

# Let's Talk



## A Guide For Collaborative Structured Communication

for

Care Aides, Licensed Practical Nurses,  
Registered Nurses and All Members  
of the Health Care Team

November 25, 2009

# Collaborative Structured Communication

**T:** talk to each other



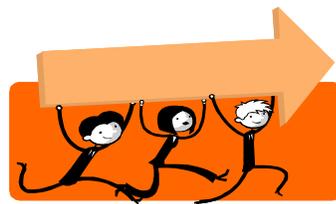
**A:** act together to care for our residents, patients and families



**L:** listen to each other



**K:** know and understand each other



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## **Purpose for Developing Structured Communication Guide**

The *Let's Talk* communication guide is an exciting initiative that originated as part of the 2006 policy commitments between the Facilities Bargaining Association, the BC health authorities, the Health Employers Association of BC and the Ministry of Health Services. The purpose of this communication guide is to provide a set of practical tools to support the participation of Care Aides, Licensed Practical Nurses (LPNs), and other healthcare workers in collaborative dialogues in their daily healthcare practice.

The focus of this guide is to support collaborative practice between all healthcare workers. These are busy times within all healthcare sites. The workloads are heavy and patients are more complex. Often, when people are very busy, they forget to talk to each other. This can result in blame, unresolved conflict and can impact the quality of the work environment and the safety of patients/clients/residents.

This guide highlights and focuses on two effective tools for talking to each other: the SBAR and Huddles Communications Tools. Building on the Respectful Workplace policy framework, the intent of highlighting these tools is to provide a common communication framework that will work hand in hand with the collaborative practice initiatives and respectful workplace policies already established within each organization

There are steps that describe how to use each tool as well as examples. Each unit will see different ways to apply the tools. Together, you decide what works best in your area. The key will be to use these tools consistently so that they become a natural part of how your unit works together. Practicing good communication with the help of these tools is the best way to positively improve how we talk to each other and increase quality care and safety of patients/clients/residents.

## Section One – Introduction

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**Background:** “An organization may be defined as a group of people who have come together to achieve an outcome”<sup>1</sup>

In organizations, we build buildings, buy equipment, create systems, invent processes, develop procedures – **and the only real tool we have for doing business is in how we communicate with each other.** The quality of our communication in organizations has a direct impact on the quality of our service. When communication is clear and respectful, the organization (and the community we serve) benefits, and when it is not, the organization (and the community we serve) suffers.

### What is Structured Communication?

- **Structured Communication** refers to a structured conversation. A structured conversation is a way to talk to each other so that important messages are understood. It will look different depending on the situation and time available.
- **Structured Communication** provides a foundation to build interdisciplinary collaboration and make collaborative practice a reality.
- There are a variety of tools available; however this guide will focus on two key tools that can be used to have a structured conversation: the SBAR Tool and Huddles.

### What are the guiding principles for a Structured Communication?

Structured Communication should:

- Be inclusive of all health care workers
- Focus on clinical practice and/or interpersonal issues
- Include a process for follow-up on specific situations
- Provide the opportunity to shift from blame and punishment to learning from mistakes
- Have a problem solving course of action
- Be goal and solution-oriented
- Have practical and do-able solutions
- Foster the development of additional skills in listening and problem solving

## **Why use Structured Communication?**

- The workplace is always busy and important conversations and information can get lost if specific time is not set aside
- Talking to each other about your work is part of providing quality care
- It provides an opportunity for all frontline healthcare workers to be informed about what is happening on their unit/floor and address issues/concerns quickly
- Structured Communication tools give a framework for discussions that focus on what is working well and what needs improvement to ensure quality patient care

## **How do we implement Structured Communication?**

- The manual describes tools and how to use them
- The tools need to be introduced and practiced so that they become a comfortable way to have conversations

## **How is success measured?**

- When preparing to implement the SBAR Tool and Huddles, it is important to develop an implementation plan that includes having the team develop and agreeing to specific success criteria and includes a process to evaluate and schedule review the process (i.e. annual check-in)
- Other ideas of how to ask staff how things are going may be to use:
  - Confidential surveys
  - Safety culture surveys
  - Focus groups
- The measure of success in using Structured Communication tools will include:
  - Seeing evidence that the information that you need to share is being heard and understood
  - Understanding and recognition of each team members' contribution to the team
  - Improved work satisfaction and patient safety
- This tool kit focuses on two structured communication tools with the purpose of providing guidance and support with building a culture of clarity, client safety and respect.

## Section Two – Structured Clinical Communication Tools

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### A. SBAR<sup>2</sup>

#### What is SBAR?

Originating from the US nuclear submarine service, the SBAR tool was quickly adapted by the healthcare industry to provide clear, accurate and effective communication between caregivers, especially during critical events, shift handoffs, or patient transfers. It creates a shared mental model for effective information transfer by providing a standardized structure for concise factual communications throughout the multi-disciplinary team.

#### SBAR is an acronym for:

<b>S</b>	<b>SITUATION</b>	What has happened? Be specific.
<b>B</b>	<b>BACKGROUND</b>	Explain circumstances leading up to this situation.
<b>A</b>	<b>ASSESSMENT</b>	What do you think the problem is? What is concerning you?
<b>R</b>	<b>RECOMMENDATION</b>	What do you need? What would you do to correct the problem?

Developed by Kaiser Permanente of Colorado<sup>3</sup>

#### Purpose/benefits of using SBAR

- Increases patient safety
- Provides a standard approach to information sharing
- Increases personal clarity/power for caregivers to make requests for changes in patient care, or to pass on critical information
- Improves team effectiveness
- Some organizations that have used the SBAR structure for charting/SBAR tools have been developed to specific areas of care i.e. COPD

## How the SBAR tool may be introduced

- Adult learners will adopt a new practice providing:
  - They can see some personal benefit (*helps them to be more clear, comfortable, assertive, get a better level of response*)
  - There is a rational explanation for the change (*provides better communication in the team, and more timely and accurate two-way information sharing*)
  - It meets or supports a value for them (*better outcomes for patients*)
  - They are given support (education, time) for adopting the change and embedding it in their own practice (*learning and practice through services, case study, examples, opportunities for feedback*)
  - It becomes part of the culture of the team (*everybody does it*)
- Begin the process of introducing the tool through staff meetings, huddles, samples of the form on the unit, in the communication book
- Follow up with support in filling out the tool – having a small group fill out the tool together, using a real life opportunity (see examples in this document)
- Ask for feedback on a regular basis during the first few months after introduction of the tool. Some suggestions for questions:
  - *What do you like about this tool?*
  - *What frustrations are you having regarding the tool?*
  - *In what different kinds of situations have you found the tool helpful?*
  - *Who else do you think should be using this tool?*
  - *What other comments/feedback do you have?*

## Ways to increase awareness and promote the use of SBAR<sup>4</sup>

- Display laminated posters on units
- Place stickers on each phone at nursing units
- Encourage staff to share stories of SBAR's use and recruit staff to spread the information to their peers
- Ask staff to practice SBAR during hand-off reports with peers
- Plan monthly games / quizzes for rewards
- Hold meetings to brainstorm ideas for use of SBAR among different department.
- Use communication tools easily available on the unit (communication book modified using SBAR framework or a shared drive to share data and team activities if available to name a few examples).
- Add SBAR training and follow-up quiz to all new employee orientation
- Incorporate SBAR into annual safety education for all employees
- Include SBAR in healthcare team management training
- Use screensavers to promote knowledge and use of SBAR
- Involve all members of the clinical team, including Physicians, in SBAR education

## Examples of scenarios demonstrating SBAR

### Example 1: An LPN needs to speak with a Physician

**Situation:** Mrs. J had an elevated temperature overnight and is now shivering.

**Background:** Mrs. J has an indwelling catheter and a history of bladder infections. Her temperature is currently 38.5, and her urine is cloudy and foul smelling. Her temperature has been a sign in the past of an infection. Mrs. J's catheter was changed three weeks ago. She has been given Tylenol every four hours during the night. She appears to be getting more confused.

**Assessment:** I think Mrs. J has a UTI.

**Recommendation:** I recommend we call the doctor to get an order for a urine sample to send for culture and sensitivity, and then discuss the need for an antibiotic. In the meantime we will encourage Mrs. J to drink more fluids.

### Example 2: A Care Aide needs to report her concern regarding a safety issue to an LPN/RN/Charge Nurse

**Situation:** There have been two incidents where patients have almost slipped out of the commode chair during their showers.

**Background:** The commode chairs we use in the shower stall are often slippery when they get soapy and it increases the risk of residents sliding or falling.

**Assessment:** A commode chair is not designed to be used in the shower; however due to a lack of proper shower chairs, staff have started using commode chairs in order to get showers completed before breakfast.

**Recommendation:** I would like to take this forward to the Safety Huddle to see what we can do differently.

During times when staff/colleagues believe SBAR did not work and are concerned that no one is listening, reinforce the message.

Encourage them to go back and say<sup>5</sup>:

- I am **still CONCERNED** for my patient's/client's condition
- I am **still UNCOMFORTABLE** with my patient's/client's condition
- I **believe** the **SAFETY** of my patient/client is at risk
- I **DON'T** know what to do

Ensure that all staff knows the chain of command for your Unit/Facility/Organization so that unresolved issues can be brought forward to the next level and/or staff feel empowered to seek advice and/or support from other staff.



*Note: For more information on SBAR, please go to the Additional Resource Materials on page 21.*

## **B. HUDDLES**

### **What are Huddles?**

Huddles are frequent but short briefings (10 – 15 minutes) to help teams stay informed, review work, make plans and move ahead rapidly. Huddles are not staff meetings.

### **Purpose/Benefits of using Huddles**

- To give front-line staff and bedside caregivers fuller opportunity to participate in gathering information, decision-making, and strategizing
- To keep momentum going, as teams are able to meet more frequently
- To keep abreast of 'heads up' issues, and be proactive in anticipating needs
- To keep people in the loop, and to grow communication, trust and respectful relationships

### **How to introduce the Huddles Model**

- Discuss the Huddle concept with the team and explain that Huddles are a way to address issues or share needed information to all members of the frontline team and reduce concerns by staff regarding time away from patients and staff who are not included as they are covering other members who are attending the "meeting"
- Agree on the time and the place that the Huddles will occur
- Bring the team together in the place that is most convenient for the team members who have the least time available for meetings
- Have a clear set of objectives for every Huddle
- Limit the duration of the Huddle to 15 minutes or less
- Review the objectives of the Huddle for that day, review the work done since the last Huddle, act on the new information, and plan next steps
- Huddle frequently – as often as daily

## Two Categories of Huddles

- Safety Huddles
- Communication Huddles aka "Time Out"

### I. Safety Huddles<sup>6</sup>

#### What is a Safety Huddle?

- A Safety Huddle is a scheduled time to review safety issues. Safety Huddles are a venue for discussing safety issues. Huddles were originally started to review patient safety issues but are now moving into staff safety as well.
- A process for reviewing specific items such as:
  - Safety issues on the unit such as medication system issues
  - Safety issues regarding new lift procedures
  - Safety issues regarding new drug protocols

#### Why are Safety Huddles Important?

- They create the opportunity for everyone to hear critical information about safety issues at the same time
- They focus on solutions to a safety issue rather than blaming individuals
- They focus on learning from issues and reduces further risk to staff and patients
- They give people a chance to speak about critical situations without blame
- They provide an incentive for a routine meeting - weekly or every two weeks

#### Who calls for a Safety Huddle?

- Nurse Manager/Unit Leader
- Educator or Nurse Leader
- Anyone can call for a safety huddle at any time to review an incident or a near miss
- Anyone can suggest topics for discussion

- **How do you structure a Safety Huddle conversation?**

- Be clear about the issue or situation that will be the focus for the huddle
- Use the SBAR tool to walk through the issue. SBAR is a simple communication method that helps staff to listen, understand each other, and work together to help serve their patients/clients/residents
- Safety Huddles should include all staff members who may be involved and impacted by the issue being discussed
- Keep it short
- Keep it focused
- If other issues or concerns are raised, make a list and decide on another time to review them
- Safety Huddles are not about blame. They are about sharing with peers to help them learn from our mistakes or near misses.

**Safety Huddles are not optional!**



## Examples of scenarios demonstrating Safety Huddles

### Example 1: There has been a medication error with Mr. S.

**Situation:** Mr. S received Lasix at 0800 this morning and the drug was discontinued last evening.

**Background:** Mr. S was retaining fluid two weeks ago and was started on Lasix and a reduced salt diet. His ankles are no longer swollen and Dr T discontinued the Lasix yesterday. The evening shift did not discontinue the medication in the administration record, and did not remove it from the medication rack.

**Assessment:** Mr. S received one extra dose of Lasix. He is not demonstrating any signs or symptoms that indicate an adverse effect.

Two nurses meet and discuss the situation, background and assessment. They brainstorm potential solutions, determine a best option to prevent an error in future, and develop recommendations. They share these with the Manager and the Quality Improvement committee.

**Recommendation:** The drug error must be reported as per unit policy and an incident report filed. The communication processes for changes in Doctors' orders may be reviewed. *This would be a perfect opportunity for a Safety Huddle.*

### Example 2: The charge nurse is introducing a new system to ensure medications are given on time.

**Situation:** Three times last week, patients didn't receive their medications with lunch.

**Background:** Since January 1, 2007, Care Aides have been responsible for giving medications at meal time. In the last two days there have been three incidents of patients not receiving mealtime medications.

**Assessment:** There is a lot of confusion at meal time. Staff is reduced due to rotating lunch breaks. At the time of two of the incidents where medications were missed, the staff member assigned to the patient was on lunch break. The staff covering assumed the medications had been given.

**Recommendation:** Complete a review of the staff assigned for meal times to ensure that staff are available as required to administer medications. Review medication administration best practices regarding signing for medications as they are administered. Involve staff in reviewing other suggestions for ensuring medications are administered in a timely manner.

This tool is meant to help people move away from the blame and the shame that can accompany an incident. This is an opportunity for everyone to learn.

## II. Communication Huddle or *Time Out*

### What is a Communication Huddle?

- A ten to fifteen minute check-in during a shift that occurs at a convenient time for staff
- It is used as a quick way to check how the day is going and to see if there are patient concerns or workload issues
- It may also be used to identify other issues that need to be discussed in a more formal meeting such as a monthly staff meeting

### How does it differ from a Safety Huddle?

- A Communication Huddle focuses on any important issue that staff are dealing with on a daily basis while a Safety Huddle focuses specifically on safety issues
- Communication Huddles are daily and may involve:
  - equipment shortage
  - patient workload
- Communication Huddles may be called when needed

### How do you structure the conversation in Communication Huddles?

- Keep the conversation focused on the shift activities.
- Focus on problem-solving.
- Ensure a team approach – everyone can problem solve!
- Keep them short - usually 1-10 minutes
- Remember that this is not a staff meeting

*Note: Communication Huddles are a refinement of Safety Huddles and have been put into practice at Providence Health Care, Vancouver, British Columbia.*

## Examples of Scenarios demonstrating Communication Huddles/Timeouts

**Example 1:** It is 0845 and Mr. J has just arrived unexpectedly on the unit by ambulance from another facility. The Care Aide assigned to the room where Mr. J will be admitted is busy with other patients. The Care Aide reports to the Nurse Leader that she unable to handle Mr. J's admission in addition to her current workload.

**Situation:** Mr. J has arrived on the unit unexpectedly and the Care Aide assigned to the room where Mr. J is going to be admitted has a heavy assignment and is unable to admit a new patient.

**Background:** Mr. J was scheduled to be admitted on the afternoon shift and staffing assignments had been developed with that in mind. Mr. J is a 52-year-old man who recently had a CVA resulting in right sided paralysis, and is aphasic.

**Assessment:** The Nurse Leader calls a Communication Huddle and asks for an update on the team's work situation. Team members give a quick update on their work assignments.

**Recommendation:** Change/modify the team assignments based on team update to accommodate the arrival of Mr. J, and ensure the care and safety of the other patients on the unit.

**Example 2:** Mrs. C refuses to eat her breakfast. The Care Aide assigned to Mrs. C shares her concerns with the Nursing Leader and requests a Communication Huddle with the team as other members have expressed having similar difficulties.

**Situation:** Mrs. C has refused to eat her breakfast for the last three days.

**Background:** Mrs. C is a new patient who speaks Mandarin; English is her second language. Her family has told us that she is set in her ways and does not tolerate change well. She is becoming more frustrated.

**Assessment:** The staff has tried to understand what Mrs. C wants and is having difficulty understanding and communicating with her.

**Recommendation:** We need to find a staff person who speaks Mandarin to talk to Mrs. C about what she likes to eat for breakfast. It could be that she prefers congee versus cereal. If that is the case, we need to see how to get it for her. We can talk to Mrs. C's family about her usual routines.

## **Section Three - Opportunities for using Structure Communication Tools**

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The following list outlines additional opportunities for talking with each other. The list was created with the help of the healthcare workers who participated in the development of this document.

### **Orientation for New Staff**

- What can we tell new staff members about our area that will help them understand who we are and who our patients are?

### **Newsletter**

- Would it help us to have our own newsletter?
- If there is a newsletter already, what content would help us to understand each other better?

### **Posters**

- What is new that would be best displayed on a poster?
- Where is a good place for a poster?

### **Communication Book**

- Do we have a Communication Book?
- What do we use it for?
- What information would staff like to have in this book?

### **Clinical Advice Book**

- What questions or advice do you need in the middle of the night or on a weekend?
- Can you gather this information and put it into a general advice book?

### **In-Service Education**

- What topics would you like presented at an In-Service session?
- Who will you tell?

### **Open Forums**

- Open Forums allow a Manager to talk about what is happening to a large group.
- Open Forums are a way to address rumours as well as any new updates.

### **Exit Interview**

- When a staff member chooses to leave, you have an opportunity to ask them if you, as a Manager, helped them feel part of the unit.
- This is not something you would use if the employee is leaving for disciplinary reasons.

## Endnotes

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- <sup>2</sup> Haig, Kathleen M., Staci Sutton, and John Whittington, "SBAR: A Shared Mental Model for Improving Communication Between Clinicians," *Journal on Quality and Patient Safety*, March 2006, 32(3), pp. 171, <http://www.ihl.org/IHI/Topics/PatientSafety/SafetyGeneral/Literature/SBARAsharedmentalmodelforimprovingcommunicationbetweenclinicians.htm>, accessed November 2007.
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- <sup>4</sup> Dixon, N.M., "Does Your Organization Have an Asking Problem?" *Knowledge Management Review*, May-June 2004, 7:18-23 7, quoted in Haig, Kathleen M., Staci Sutton, and John Whittington, "SBAR: A Shared Mental Model for Improving Communication Between Clinicians," *Journal on Quality and Patient Safety*, 32(3), pp. 170, <http://www.ihl.org/IHI/Topics/PatientSafety/SafetyGeneral/Literature/SBARAsharedmentalmodelforimprovingcommunicationbetweenclinicians.htm>, accessed November 2007.
- <sup>5</sup> Quality Insights of Pennsylvania 2006, "Organizational Culture – The Path Through the Woods," MedQIC Web site, <http://medqic.org/dcs/ContentServer?siteVersion=textOnly&printView=yes&cid=1141844570087&pageName=Medqic%2FMQPresentations%2FPresentationTemplate&c=MQPresentations>, accessed November 2007.
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