leadership 19%
  - Environmental Safety/Security 19%
Communication Breakdowns Cause Infection-associated Events

Root causes of infection-associated events (2005)

- A. Communication 75%
- B. Environmental Safety/Security 50%
- C. Continuum of Care 39%
- D. Competency or Credentialing 38%
- E. Procedural Compliance 38%
- F. Patient Assessment 25%
- G. Leadership 25%
- H. Staffing 13%
- I. Availability of Information 13%
- J. Orientation and Training 12%
- K. Organizational Culture 12%
Effective Teamwork’s Positive Impact on Health Care

- Reduced length of stay
- Lower nurse turnover
- Higher quality of care
- Greater ability to meet family member needs
- Better patient outcomes
- Better patient experience with care scores
Teamwork Climate Across Michigan ICUs

The strongest predictor of clinical excellence: caregivers feel comfortable speaking up if they perceive a problem with patient care.

No BSI = 5 months or more w/ zero

No BSI 21%
No BSI 31%
No BSI 44%
Barriers to Team Effectiveness

Environment
- Lack of coordination or follow up
- Distractions
- Misinterpretation of cues
- Hierarchy
- Lack of clarity on roles and responsibilities
- Physical Proximity
- Shift Changes

Resources
- Lack of time
- Workload
- Processes
- Technology

Team composition
- Inconsistency in team membership
- Lack of role clarity
- Defensiveness
- Conventional thinking
- Conflict
- Fatigue
- Complacency
- Varying communication styles
- Personality
Effective Communication and Teamwork Requires:

• Structured Communication
• Assertion/Critical Language
• Psychological Safety
• Effective Leadership

• SBAR, structured handoffs
• Key words, the ability to speak up and stop the show
• An environment of respect
• Flat hierarchy, sharing the plan, continuously inviting other team members into the conversation, explicitly asking people to share questions or concerns, using people’s names
SBAR

A technique for communicating critical information that requires immediate attention and action concerning a patient’s condition

**Situation** – What is going on with the patient?

“*I am calling about Mrs. Joseph in room 251. Chief complaint is shortness of breath of new onset.*”

**Background** – What is the clinical background or context?

“*Patient is a 62-year-old female post-op day one from abdominal surgery. No prior history of cardiac or lung disease.*”

**Assessment** – What do I think the problem is?

“*Breath sounds are decreased on the right side with acknowledgment of pain. Would like to rule out pneumothorax.*”

**Recommendation and Request** – What would I do to correct it?

“*I feel strongly the patient should be assessed now. Can you come to room 251 now?*”
TeamSTEPPS
Mutual Support

CUS

Assertive statements:

I am CONCERNED!
I am UNCOMFORTABLE!
This is a SAFETY ISSUE!

“Stop the Line”
Tools and strategies to improve safety and teamwork

- SBAR
- Briefings
  - Pre-procedure briefing
  - Morning briefing
- Daily rounds/goals
- Huddles
- Learn from a defect (CUSP tool for De-brief)
Briefing

A briefing is a discussion between two or more people, often a team, using succinct information pertinent to an event.

A briefing immediately:

- Maps out the care plan
- Identifies each team member’s roles and responsibilities
- Heightens awareness of the situation
- Allows the team to plan for the unexpected
- Allows team members’ needs and expectations to be met
- Sets the tone for the day
- Encourages team members’ participation
Conducting Briefings

When to conduct briefings:

- Beginning of the day - Morning briefing at change of shift
- Prior to any procedure in any setting
- When a change in patient status results in deviation from the plan of care (situational)*
- Reporting-off breaks, shift changes*
EXAMPLE: Pre-procedure Briefing-insertion of indwelling urinary catheter two person insertion

• Make introductions
• Discuss patient information and procedure
• Agree upon a time for indwelling urinary catheter placement
• Review best practice for catheter insertion (if necessary)
• Nurses defines their roll (s) : provide equipment, monitor patient, provide patient comfort, observe for compliance with best practices and STOP procedure if aseptic process compromised
  – Establish communication expectation for aseptic procedure breaks
  – Examples include: catheter tip touches unintended area, unintended break in tubing, supplies touch floor
• Identify any special supply or procedural needs
• Discuss any special patient issues (IE: patient confused, patient awake)
• Answer any additional questions

Time Out: Right Patient, Right Procedure or Stop the line: Unsafe situation
Morning Briefing

• Purpose: Increase communication between physicians and nursing staff while efficiently prioritizing patient care delivery and ICU admissions and discharges
• What is it?
  – A morning briefing is a dialogue between 2 or more persons using concise and relevant information to promote effective communication prior to rounds
Morning Briefing (continued…)

Tool: answer following questions

– What happened overnight that I need to know about?
– Where should I begin rounds? (patient that requires immediate attention based on acuity)
– Which patients do you believe will be transferring out of the unit today?
– Who has discharge orders written?
– How many admissions are planned today?
– What time is the first admission?

Could also add—who has lines/tubes we need to evaluate for discontinuation
Interdisciplinary Rounds with Daily Goals

- A strategy to assemble the patient care team members to review important patient care and safety issues and improve collaboration on the overall plan of care for the patient.
- Improve communication among care team and family members regarding the patient’s plan of care
- Goals should be specific and measurable
- Documented where all care team members have access
- Checklist used during rounds prompts caregivers to focus on what needs to be accomplished that day to safely move the patient closer to transfer out of the ICU or discharge home
- Measure effectiveness of rounds—team dynamics, communication, quality measure compliance, LOS
Evidence For Impact Of IDR Rounds

• Research studies on the effect of structured interdisciplinary rounds show:
  – Earlier identification of clinical issues
  – More timely referrals
  – Improved ratings by nurses and physicians on teamwork, communication and collaboration.

• Research also indicates variable effects on LOS and cost, with some studies showing improvement and others having no impact.

**Improving teamwork: impact of structured interdisciplinary rounds on a medical teaching unit.**


The Effect of Multidisciplinary Care Teams on Intensive Care Unit Mortality

*Arch Intern Med  Feb 22, 2010*
Interdisciplinary Rounds with Daily Goals
Challenges and Opportunities

• Should be done in ICUs and all units in hospital

• Hard initiative to implement, especially if you have an open unit and/or no intensivists or in non-ICU area
  – Standardize the structure and process for all units
  – Benefits seen even if physician can not attend consistently or at all
  – Second rounds should be done in afternoon—include at least physician and bedside nurse
    • Evaluate if goals for day have been met; readjust if necessary
    • Identify if patient can be discharged (or transferred) the next day and if so, what needs to be accomplished

• Focused first on defining daily goals and recording those either on the white board in the room or on a sheet of paper

• Then standardize rounds—who should attend and what is discussed
Interdisciplinary Rounds with Daily Goals

Steps to Implementation

1. Commitment by all that IDR with daily goals is a strategy that we will implement to improve communication and patient outcomes
2. CUSP team takes on initiative—identify if there are any additional team members needed
3. Evaluate current rounding process
4. Identify gaps between current process and what you want it to look like
5. Define the standard work of rounds, roles and responsibilities of each member and develop checklist and goal process
6. Define metrics to evaluate IDR
Patient Daily Goals Form

Lakeland Hospital CCU Patient Daily Goals

Date: [___] / [___] / [___]  Room Number: [___]

DVT Prophylaxis ordered  [Yes] [No]
PUD prophylaxis  [Yes] [No]
24 Hour I/O Balance  [Yes] [No]
Weight  [Yes] [No]
Nutritional status reviewed  [Yes] [No]
Last BM

Central lines in place and reviewed for removal:

<table>
<thead>
<tr>
<th>Type and location placed</th>
<th>Date Placed</th>
<th>Date D/C'd</th>
</tr>
</thead>
</table>

Central lines discontinued due to ?? infection:  [Yes] [No]
Lab work reviewed including culture results:  [Yes] [No]
Foley catheter in place:  [Yes] [No]
Medication list reviewed for changes needed:  [Yes] [No]

Type of Central Lines:
- Deep vein thrombosis
- Arterial line
- IV access
- Triple lumen
- Port
- Dialysis catheter
- Temporary
- Other:

Mobility:  [Bedrest] [Up in chair] [PT/OT Consult] [NA]
Restraints order signed (if applicable):  [Yes] [No]
Skin Issues:
- If yes, was there an ET nurse consult completed  [Yes] [No] [NA]
- Code Status determined:
  - If yes, was there an ET nurse consult completed  [Yes] [No] [NA]
- Emotional/Psychosocial/Spiritual Needs Addressed:  [Yes] [No]
- Family Issues Addressed:  [Yes] [No]

Goals reviewed by Intensivists and Nursing (Please initial):
- 7a-7p RN  [Yes] [No] RN initials
- 7p-7a RN  [Yes] [No] RN initials

Intensivist:
- Allen
- Hempel
- Nwakamma

Place patient sticker here

Return to Rita's mailbox after 48 hours in nursing chart!
<table>
<thead>
<tr>
<th>Interdisciplinary Rounds Quick Reference (Unit)</th>
</tr>
</thead>
<tbody>
<tr>
<td>(team  ) at (time)</td>
</tr>
<tr>
<td>(team  ) at (time)</td>
</tr>
<tr>
<td>(team  ) at (time)</td>
</tr>
<tr>
<td>CNL States:</td>
</tr>
<tr>
<td>Patient name &amp; room, LOS, PRISM Score, IP or Obs Status</td>
</tr>
<tr>
<td>Case Manager/ Social Worker</td>
</tr>
<tr>
<td>GMLOS or other Diagnosis/Severity Target</td>
</tr>
<tr>
<td>Physician reviews Plan of Care (assessment, problem based plan)</td>
</tr>
<tr>
<td>Tests, Procedures, Consults</td>
</tr>
<tr>
<td>Changes in Meds</td>
</tr>
<tr>
<td>Physician reviews Algorithm to Discharge (with hardstops), Expected Discharge Date, Time and Setting</td>
</tr>
<tr>
<td>Physician Asks Bedside Nurse and team for any questions/issues. Enter any orders as rounding or immediately following rounds</td>
</tr>
<tr>
<td>Bedside Nurse reviews Overnight Events and Questions on POC</td>
</tr>
<tr>
<td>Bedside Nurse states as Applicable</td>
</tr>
<tr>
<td>Pain: (scores &gt;= 7 in last 24 hrs)</td>
</tr>
<tr>
<td>CIWA: (Last 4 scores, trending)</td>
</tr>
<tr>
<td>Blood Glucose: (Below 70/Above 150)</td>
</tr>
<tr>
<td>Restraints: (Order/ Discontinue)</td>
</tr>
<tr>
<td>Foley/Lines: (# days/discontinue)</td>
</tr>
<tr>
<td>Mobility: (Concerns/ plan/ assist)</td>
</tr>
<tr>
<td>Pressure Ulcer/Skin</td>
</tr>
<tr>
<td>Tele: (discontinue)</td>
</tr>
<tr>
<td>DNAR status</td>
</tr>
<tr>
<td>Oxygen needs</td>
</tr>
<tr>
<td>Team Address any barriers to a discharge as planned, Clarify follow-up needs</td>
</tr>
</tbody>
</table>
Interdisciplinary Rounds: Nursing Objective Card

Interdisciplinary Rounds – ABCDEFG Bundle & Nursing Objectives

1. **Assess Pain**: What is the current score? What is the pain goal and current scale?
2. **Breathing**: Both SAT and SBT
   - Were they coordinated and what was the result?
3. **Choice of Sedation**: Name of medication, route and dosage
4. **Delirium**: What is the CAM-ICU result?
   - If +, possible causes & interventions?
5. **Exercise**: Mobility Level?
   - Can they progress?
   - PT/OT consult?
6. **Family**: Family questions? Patient goals for the day?
   - Who will update pt/family? When?
   - (Continued on back)
7. **Severe Sepsis screen result? + or –
   - On the bundle? What goals have not been met?
8. **Vasoactive Infusions**
9. **Skin**: Pressure Ulcer? POA?
   - Current description of PU
10. **Foley**: Can it be D/Cd?
    - Renew Order
11. **Lines / Tubes**:
    - Vascular Access?
    - Feeding / Other Tubes?
12. **Patient Diet / Tube Feeding / Bowel Regimen**
14. **Time of scheduled procedures today? Expected labs / tests**
15. **Other**: Nursing / Patient Concerns
Huddles

Enable teams to have frequent but short briefings so that they can stay informed, review work, make plans, and move ahead rapidly.

- Allow fuller participation of front-line staff and bedside caregivers, who often find it impossible to get away for the conventional hour-long improvement team meetings.
- They keep momentum going, as teams are able to meet more frequently.
- Use this strategy to begin recovery immediately from defects—i.e., falls, sepsis and daily to focus on unit outcomes.
Huddle Board

• **Components**
  • Metric 1: Quality/Safety
  • Metric 2: Patient Satisfaction
  • Metric 3: Operations
  • Daily Critical Communications
  • Information
  • Ideas in Motion

**How to do it?**
• Beginning or mid shift
• 5 minutes
• Lead by member of unit leadership team
SICU Huddle Board

Quality/Safety

**SEPSIS**
Resuscitation goals met ≤ 4 hours

- # of pts resusc ≤ 4°
- # of septic pts.
- GOAL 80%
- 3
- 66%

- # of pts resusc
- 2

- # of septic pts.
- 3

- # of septic pts.
- 2

- # of episodes reassessed 1st after med (PRN)
- 11

- # of episodes reassessed
- 24

- # of episodes completed
- 20

- # of patients
- 38

- # of patients
- 52%

- Goal 100%

Daily Critical Communications

- Please complete Safety attitude questionnaire. See Nurse Coordinators

Skin

- # of days since last pressure ulcer developed in SICU
- 7

- Unit Incidence Rates
- Jan: 13.37%
- Dec: 0.7%
- Nov: 0.7%

Ideas in Motion

1. Re-education for staff → Presep cath
2. Education for families about delirium
3. Use RNojective Cards during RN-RN Interf
4. Goal 100%
Homework

• Perform a LFD once per month
  – Do a LFD on each CAUTI

• Identify one teamwork or communication strategy to implement
THANK YOU