

# Communication Practices that Support Situational Awareness

Complete, Accurate and Timely Communication Supports Team Situational Awareness. Unsafe Conditions, Near Misses, and Events that Cause Resident Harm or Injury often have Gaps in Communication as Causal and Contributing Factors.

## ► How is Effective Communication Defined?

“Communication is defined as the transfer or exchange of information from a sender to a receiver. More specifically, communication is a process whereby information is clearly and accurately conveyed to another person using a method that is known and recognized by all involved. It includes the ability to ask questions, seek clarification, and acknowledge the message was received and understood. One critical result of effective communication is a shared understanding, between the sender and receivers of the information conveyed.” *Source – Agency for Healthcare Research and Quality. TeamSTEPPS® for Long Term Care*

## ► What is Situational Awareness?

Situational Awareness is defined as the state of knowing the conditions that affect one’s work. Situational awareness is a dynamic state of awareness for individual care team members and the team.

*Source – Agency for Healthcare Research and Quality. TeamSTEPPS® for Long Term Care*

## ► Why is Situational Awareness Important for Healthcare Teams?

Situational Awareness is an individual and team state of awareness that includes observing and communicating critical information about the resident, team, environment, and overall team plan for providing safe and effective care delivery.



## ► What are Key Elements of Effective Communication?

Effective Communication is Complete, Clear, Brief, and Timely.

### STANDARDS OF EFFECTIVE COMMUNICATION

Complete	Clear	Brief	Timely
<ul style="list-style-type: none"><li>• Communicate all relevant information</li></ul>	<ul style="list-style-type: none"><li>• Convey information that is plainly understood</li></ul>	<ul style="list-style-type: none"><li>• Communicate the information in a concise manner</li></ul>	<ul style="list-style-type: none"><li>• Offer and request information in an appropriate timeframe</li><li>• Verify authenticity</li><li>• Validate or acknowledge information</li></ul>

TeamSTEPPS® 2.0 for Long-Term Care. Agency for Healthcare Research and Quality, Rockville, MD.  
<https://www.ahrq.gov/teamstepps/longtermcare/index.html>

## ► Information Exchange Strategies

The following Information Exchange Processes Support Effective Communication

### INFORMATION EXCHANGE PROCESSES

Situation - Background - Assessment - Recommendation (SBAR)

Call-Out

Check-Back

Handoffs

Safety Speak

Purposeful Rounding

Resident-Centered Communication

## ► Situation – Background – Assessment – Recommendation (SBAR)

A Structured Communication Process Such as SBAR Supports Complete, Timely and Accurate Information Exchange at Each Care Delivery Hand-Off.

### SBAR INCLUDES...

A structured framework for team members to effectively communicate information to one another

Communicate the following information:

- Situation—What is going on with the resident?
- Background—What is the clinical background or context?
- Assessment—What do I think the problem is?
- Recommendation—What would I recommend?

TeamSTEPS® 2.0 for Long-Term Care. Agency for Healthcare Research and Quality, Rockville, MD.  
<https://www.ahrq.gov/teamsteps/longtermcare/index.html>

## ► Call-Out Communication

Call-Out Communication is a strategy used to communicate important or critical information verbally, as the event is occurring, and is often used in emergency situations.

### CALL-OUT IS...

A strategy used to communicate important or critical information

- It informs all team members simultaneously during emergency situations (e.g., fall, CPR)
- It helps team members anticipate next steps

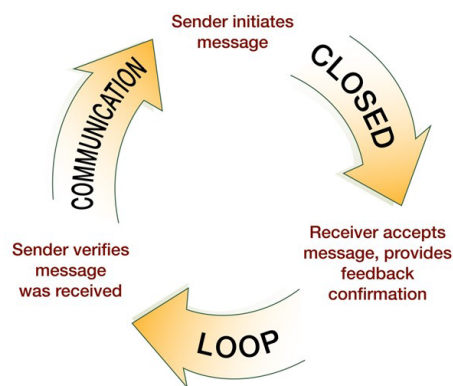
TeamSTEPPS® 2.0 for Long-Term Care Agency for Healthcare Research and Quality, Rockville, MD.  
<https://www.ahrq.gov/teamstepps/longtermcare/index.html>



## ► Check-Back

“A check-back is a closed-loop communication strategy used to verify and validate information exchanged. This strategy involves the sender initiating a message, the receiver accepting the message and confirming what was communicated, and the sender verifying that the message was received.” An example would be a read-back when confirming a verbal medication order. *Source – Agency for Healthcare Research and Quality. TeamSTEPPS® for Long Term Care*

### CHECK-BACK IS...



TeamSTEPPS® 2.0 for Long-Term Care Agency for Healthcare Research and Quality, Rockville, MD.  
<https://www.ahrq.gov/teamstepps/longtermcare/index.html>

## ► Handoffs

Handoffs facilitate complete information exchange at the time of care transitions.

### HANDOFF IS...

- The transfer of information during transitions in care across the continuum
  - Includes an opportunity to ask questions, clarify, and confirm



TeamSTEPPS® 2.0 for Long-Term Care, Agency for Healthcare Research and Quality, Rockville, MD.

“A proper handoff includes the following:

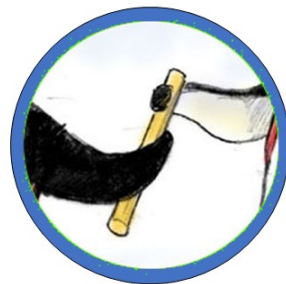
- **Transfer of responsibility and accountability**—When handing off, it is your responsibility to know that the person who must accept responsibility is aware of assuming responsibility. Similarly, you are accountable until both parties are aware of the transfer of responsibility.
- **Clarity of information**—When uncertainty exists, it is your responsibility to clear up all ambiguity of responsibility before the transfer is completed.
- **Verbal communication of information**—You cannot assume that the person obtaining responsibility will read or understand written or nonverbal communications.
- **Acknowledgment by receiver**—Until it is acknowledged that the handoff is understood and accepted, you cannot relinquish your responsibility.
- **Opportunity to review**—Handoffs are a good time to review and have a new pair of eyes evaluate the situation for both safety and quality.”

*Source – Agency for Healthcare Research and Quality. TeamSTEPPS® for Long Term Care*

“I PASS THE BATON” is one example of a structured process for Hand-off Communication.

### “I PASS THE BATON”

Introduction:	Introduce yourself and your role/job (include resident)
Patient/Resident:	Identifiers, age, sex, location
Assessment:	Present chief complaint, vital signs, symptoms, and diagnosis
Situation:	Current status/circumstances, including code status, level of uncertainty, recent changes, and response to treatment
Safety:	Critical lab values/reports, socioeconomic factors, allergies, and alerts (falls, isolation, etc.)
<b>THE</b>	
Background:	Comorbidities, previous episodes, current medications, and family history
Actions:	What actions were taken or are required? Provide brief rationale
Timing:	Level of urgency and explicit timing and prioritization of actions
Ownership:	Who is responsible (nurse/doctor/team)? Include resident/family responsibilities
Next:	What will happen next? Anticipated changes? What is the plan? Are there contingency plans?



*Source – Agency for Healthcare Research and Quality. TeamSTEPPS®*

## ► Safety Speak

A Structured Shift Reporting Process Supports Team Situational Awareness of Resident Status

## ► Components of a Structured Shift Report Include:

<p><b>Understanding the Current Status of Resident Safety (including, but not limited to):</b></p> <ul style="list-style-type: none"> <li>• Mobility Changes/Fall Risk</li> <li>• Skin Injury Risk</li> <li>• Observed Behaviors That Pose a Safety Risk (e.g., wandering, restless, not using their safety equipment, confusion, aggression, talking about going somewhere - home, to work, etc.)</li> <li>• Other</li> </ul>	<p><b>Understanding Current Emotional/Social Needs:</b></p> <ul style="list-style-type: none"> <li>• Complaints</li> <li>• Depression/Sadness/Withdrawn</li> <li>• Angry</li> <li>• Declining Care</li> <li>• Good News/Bad News</li> <li>• Suicidal Thoughts/Actions</li> <li>• Special Day</li> </ul>
<p><b>Understanding Current Clinical Condition Changes:</b></p> <ul style="list-style-type: none"> <li>• Vital signs</li> <li>• Nutrition/Hydration</li> <li>• Elimination changes (urine, stool)</li> <li>• Abnormal lab work including blood sugar</li> <li>• Pain</li> <li>• Medication response (e.g., effectiveness, reactions, side-effects)</li> <li>• Respiratory/cardiac changes</li> <li>• Gastrointestinal changes (e.g., nausea, vomiting, diarrhea)</li> <li>• Skin changes</li> <li>• Behavior/cognition changes</li> <li>• Weakness/fatigue</li> <li>• Other</li> </ul>	<p><b>Family Communication:</b></p> <ul style="list-style-type: none"> <li>• Phone</li> <li>• Visited facility today</li> </ul> <p><b>New Orders:</b></p> <ul style="list-style-type: none"> <li>• Medications</li> <li>• Treatments</li> <li>• Diagnostic Testing</li> </ul>

## ► Purposeful Rounding

Purposeful Rounding Supports a Consistent Process for Resident Assessment, Observation and Monitoring. The “5-P’s” is One Example.

### Purposeful Rounding

Pain – Does the resident have pain

Positioning – Does the resident require repositioning?

Placement – Personal items within reach

Personal Needs – Nutrition, hydration, and toileting

Prevention – Safety Reminders

Source - Agency for HealthCare Research and Quality, Fall Prevention Tool Kit

## ► Resident-Centered Communication

Effective Communication Involves Including the Resident and Family Members as Active Participants in Care and Communication as They are Able to Participate

### Resident-Centered Communication

- What is Happening
- Informed Choice
- Participation as I am Able
- Language/Words I Can Understand
- I May Feel Overwhelmed – Please Have Patience
- Family Involvement



## ► Situational Awareness and Communication Training

For information about Situational Awareness and Communication training at your facility, please contact Cyndi Siders, Executive Consultant for Vaaler Insurance at [csiders@vaaler.com](mailto:csiders@vaaler.com)



### Cyndi Siders

*RN, MSN, DFASHRM, CPHRM, CPPS, CWCA*

Executive Consultant  
Healthcare & Clinical Risk

✉ [CSiders@vaaler.com](mailto:CSiders@vaaler.com)

☎ 701.746.1444

This educational post, which does not reflect any official policy or opinion for Vaaler Insurance, Inc. or Siders Healthcare Consulting, LLC, is provided for informational purposes only. It is not intended to provide legal or medical advice, nor is it intended to be an exhaustive list of all risks that need to be addressed for a healthcare organization. While every effort is made to provide accurate information, changes may occur, and inaccuracies happen despite best efforts. This information is not a substitute for individual consultations with professionals in these areas and should not be relied on as such. Please work with your legal counsel and business advisor(s) for a plan that is specific to your organization. © 2019-2021 Vaaler Insurance, Inc.