

TEAMWORK AND COMMUNICATION: **EXECUTIVE SUMMARY**

Well-structured teamwork and communication are essential to improve the quality and safety of the care that patients receive. This is because medical care is typically provided by an interdisciplinary healthcare team as opposed to an individual clinician.

When properly executed, good teamwork and communication reduce fragmentation of care and the likelihood of medical errors, thereby reducing patient harm. It is important for all members of the healthcare team to recognize the importance of effective teamwork and communication for the provision of optimal patient care. Research has consistently identified communication breakdown as a contributor to patient harm and death, and a review by The Joint Commission in 2022 found they remain the #1 cause of sentinel events.

Team members should feel comfortable speaking up, asking questions, advocating for safety practices (like a time out or read back), and giving and receiving feedback. They should be adept at defining the roles and responsibilities of team members, exploring conflict and disagreements, and utilizing communication skills such as sign-out systems at transitions of care and change of shift.

Several training methodologies and tools have been proven effective for improving communication, teamwork, teambuilding, and rapport between team members, and descriptions of these are available below:

COMMON TEAMWORK/COMMUNICATION TRAINING METHODOLOGIES

A. Crew Resource Management (CRM): CRM is a training program using structured communication derived from aviation and other environments where any human error has a high risk of harm. It is focused on excellence in knowledge combined with situationally aware human interactions that enhance safety in high-stress environments. CRM training helps move away from individual performance and builds a team performance mindset.

B. Team Strategies and Tools to Enhance Performance and Patient Safety (TeamSTEPPS): TeamSTEPPS is healthcare-specific training focused on collaborative efforts such as huddles, debriefs, handoffs, and check-backs. It was created by the Agency for Healthcare Research and Quality (AHRQ) using CRM principles.

C. Simulation: Simulation-based training allows providers to practice procedures and to improve mastery of handling elements of care, from routine evaluations to uncommon emergencies, without patient risk. The time, costs, and operational challenges associated with simulation may be prohibitive, but simulation is a highly effective way to achieve individual and team skills. Simulation is instrumental in high-reliability industries like aviation.

COMMON TOOLS USED IN TEAMWORK/COMMUNICATION

A. Tools That Provide Structure:

- 1. Situation, Background, Assessment, and Recommendation (SBAR):** a structured communication derived from CRM, meant to enable the listener to know what they're dealing with, the backstory, what the speaker thinks is happening, and what they want done about it.
- 2. Illness Severity, Patient Summary, Action List, Situation Awareness, Synthesis by Receiver (I-PASS):** an evidence-based method used to standardize verbal and written handoffs. The I-PASS mnemonic is a very effective handoff tool that has been widely studied and has been shown to decrease preventable adverse events and reduce medical errors.
- 3. Debriefing Checklists and Frameworks:** structured framework as a post-experience, intentional analytic process to promote learning and reflection/insight to make use of knowledge later in performance.
- 4. Discharge Summaries:** A high-quality discharge summary is necessary for an effective transition of care, that is, from the acute care hospital to the outpatient or post-acute (e.g., SNF) setting. At the time of discharge from the hospital, hospitalists and primary care providers can participate in direct communication about a patient through a shared electronic medical record or through secure email. The use of information technology to help formulate discharge instructions can benefit both patients and healthcare providers.

5. Communication Technology: High-quality care relies on effective communication, however, many of the technologies used in healthcare are outdated, incompatible, or otherwise limited. Lack of clarity about whom to call, failure to close the loop, one-way communications, timeliness of communication, and multiple interruptions by messaging are all potential safety threats.

B. Trigger Tools: The Trigger Tool methodology is a retrospective review of a random sample of inpatient hospital records by multidisciplinary team members using “triggers” (or clues) to identify possible adverse events. This tool is used to identify adverse events, assess the level of harm from each adverse event, and determine whether adverse events are reduced over time as a result of improvement efforts. There are various Trigger Tools available on the Institute for Healthcare Improvement (IHI) website.

SYSTEM REDESIGNS

Several structural factors adversely impact the ability to provide care to hospitalized patients. These include large, frequently changing medical teams and the provision of care to patients on multiple units and floors. System redesign can be facilitated by simultaneously implementing a number of complementary and coordinated interventions, rather than just a single one. Interventions may include enhanced interprofessional rounds, the use of unit-based physicians, patient engagement activities, unit nurse-physician co-leadership, and unit-level performance reports.

PATIENT SAFETY CULTURE

A. Speaking Up for Safety: A “questioning attitude” is a key trait of staff working in a facility with a strong safety culture. Techniques used to teach and strengthen this critical skill have been developed, such as Validate and Verify, CUS, and ARCC.

- 1. Validate and Verify:** requires the individual to ask, “Does this make sense to me?”
- 2. CUS:** provides language for staff to share concerns in a sequential, escalating manner until the concern is addressed: “I am **Concerned**, I am **Uncomfortable**, this might be a **Safety issue**.”
- 3. ARCC:** is another concern escalating strategy. **ASK** a question, **REQUEST** a change, state a **CONCERN**, use **CHAIN** of command.

B. Breaking Down Hierarchy: One large barrier to speaking up in many organizations is the “power distance” existing within the hierarchy of staff. In addition to a focus on developing speaking-up skills, flattening the hierarchy is required to achieve consistent results.

C. Lean Daily Management and Patient Safety: Common performance improvement systems (such as Lean Daily Management) can be used to address patient safety priorities. Important elements include:

1. Broad awareness/alignment of safety outcomes and goals
2. Visual displays of performance or status
3. Focus on daily work and impact on safety goals
 - i. Development of clear standard work for safety processes
 - ii. Daily, unit-based huddles emphasize just-in-time training and root-cause thinking
4. Well-understood system of problem-solving errors/process breakdowns utilizing accessible leadership support (prompt escalation)

Key References:

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