

COMMUNICATION

Check-Back

Process of employing closed-loop communication to ensure that information conveyed by the sender is understood by the receiver as intended

Basic Steps of Check-Back:

1. Sender initiates the message.
2. Receiver accepts the message and provides feedback.
3. Sender double-checks to ensure that the message was received.

Example:

Doctor: *“Give 25 mg Benadryl IV push.”*

Nurse: *“25 mg Benadryl IV push.”*

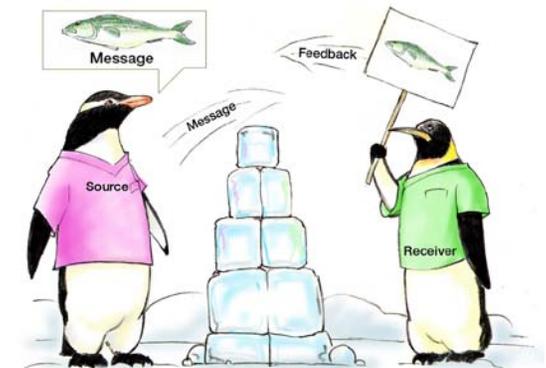
Doctor: *“That’s correct.”*

**Resources**

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For more information on TeamSTEPS, visit the Agency for Healthcare Research and Quality (<http://teamstepps.ahrq.gov>) or U.S. Department of Defense TRICARE Management Activity, Patient Safety Program (<http://dodpatientsafety.usuhs.mil>) Web sites.

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- **Standards of Effective Communication**
- **Handoffs**
- **SBAR Communication Technique**
- **Call-Out**
- **Check-Back**

Standards of Effective Communication

Effective communication is...

Complete

- Conveys all relevant information

Clear

- Conveys information that is plainly understood

Brief

- Information is given in a concise manner

Timely

- Information is offered and requested in an appropriate time frame
- Authenticity is verified
- Information is validated or acknowledged

Handoffs

The transfer of information (along with authority and responsibility) during transitions in care across the continuum; to include an opportunity to ask questions, clarify, and confirm.

Examples:

- Shift changes
- Physicians transferring complete responsibility
- Patient transfers

SBAR Communication Technique

- Standardized approach for communicating critical information about a patient's condition requiring immediate attention and action

Situation – What is going on with the patient?

“I am calling about Mrs. Joseph in Room 251. Chief complaint is shortness of breath of new onset.”

Background – What is the clinical background or context?

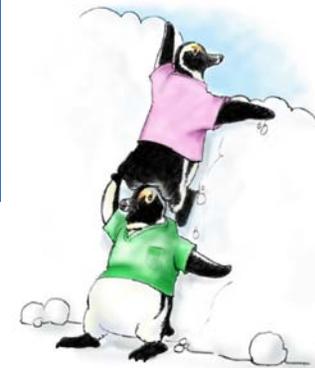
“Patient is a 62-year-old female post-op day one from abdominal surgery. No prior history of cardiac or lung disease.”

Assessment – What do I think the problem is?

“Breath sounds are decreased on the right side with acknowledgment of pain. Would like to rule out pneumothorax.”

Recommendation – What would I do to correct it?

“I feel strongly that the patient should be assessed now. Are you able to come in?”



Call-Out

Strategy used to communicate important or critical information

- Informs all team members simultaneously during emergent situations
- Helps team members anticipate next steps
- Important to direct responsibility to a specific individual responsible for carrying out the task

Example during an incoming trauma:

Leader: “Airway status?”

Resident: “Airway clear.”

Leader: “Breath sounds?”

Resident: “Breath sounds decreased on right.”

Leader: “Blood pressure?”

Nurse: “BP is 96/62.”