Utilizing Communication & Teamwork in the Operating Room to Prevent Errors

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ASPS Annual Meeting 2012
Instructional Course
Disclosures

Speaker's bureau Angiotech Pharmaceuticals
Speaker's bureau Suneva Medical
Advisor The Doctors Company
Communication Problem

- Routine trunk liposuction
- Same OR team
Communication Problem

- Routine trunk liposuction
- Same OR team
- Bloody lipoaspirate
Communication Problem

- Routine trunk liposuction
- Same OR team

- Bloody lipoaspirate

- No epinephrine added to infiltration fluid
Importance of Teamwork & Communication

- Essential to deliver high quality & safe patient care
- Failure a common cause of patient harm
- Complexity of medical care & limitations of human performance require clinicians to:
  - Have standardized communication tools
  - Create environment allowing freedom to speak & express concern
  - Share common “critical language” to alert team of unsafe situations
Importance of Teamwork & Communication

• Effective communication is situation & personality dependent

• Other high reliability domains (commercial aviation) have shown that the adoption of standardized tools and behaviors is a very effective strategy in enhancing teamwork and reducing risk
Communication Failures & Effectiveness

- Leading cause of inadvertent patient harm
- Joint Commission analysis of 2455 sentinel events
  - Primary root cause in >70% was communication failure
  - 75% of these patients died
  - Clinicians had divergent perceptions of what was supposed to happen

- Effective communication and teamwork creates a
  - Common mental model (getting everyone in the same movie)
  - Safe environment to speak up with safety concerns
  - No surprises culture
Teams vs Individuals

- Anticipate each others needs
- Adjust to
  - Each others actions
  - Changes in environment
- Have shared understanding of
  - How procedure should happen
  - How to identify errors and correct them
- Have shared responsibility
Communication Obstacle: Training

- Physicians & nurses communicate differently

- Nurses
  - Taught to give broad & narrative descriptions of clinical situations
  - Told they “don’t make diagnoses”

- Physicians
  - Learn to be concise, and get to the “headlines” quite quickly

- SBAR bridges differences in communication styles
Communication Obstacle: Hierarchy

- Hierarchy (power distance) inhibits free communication

- Authoritarian leaders reinforce large authority gradients creating unnecessary communication barrier & increase risk

- Effective leaders flatten hierarchy creating familiarity & safe environment to speak up and participate
Tools & Behaviors for Effective Communication

- SBAR Communication Tool
- Briefings
- Visual Communication
- Appropriate Assertion
- Critical Language
- Situational Awareness
- Debriefing
SBAR: A Situational Briefing Model

- Situation
- Background
- Assessment
- Recommendation
SBAR Applied to Health Care

- **Situation**: What is going on with the patient?
  - Identify yourself and the patient
  - State the problem

- **Background**: What is the background on this patient?
  - Anticipate questions the receiver may have

- **Assessment**: Provide your observations & evaluations of the patient’s current state

- **Recommendation**: An informed suggestion for the continued care of the patient
Briefings

- Standard in aviation, military, law enforcement
- Uncommon in clinical medicine
- A few minutes before surgery gets everyone at the same startpoint, avoid surprises, & positively affect how team works together
- SBAR as a briefing tool
Team Communication

• Use a **Pre Op Briefing** to get every team member to talk

• If everyone is *used to talking* when there isn’t a problem, they will be more likely to *speak up* when a problem occurs
**PreOp Briefing using an OR Checklist**

### NORTHSHORE UNIVERSITY HEALTHSYSTEM SURGICAL SAFETY CHECKLIST

#### Before Induction of Anesthesia

<table>
<thead>
<tr>
<th>SIGN IN: HOLDING OR AMBULATORY AREA</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Patient Has Confirmed</td>
</tr>
<tr>
<td>■ PreOp Note</td>
</tr>
<tr>
<td>■ Site and Side</td>
</tr>
<tr>
<td>■ Procedure</td>
</tr>
<tr>
<td>■ Consent complete and accurate</td>
</tr>
<tr>
<td>■ H&amp;P Complete</td>
</tr>
<tr>
<td>■ Consent and H&amp;P Plan of Care Reconciled</td>
</tr>
<tr>
<td>□ Diagnostic/Radiology Results Needed in OR?</td>
</tr>
<tr>
<td>□ Site Marked/Alternate Used</td>
</tr>
<tr>
<td>■ VTE Prophylaxis Needed?</td>
</tr>
<tr>
<td>□ Yes</td>
</tr>
<tr>
<td>□ No</td>
</tr>
<tr>
<td>□ Does Patient have a known allergy?</td>
</tr>
<tr>
<td>□ Yes</td>
</tr>
<tr>
<td>□ No</td>
</tr>
<tr>
<td>□ Blood Products Available?</td>
</tr>
<tr>
<td>□ Yes</td>
</tr>
<tr>
<td>□ No - N/A</td>
</tr>
<tr>
<td>■ Currently on Anticoagulant?</td>
</tr>
<tr>
<td>□ Yes, last taken on: _____________</td>
</tr>
<tr>
<td>□ No</td>
</tr>
<tr>
<td>□ Glucose Checked for Diabetic Patients?</td>
</tr>
<tr>
<td>□ Yes, Value: __________</td>
</tr>
<tr>
<td>□ Not Applicable</td>
</tr>
<tr>
<td>■ Currently on Beta Blocker?</td>
</tr>
<tr>
<td>□ Yes, last taken on: _____________</td>
</tr>
<tr>
<td>□ No - N/A</td>
</tr>
<tr>
<td>□ Does Patient have Implants or Pacemaker?</td>
</tr>
<tr>
<td>□ Yes, to implants and fluids planned</td>
</tr>
<tr>
<td>□ No - N/A</td>
</tr>
</tbody>
</table>

#### TIME OUT: ATTENDING SURGEON INITIATES BEFORE INCISION

| □ Confirm All Team Members Have Introduced Themselves By Name And Role |
| □ Will More Than One Procedure Be Performed? |
| □ Yes, Second Time Out Required |
| □ Not Applicable |
| □ Has Antibiotic Prophylaxis Been Given Within The Last 60 Minutes (2 hours if Vancomycin)? |
| □ Yes |
| □ Not Applicable |
| □ Surgeon, Anesthesia and Nurse Verbally Confirm: |
| ■ Patient |
| ■ Site |
| ■ Site Side Marked |
| ■ Consent Complete and Accurate |
| ■ Blood Products Available |
| ■ Anesthesia Type |
| ■ Procedure |
| ■ Correct Position |
| ■ Images Available/Displayed |
| ■ Special Equipment Available |
| ■ Implants Available |
| ■ Safety Precautions Based on Past History or Medication Use |
| □ Anticipated Critical Events |
| □ Surgeon Reviews: Diagnosis, anticipated procedure and potential additions or deletions. What are the Critical or Unexpected Steps, Operative Duration, Anticipated Blood Loss? |
| □ Anesthesia Reviews: Type of Anesthesia? Are there Any Patient Specific Concerns? |
| □ Nursing Reviews: Sterility of Instruments and Implants, Equipment, or Other Issues or Concerns? |

#### SIGN OUT: IN OR WITH ALL TEAM MEMBERS

| □ Nurse Verbally Confirms With The Team: Post Op Xray Required? |
| □ The Name of the Procedure Recorded |
| □ That Instruments, Sponge and Needle Counts are Correct |
| □ How The Specimen Is Labelled (Labeling done in room in the presence of surgeon) |
| □ Extra Labels To Be Placed In Paper Chart |
| □ Whether There Are Any Equipment Problems To Be Addressed |
| □ Surgeon, Anesthesia and Nurse Review The Key Concerns For The Recovery And Management Of The Patient |
| □ Concurrence Between Consented Procedure and Performed Procedure |

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**Place Patient Label Here**

**NORTHSHORE UNIVERSITY HEALTHSYSTEM**

Based on the WHO Surgical Safety Checklist developed by: World Health Organization
Visual Communication

Visual cues to promote
- Track medications
- Communication
- Surgical plan
- Safety
Inquiry, Advocacy & Assertion

Communication tools that benefit the team process

- **Inquiry:** Systematic investigation of facts, principles, or the requesting of information
  - A PA receives an order for 10 mg of a postoperative analgesic instead of the normal 5 mg for a particular patient. The PA should feel free to inquire why the dose is different than usual.
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  - A nurse speaks up to protect a patient’s privacy when the patient is under general anesthesia and cannot advocate for herself
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*Surgeons may not feel comfortable with this communication style*
Appropriate Assertion

- Ability to speak up & express concerns
- State problem politely & persistently until resolved
- Avoid speaking indirectly (don’t hint and hope)
- Focus on the problem (not who’s “right & wrong”)
- Nurses have license to say: “I need you to ...”
Critical Language: CUSSing

- Medicine’s hierarchy, power distances, lack of psychological safety, cultural norms, & uncertainty in the plan of action make language interpretation difficult
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- **CUS program** (United Airlines)
  - I’m concerned, uncomfortable, scared, this is not safe
  - I’m meaning: “We have a problem, stop & listen to me”
  - Tell your team it is OK to CUSS in the OR!
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- Creates a clear communication model
- Avoids tendency to speak indirectly & deferentially
Situational Awareness

- Surgical team
  - Maintains the “big picture”
  - Thinks ahead to plan & discuss contingencies

- Ongoing dialogue
  - Keeps team up to date with what is happening
  - Promotes proper response if situation changes
Debriefing

- Process of assessing:
  - What the team did well
  - What were the challenges
  - What they will do differently the next time
- Opportunity for both individual & team learning
  - Events are still fresh
  - Input from junior team members
  - Opportunity for surgeon to get feedback
OR Video Recording

- 10 high-acuity operations (44 hours patient care)
- 33 deviations from care
  - 17 safety compromises
- 1 every 80 minutes
- Deviations were multifactorial
  - Mean 3 factors
Results of OR Video Recording

Communication & organizational structure at root of deviations

Deviations result from poor organizational and environmental design and suboptimal team dynamics, with caregivers compensating to avoid patient harm
Outcomes in OR

- Wrong site surgeries eliminated
- Decreased nursing turnover
- Increased employee satisfaction
- Increased perception of safety climate
- Improved teamwork climate & communication
- Personnel taking responsibility for patient safety
- Medical errors being handled appropriately
- Nurses feeling their input is well received
Perioperative Briefing Application

OR team challenges in MWL body contouring

- Academic institution
- Multiple procedures
- Patient position changes
- Long operative time
- New equipment
- Multiple concurrent surgical sites
- Residents & students
- Not doing the same way twice
  - “Refining the technique”
Briefing before Patient Marked

Improved process with 2-4 min discussion

- Sequence of procedures
- Estimated times for each procedure
- Timing and specifics of patient positioning
- Rational for new equipment
- How many assistants needed
- What I am going to do different today
- Potential pitfalls (hypothermia)
- Any new members on the team today?
- Any questions?

Dramatic improvement in teamwork, waiting time & frustration level
Communicate with your Patient
Add check lists