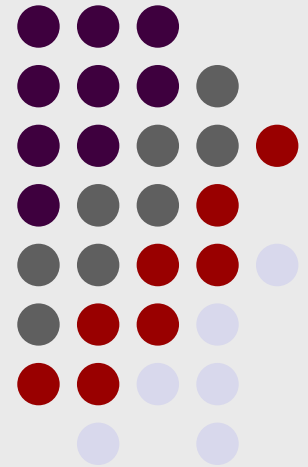# Improving Communications in Obstetrics: Taking SBAR-R To A Higher Level

Larry Veltman, MD

Kristine Larison RNC, BSN, MBA

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Labor and Delivery Communication:
How Would You Score?

- ❑ Common EFM language
- ❑ Do you use a structured communication tool?
- ❑ Effective sign outs between all caregivers
- ❑ Absent disruptive or intimidating behavior
- ❑ The physician (CNM) always comes when asked

JCAHO Sentinel Event Alert
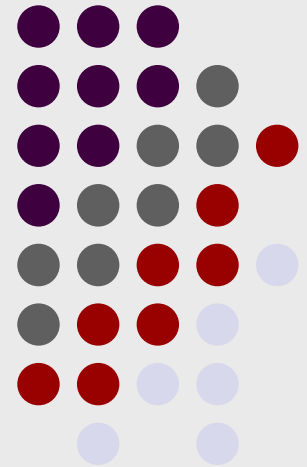# 47 Cases Perinatal Death or Permanent Disability
July 21, 2004

Root causes:

Communication issues – 72%

Organizational culture is a barrier to effective communications and teamwork (55%):

Hierarchy and intimidation

Failure to function as a team

Failure to follow the chain of command

Structured Communication

- A preset, organized way to present information between individuals or groups of individuals that is part of the culture of the entire organization.

- Other high consequence industries have long recognized the need for structured communication, critical language, and repeat backs.

- Aviation
- NASA
- Military

Structure Works!

- Michael Leonard, physician leader for patient Safety at Kaiser's Colorado division:

  "In almost all serious avoidable episodes of patient harm, communication failures play a central role, By teaching care givers new models of structured communication, we can make sure that we are all in the same movie"

- OSF St. Joseph Medical center in Bloomington, IL:

  Cases of harm fell by more than half in the year after the SBAR program was implemented in October 2004

Structured Communication

- How do we organize and relay information?
- Is it consistent?
- Does it place the problem first?
- Are all the relevant data elements included?
- Did you both/all agree on the course of action? Are you on the same page?
- Did you confirm? Close the loop?
- Is this done in real time?

Structured Communication: SBAR-R

- Situation

- Background

- Assessment

- Recommendation

- Response with repeat back

Why Isn't It Better?

- "The lines are drawn between us and them"
- "It's not my job"
- "They get paid the big bucks to make the decisions"
- "An emergency to one provider is routine to another, how are we supposed to know which it is today"
- "I am not going to say anything"
- "We don't ever get the information we need"
- "It all depends on who you are working with if it is going to be a good team or not"
- "We are afraid to make a recommendation to some providers, if we're wrong we'll pay for it."

Taking SBAR-R To A Higher Level

- It is not just enough to say, "I have an SBAR-R for you."

- Necessary to consider the context and relationships in every SBAR-R conversation.

- Examine and perfect the mental processes and conditions that are required for conversations that allow for the right exchange of information to get the job done safely.

P.U.R.E. Conversations

- ## P: Purposeful/Prepared
  - What is the purpose of the conversation?
  - What do you want the product of the conversation to be?
  - Are you prepared?
  - Do you have all the information you need to achieve your action?

- ## U: Unambiguous
  - Do you have the data?
  - Are you using facts?
  - Are you using NICHD nomenclature?
  - Did you choose terminology to avoid confusion?
  - How is the message delivered?

P.U.R.E. Conversations

- ## R: Respectful

  - What tone of voice are you using?
  - Is there respect for the others time with adequate preparation?
  - What response are you giving?
  - What words have you chosen to use?
  - Does your behavior (verbal and non-verbal) send a negative message?

- ## E: Efficient

  - What was the outcome of the conversation?
  - Are you still on the same page?
  - Do both of you have the same expectations?
  - Do both of you have the same time frame?
  - Do you feel positive after the conversation?
  - What if it doesn't work?

Why P.U.R.E?

P.U.R.E is about:

- A consistent mental process

- Mental preparation/planning prior to a conversation

- Mutual respect for each others needs

- Reaching an agreed upon plan

- Eliminating any confusion or misinterpretation about the plan

- Real time monitoring of progress and effectiveness of the conversation.

Why P.U.R.E?

- Requires a change in human behavior
- Must haves for success:
  - Team training for Nurses, MDs, CNMs *together*
  - Tools – P.U.R.E., SBAR-R, communication templates in EMR – hardwire the process,
  - Practice - mental process of conversation structure

P.U.R.E

Purposeful, Prepared, Productive

"Great minds have purposes, others have wishes."

Washington Irving
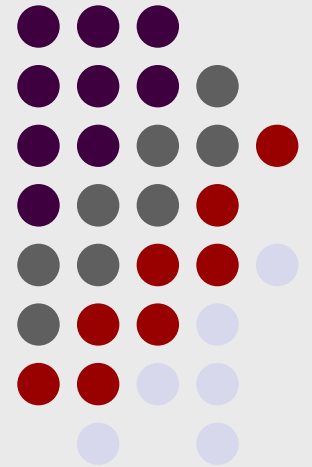
P = Productive, Purposeful, Prepared

Begin with a *mental process* that occurs *before* any conversation

- Identify a purpose –
  - "What needs to be done?"
  - "Why am I calling?"
- Prepare based on the purpose
- Proceed with the conversation using the necessary data and the interpersonal skills that will fulfill the purpose
- Insure the purpose is fulfilled

P.U.R.E.

Unambiguous

"Journalists do not like to report on uncertainties. They would almost rather be wrong than ambiguous."

Melvin Maddocks

Dr. █████ -
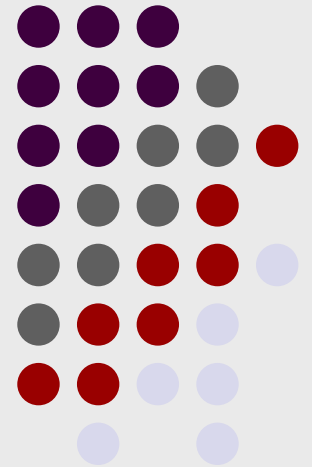
    I'm sorry that you missed michelle's delivery; I know that you were deeply disappointed about it.

    I know that precips; missed deliveries are frustrating for physicians; it's certainly frustrating for us as well. One always wondered what could have been done differently. I take responsibility for not making it clear, during the confusion, that when I yelled "Page Dr. ██████" I meant page you via beeper and not overhead. I assumed that would be understood; that was my mistake. I believe the thought was that you were in-house, since we knew you were on the way. I'm sorry about that.

The Ambiguous SBAR+R

- Vital signs are good $\longrightarrow$
- She is bleeding a little $\longrightarrow$ more than usual.

- Her pain is a little worse. $\longrightarrow$

- Her BP is a little high $\longrightarrow$

- 36.7-82-18-134/64
- She has bleed 500cc in the last 30 minutes for a total EBL post delivery of 1500cc.

- She now rates her pain a 9 from her previous rating of 2.

- Her BP is 191/102

Use NICHD Nomenclature

- No one nomenclature is better or more evidence-based than another

- The key issue is that all perinatal healthcare providers in the same institution or network agree on one and use it

- Patient safety is enhanced when everyone is speaking the same language

- No more "subtle lates", "good" or "poor variability", "icicle decels", "carrot-top decels", etc.

When You Want The Doctor To Come?

"Mrs. Jones is 8 cm. dilated (complete, having a prolonged deceleration, bleeding, etc). I would like you to come to L and D to evaluate the situation…
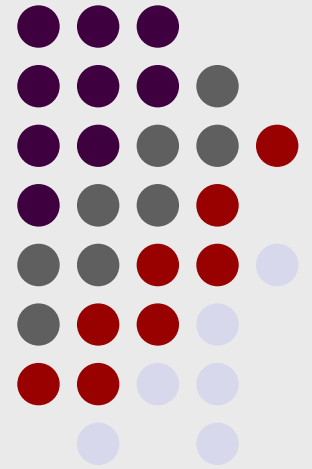
"That would be great; *when can I expect you*?"

OR

"I have a concern that…and I want you to come now. *When can I expect you?*"

P.U.R.E

Respectful

"No one can make you feel inferior without your consent."

-Eleanor Roosevelt

How Disruptive Behavior Is A Threat To Patient Safety

- Increase stress within the healthcare team

- Decreases willingness to communicate

- Decreases overall vigilance

- Inhibits nurses and pharmacists from questioning orders or patient care plans

- Contributes to nursing shortage

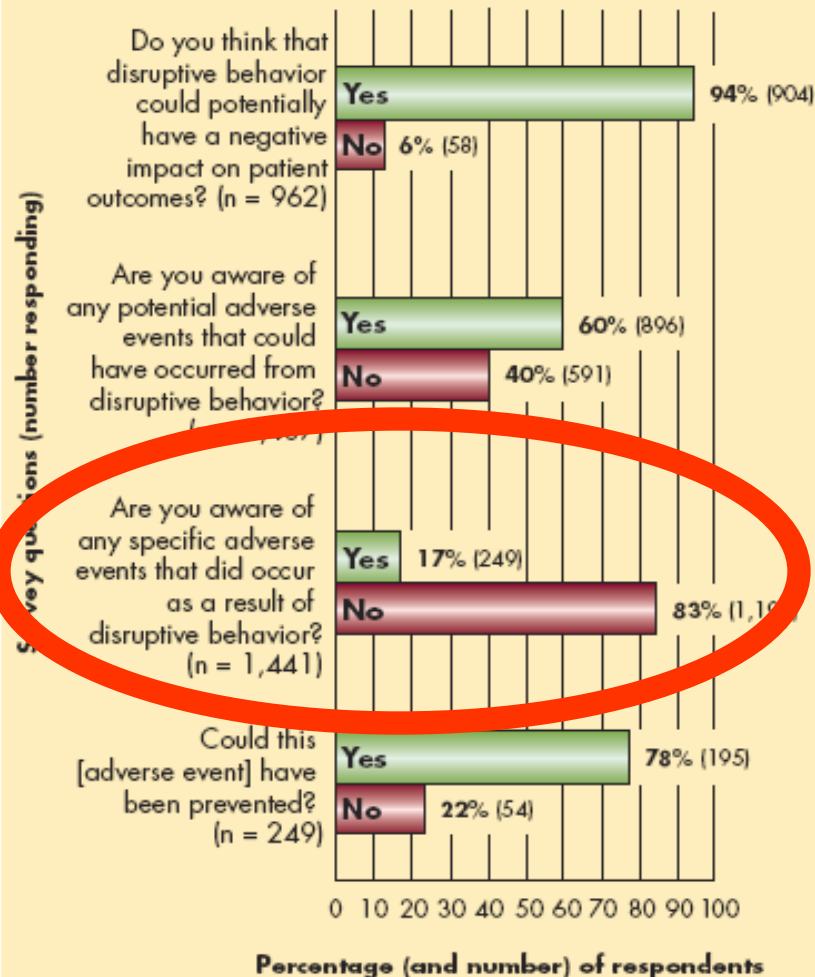# How Disrespectful Conversation Lead to Bad Outcomes

- A nurse reported that the final sponge count was incorrect after a difficult tubal ligation. The physician was sarcastic and said that an expensive x-ray would be ordered because the nurse obviously suffered from obsessive compulsive disorder. A sponge was found in the patient.

- When a nurse reported that her patient was highly anxious and short of breath, the physician told the nurse to give the patient some Ativan and take some herself. The patient was later admitted to the ICU with congestive heart failure.

- "I got yelled at two nights ago for calling and I didn't want to make the same mistake." (Said by a nurse who watched a patient have late decelerations for five hours through the nightbefore delivery of a compromised baby.)

Disruptive Behavior and Adverse Outcomes (American J. of Nursing, January 2005)

**Figure 4** Respondents' Answers to Selected Survey Questions

Do you think that disruptive behavior could potentially have a negative impact on patient outcomes? (n = 962)
- Yes 94% (904)
- No 6% (58)

Are you aware of any potential adverse events that could have occurred from disruptive behavior?
- Yes 60% (896)
- No 40% (591)

Are you aware of any specific adverse events that did occur as a result of disruptive behavior? (n = 1,441)
- Yes 17% (249)
- No 83% (1,1...)

Could this [adverse event] have been prevented? (n = 249)
- Yes 78% (195)
- No 22% (54)

0 10 20 30 40 50 60 70 80 90 100

Percentage (and number) of respondents

17% (249)

Adverse Event As A Result of Disruptive Behavior

Labor and Delivery:
Have There Been Specific Adverse Outcomes As A Result of The Behavior?

NO = 18 = 58%   YES = 13 = 42%

- ☐ yes
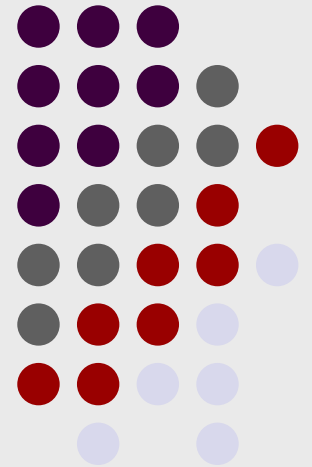- ☐ no

Veltman, L.L. *Am J OB/GYN*, June, 2007
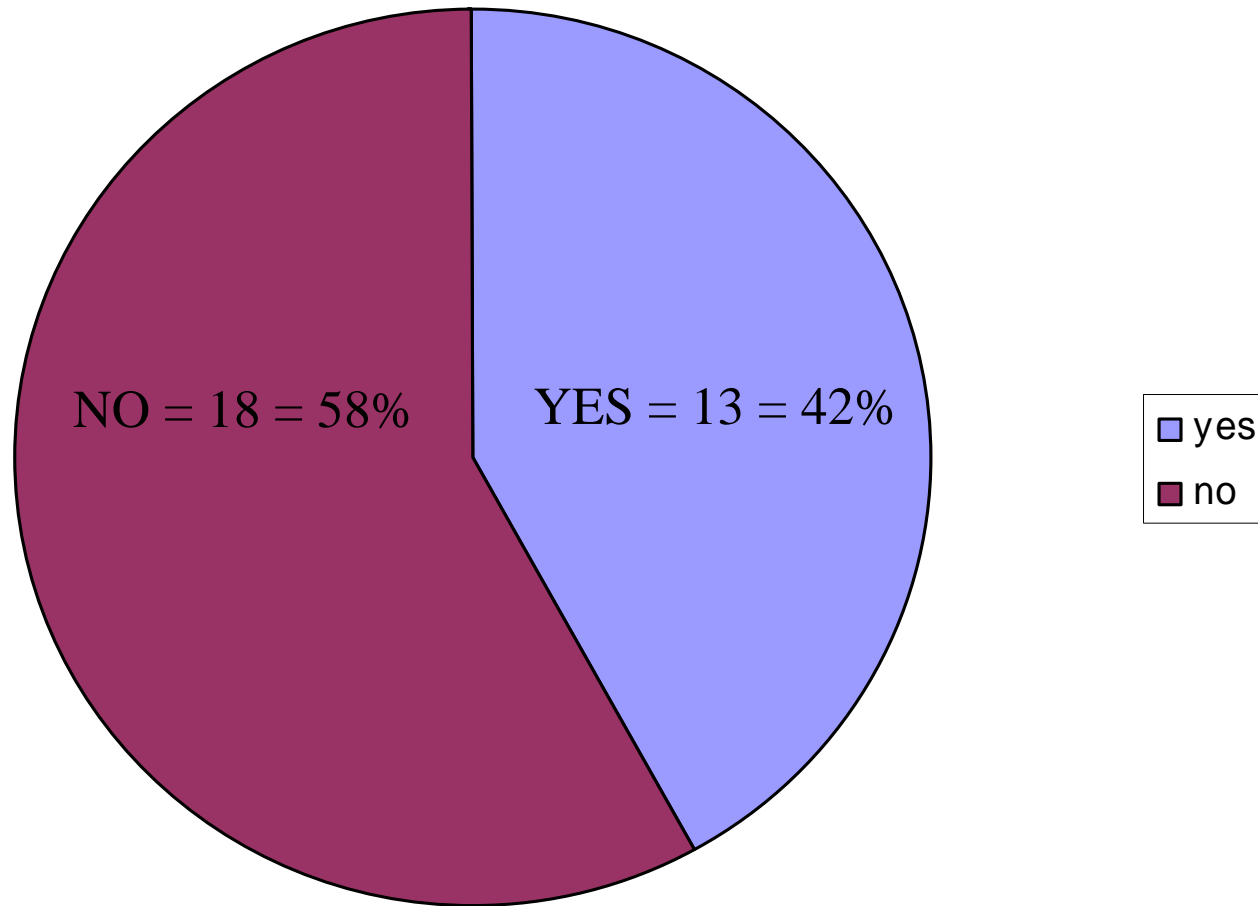
P.U.R.E

Effective

"Action to be effective must be directed to clearly conceived ends."

Jawaharlal Nehru

Effective Communication Mental Checklist

❑ Did I prepare adequately?

    ❑ Do I have the data and the chart?

    ❑ Did I rehearse an SBAR-R report?

❑ Am I calling the right person?

❑ Did I get the message across?

❑ Was the response reasonable? Respectful?

❑ Will I feel OK about calling again?

❑ What will I do if I get an unreasonable or unsafe response? Next steps? Other call?

Clinical Scenarios: P.U.R.E. Conversations

- Trouble with the tracing
- Time to call the chief
- Temperature talk
- Transfusion pending
- Time to get more help

- Trouble with the baby
- Trip to the operating room
- Triage time
- "Turn up the pit"
- Trapped Shoulder

- **Location:** Triage Unit of Labor & Delivery
- **Time:** 0210
- **Attending MD:** Dr. Sanchez (at home; dislikes VBACs)
- **Assigned RN:** Deborah Miller
- **Patient Name:** Vanessa Santos
- **Room:** Triage bay 381
- **Chief Complaint:** Painful contractions starting at 2300
- **Pain rating:** 6/10
- **Prenatal History:** G2P1 @ 40 2/7 weeks gestation, previous cesarean section 2 years ago for breech 7 pound 15 oz. Female. No other medical problems. GBS+.
- **Allergies:** NKDA
- **EFW:** 8 pounds
- **Cervical Exam:** 5/90%/0
- **Membrane Status:** Intact, pink tinged bloody show
- **Contraction pattern:** Contractions are regular every 2-3 minutes, 60-90 seconds, firm by palpation.
- **Fetal heart rate status:** Baseline 135, moderate variability, accelerations, 2 variable decelerations in a 20 minute period, to 90 bpm, lasting 40 seconds.
- **Pain management plans:** Desires epidural analgesia
- **Delivery plan:** Insists on vaginal trial of labor.
- **Social history:** Married, stay at home mother, no history of drug use, no social concerns

P.U.R.E. Conversations

- Will get the jobs done that need to be done
- Will make the unit function more as a team
- Will enhance interpersonal relationships between caregivers
- Will have less chance for misinterpretations and decrease the chance for errors