TEAM BARRIERS
- Inconsistency in Team Membership
- Lack of Time
- Lack of Information Sharing
- Hierarchy
- Defensiveness
- Varying Communication Styles
- Conflict
- Lack of Coordination and Follow-Up with Co-Workers
- Distractions
- Fatigue
- Workload
- Misinterpretation of Cues
- Lack of Role Clarity

GERIATRIC BARRIERS
- Complex, isolated patients
- Multiple care settings
- Multiple specialized providers

TOOLS and STRATEGIES
- Brief
- Huddle
- Debrief
- STEP
- Cross Monitoring
- Feedback
- Advocacy and Assertion
- Two-Challenge Rule
- CUS
- DESC Script
- Collaboration
- SBAR
- Call-Out
- Check-Back
- Handoff

OUTCOMES
- Evidence-based
- Shared Mental Model
- Adaptability
- Team
- Orientation
- Mutual Trust
- Team
- Performance
- Patient Centered
- Patient Safety!!
**Scenario 5:** Discharge Summary information from hospital care to primary care provider.

<table>
<thead>
<tr>
<th>I</th>
<th>Introduction</th>
<th>Good morning Mrs. Jones, and Lucy, my name is Betsy. I am a registered nurse here on 3N. I am making the arrangements for your discharge from the hospital and for the next few minutes I am going to give you instructions for going home. Mrs. Jones, I understand that you are going to stay with your daughter Lucy.</th>
</tr>
</thead>
<tbody>
<tr>
<td>P</td>
<td>Patient</td>
<td>Mrs. Jones, you were a pretty sick lady a week ago when you were admitted to Community hospital from Dr. Care’s office with the flu.</td>
</tr>
<tr>
<td>A</td>
<td>Assessment</td>
<td>Your flu was complicated by dehydration and pneumonia. You required oxygen, lots of fluids, and intravenous antibiotics.</td>
</tr>
<tr>
<td>S</td>
<td>Situation</td>
<td>You tolerated treatments well. Since yesterday you have been drinking fluids on your own, you no longer need oxygen, and you are keeping your antibiotic medicines down without problems.</td>
</tr>
<tr>
<td>S</td>
<td>Safety Concerns</td>
<td>This morning you felt dizzy when you quickly stood up to go to the bathroom. Dr. Smith feels this is related to your being de-conditioned. That means that you have been in bed for the last week and your body is a little slow in making quick adjustments when you change positions. If you get up too fast, you could fall.</td>
</tr>
<tr>
<td>B</td>
<td>Background</td>
<td>You have a history of high blood pressure, but during this hospital stay we have also noticed that your blood pressure has been low for you; our measures have been 100/60 most of the time.</td>
</tr>
<tr>
<td>A</td>
<td>Actions</td>
<td>This has led our Dr. Smith to hold your high blood pressure medicine while you have been here. After checking you this morning he also suggested that you sit along the bed with your legs dangling for at least 3 minutes before you stand up. Dr. Smith wants you to stop taking your blood pressure medicine until after you have a chance to see Dr. Care in 2 weeks.</td>
</tr>
<tr>
<td>T</td>
<td>Timing</td>
<td>Between now and your follow-up visit with Dr. Care, which we have scheduled for Monday November 14 at 10 am, your job is to continue to drink lots of fluids. You should try to take in at least 3 big glasses of water, juice, or other drinks (without caffeine) every day. You will be given erythromycin to take by mouth for the next 7 days. Make sure you take this medicine three times a day with food and do not stop it early. You need to take all the medicine to cure your pneumonia. Every day you should take a short walk. Be sure to follow Dr. Smith’s directions and take your time getting up from bed. You should not take your blood pressure medicines until Dr. Care tells you to restart them.</td>
</tr>
<tr>
<td>O</td>
<td>Ownership</td>
<td>Your daughter will be taking care of you at her house. If you have any problems during your recovery, it is very important for you to call Dr. Care. Dr. Smith called Dr. Care this morning and he has updated him on your progress while here at Community Hospital and the changes we suggested in your medications.</td>
</tr>
<tr>
<td>N</td>
<td>Next</td>
<td>It is normal for you to feel tired for up to one month. In a few days, as you begin to move around more, you should start to notice less dizziness when you stand up. If you get short of breath, have fevers, difficulty taking your antibiotics, start to have diarrhea, or can’t drink enough fluids, you should call Dr. Care’s office right away. These symptoms might be a sign that the antibiotics you are taking are not working or that you are having side effects. The discharge paperwork has these instructions, your follow-up appointment information, and Dr. Care’s emergency number written on it. Let’s make sure that all these instructions make sense. Do you have any questions?</td>
</tr>
</tbody>
</table>
Strategies and Tools to Improve Healthcare Handoffs and Transitions

### “I PASS THE BATON”
- A mnemonic for Handoffs and Healthcare Transitions
- With opportunities to ask QUESTIONS, CLARIFY, and CONFIRM

<table>
<thead>
<tr>
<th>I</th>
<th>Introduction</th>
<th>Introduce yourself and your role/job (include patient)</th>
</tr>
</thead>
<tbody>
<tr>
<td>P</td>
<td>Patient</td>
<td>Name, identifiers, age, sex, location</td>
</tr>
<tr>
<td>A</td>
<td>Assessment</td>
<td>Presenting chief complaint, vital signs and symptoms and diagnosis</td>
</tr>
<tr>
<td>S</td>
<td>Situation</td>
<td>Current status/ circumstances, including code status, level of (un)certainty, recent changes, response to treatment</td>
</tr>
<tr>
<td>S</td>
<td>SAFETY Concerns</td>
<td>Critical lab values/reports, socio-economic factors, allergies, alerts (falls, isolation, etc.)</td>
</tr>
<tr>
<td>B</td>
<td>Background</td>
<td>Co-morbidities, previous episodes, current medications, family history</td>
</tr>
<tr>
<td>A</td>
<td>Actions</td>
<td>What actions were taken or are required AND provide brief rationale</td>
</tr>
<tr>
<td>T</td>
<td>Timing</td>
<td>Level of urgency and explicit timing, prioritization of actions</td>
</tr>
<tr>
<td>O</td>
<td>Ownership</td>
<td>Who is responsible(nurse/doctor/team) including patient/family responsibilities?</td>
</tr>
<tr>
<td>N</td>
<td>Next</td>
<td>What will happen next? Anticipated changes? What is the PLAN? Contingency plans?</td>
</tr>
</tbody>
</table>
SBAR REPORT TO A PHYSICIAN

BEFORE CALLING THE PHYSICIAN
1. Assess the patient
2. Review the chart for the appropriate physician to call
3. Know the admitting diagnosis
4. Read the most recent Progress Notes and the assessment from the nurse of the prior shift.
5. Have available when speaking with the physician:
   Chart, Allergies, Meds, IV fluids, Labs / Results

SITUATION
State your name and unit
I am calling about: (Patient Name & Room Number)
The problem I am calling about is:

BACKGROUND
State the admission diagnosis and date of admission
State the pertinent medical history
A Brief Synopsis of the treatment to date

ASSESSMENT
Most recent vital signs:
BP__________ Pulse__________ Respiration__________ Temperature__________
The patient ☐ is or ☐ is not on oxygen

Any changes from prior assessments, such as:

<table>
<thead>
<tr>
<th>Mental Status</th>
<th>Respiratory rate/quality</th>
<th>Retractions / use of accessory muscles</th>
</tr>
</thead>
<tbody>
<tr>
<td>Skin Color</td>
<td>Pulse /BP rate/quality</td>
<td>Rhythm changes</td>
</tr>
<tr>
<td>Neuro changes</td>
<td>Pain</td>
<td>Wound drainage</td>
</tr>
<tr>
<td>Musculoskeletal (joint deformity, weakness)</td>
<td>GI/GU (Nausea / Vomiting / Diarrhea / Output)</td>
<td></td>
</tr>
</tbody>
</table>

RECOMMENDATION
Do you think we should: (State what you would like to see done)
☐ Transfer the patient to ICU or PICU?
☐ Come to see the patient at this time?
☐ Talk to the patient and/or family about the code status?
☐ Ask for a consultant to see the patient now?

☐ Other suggestion?

Are any tests needed?
☐ Do you need any tests like ☐ CXR ☐ ABG ☐ EKG ☐ CBC ☐ BNP
☐ Others?

If a change in treatment is ordered, then ask:
☐ How often do you want vital signs?
☐ If there the patient does not improve, when would you want us to call again?

DOCUMENT THE CHANGE IN CONDITION & THE PHYSICIAN NOTIFICATION