IMPROVING ACUTE CORONARY SYNDROMES MANAGEMENT:

A Hospital-Specific, CME/CE-Certified Quality Improvement Initiative





Crew Resource Management

E-brief #

Not long ago, the Johns Hopkins University School of Medicine and Med-IQ offered the live educational activity "Improving Acute Coronary Syndromes Management: A Hospital-Specific, CME/CE-Certified Quality Improvement Initiative" at your institution. This training provided specialized education on Crew Resource Management (CRM) techniques, an aviation-industry-based approach to quality improvement, and focused on applying these techniques in the healthcare setting to reduce medical errors.

In the spirit of continuous learning and periodic reinforcement, your CRM leaders, Captains Jack Barker, PhD. and Jeff Cyr, have developed six short e-briefs that will be delivered to your in-box on a monthly basis. These e-briefs are designed to serve as refreshers on key CRM concepts. Below, you'll find the first of these e-briefs, which covers CUSsing and SBAR. Be sure to stay tuned for future installments.

Communicating Effectively With CUSsing and SBAR



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It seems like it was only days ago when we met to learn about CRM and how it can be combined with your clinical expertise to improve patient care. It was our goal to teach you some valuable communication, teamwork, and leadership skills. The questions we have for you today are, "How's it going? Are you using what you learned? Are you feeling more empowered to speak up? Are you more comfortable seeking input and encouraging open communication?"

CUSsing—It Can Be a Good Thing

When Mach One Leadership teaches communication tools to healthcare providers, we always endeavor to keep things professional and courteous. However, we would also like to remind you how important it is, on occasion, to "cuss." Well, more specifically, we want to emphasize three very important CUS words:

- Concerned
- Uncomfortable
- Safety

Although, these three words certainly aren't as "colorful" as other cuss words that should remain out of a professional healthcare setting, they can play a much more meaningful and vital role in the emergency department (ED).

Every team member who attended our training is now familiar with the CUS words and should be comfortable using them and recognizing their underlying meaning. They are used to clearly communicate a rising level of concern for any issue. When a member of the care team says the phrase "I am concerned about...," the word "concerned" is being used to get the team's or physician's attention and ensure that everyone is actively listening to the concern. If a nurse tells a hospitalist "I am uncomfortable because," it conveys the message that the nurse believes the hospitalist may have missed the expression of "concern," which is now elevated and at risk of turning into an error or dangerous situation. Finally, when someone says "This is a safety issue," the current action must stop and be evaluated before continuing.

Having a common framework of three simple words provides all team members an attention-grabbing communication tool as well as a clear idea of the level of importance associated with any information. But, like any tool, these terms must be used when warranted if they are to become a useful part of your safety culture. Encouraging your team members to CUS when it is appropriate can provide considerable safety enhancements in your ED.

SBAR—A Framework for Clarity

Another valuable communication tool we recommend is SBAR. It's an acronym used to provide everyone with a standard framework for many types of communication scenarios. Effective communication requires that we ensure that the message delivered is indeed the message that is received. If we want to improve the chances that our message will be received as we intended it to be, we should help prepare our listener for what is coming. SBAR puts everyone on the same page, with an expected format for what is about to be communicated.

The dynamic, fast-paced environment of the ED may not be the best-suited place for SBAR; however, during handoffs and transitions from the ED to the ICU or other floors, SBAR can be invaluable. It is an acronym to help everybody communicate more effectively. It's not just for nurses to use with other nurses or doctors, but also for doctors with nurses, doctors with doctors, pharmacists with doctors, and so on. It is a simple, straightforward tool:

- Describe the Situation
- Include important Background information
- Add your Assessment
- Conclude with your Recommendation

By beginning with "The situation I'm calling about/concerned about is....," the listener, with practice, will key in on the word "situation" and will be prepared for the upcoming background information, assessment, and recommendation. Not only does SBAR help the listener, but it also helps keep speakers "on task" and reminds them of the importance of being succinct and including their assessment and recommendation. Once this becomes a standard tool, the receiver will expect the information in an SBAR format, and the speaker will send their message more quickly.

As you start to use SBAR as the foundation for your communications, it may be helpful to take a moment to plan your SBAR before initiating the communication by jotting down the main points you want to cover for each SBAR element. With use and practice, the time spent planning your SBAR-based communication will become shorter, and the effectiveness of your communication will increase. Using SBAR to bring other team members "up to speed" will help your patients receive better care and will help your team communicate more efficiently—it's a "win-win" for everyone.

So that's our reminder of the benefits of CUS words and SBAR, and we hope that you'll continue to use those communication strategies to your advantage. Next month, we're going to remind you of the versatility of *inquiry* and advocacy.



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