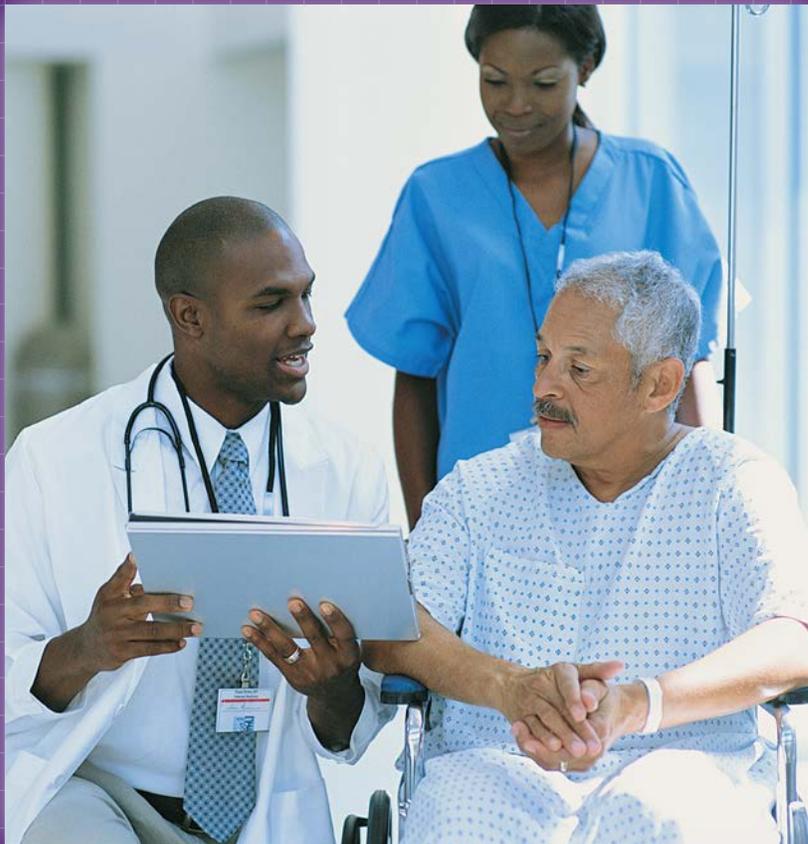


# Improving Patient Safety in Long-Term Care Facilities



## Module 2.

### Communicating Change in a Resident's Condition



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**Student  
Workbook**

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# Improving Patient Safety in Long-Term Care Facilities

## Student Workbook

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## Module 2.

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### Communicating Change in a Resident's Condition

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This student workbook is from the second module of a three-module set of training materials. Module 1 focuses on detecting changes in a resident's condition, and Module 3 covers falls prevention and management. For information on ordering additional copies of this student workbook or other materials in this set, please contact the AHRQ Publications Clearinghouse at 800-358-9295 or [ahrqpubs@ahrq.hhs.gov](mailto:ahrqpubs@ahrq.hhs.gov).

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# Communicating Change in a Resident's Condition

## Student Workbook

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# Communicating Change in a Resident's Condition

## Student Workbook

### Learning Objectives: Knowledge and Performance Objectives

#### Knowledge Objectives

Participants will understand:

- › Why communicating changes in a resident's condition is an important safety issue.
- › Why communication lapses are a major risk factor for resident safety.
- › Key principles of effective communication.
- › Typical obstacles to effective communication and how to overcome them.
- › What to communicate about changes in a resident's condition.
- › How to communicate a resident's change in condition using the SBAR (Situation – Background – Assessment – Recommendation) and CUS (Concerned – Uncomfortable – Safety) tools.

#### Performance Objectives

Participants will be able to:

- › Demonstrate good communication techniques.
- › Practice good communication skills.
- › Effectively communicate a change in a resident's condition.
- › Use some simple tools to improve communication.



# Session 1

## Introduction

### Case Study: Mrs. C

Mrs. C is 85 years old; she has lived at the Manor Nursing Center for about a year. Lisa and Anne are the nursing assistants on duty on Mrs. C's unit today on the evening shift, and Linda is the licensed nurse. Lisa and Anne know that Mrs. C has recently learned that her daughter, who lives in another State, is seriously ill. After the evening meal, Lisa notices that Mrs. C is not her normal self. Usually talkative, she is suddenly not talking much. She is also limping for an unknown reason and seems very upset and angry. Lisa tries to talk to Mrs. C but doesn't get much response. When she arrives to help Mrs. C prepare for bed, she finds Mrs. C already asleep on her bed, still in her clothes. When she wakes Mrs. C up to help her change and wash before bed, Mrs. C seems disoriented and says something rude to her.

**What needs to be communicated? By and to whom?  
How? When? Where? How do you know when the  
communication has worked?**

In answering these questions, think about specific things that specific people should do: What should Lisa do next? What can Anne do? What can Linda the nurse do? Should Linda call Mrs. C's attending doctor? What should they tell the night shift licensed nurse and nursing assistant when they come on duty?

Detecting and reporting changes in a resident's condition are the centerpiece of high quality care, and they are key to making sure residents are as well as they can be. In your work you probably notice changes in, for example, a resident's behavior or ability to do certain things. This is very important. Often, changes can be detected just because you notice something out of the ordinary.

The next important step is knowing how and when to report such changes. Reporting changes is necessary for quality resident care, and that means working with others.

### Mrs. C

- › What needs to be communicated?
- › By and to whom?
- › How?
- › When?
- › Where?
- › How do you know when the communication has worked?

**Reporting changes involves a number of skills, including:**

- › Communicating what you have noticed to other members of your care team.
- › Working together with team members to identify what the change might mean.
- › Working with team members to take action to make sure residents are safe and getting the care they need.

Front-line workers often know the resident better than anyone else, even—in some situations—the resident’s family. As the “eyes and ears” of the entire care team, your skills in recognizing and communicating changes in the resident’s condition are extremely important. For these reasons, using your skills to communicate changes across the care team may be the most important thing you can do for residents.

**A Safe Environment**

- › Reporting changes helps keep residents safe.
- › Learning and experience are what make safety possible.
- › Openly reporting anything that might affect a resident’s well-being is essential for a safe environment.
- › Change in a resident’s condition should be reported openly, whenever it happens.

Learning to effectively communicate changes in a resident’s condition also depends on the care team working well together. So being a good team member and helping others to be good team members are also important when it comes to communication.

When team communication is poor, people often say they don’t feel they are heard, especially by their supervisors. So pay attention to them if there are people who report to you. Make sure you are listening and that they are heard and feel heard.

Good communication skills help team members work with others toward the goals they share for good resident care, and this is how things get done. Communication about care is one important way for team members to learn about their roles on the team, as well as the goals and ways of working on the team. Communication teaches team members how to come to agreement and how to achieve common goals. Team communication has to occur from the leader of the team to all team members and also among all team members. Research shows that teams with better communication provide better care.

## Working Toward a Safe Environment

Reporting changes helps keep residents as safe as possible. Residents are most safe – protected from harm or injury – when it is normal and accepted that care providers openly report anything that might affect a resident’s well-being.

Sometimes people worry about reporting a change because they feel that something has gone wrong, and they wish it was not so. But, you must report the change, since the resident cannot be helped if no one knows there might be a problem.

Learning and experience are what make safety possible. This involves getting information and seeing how things work, noticing when they aren’t working right and understanding how to prevent that from happening, and knowing how to recover when things do go wrong. So an environment where people openly report anything that might affect a resident’s well-being, and where they are supported for reporting openly, is a safe environment.

An experienced care team has seen sick people get well with good care. They have also seen things go wrong in the care system. Team members have learned how to avoid those situations, and when they can’t be avoided, to fix them as well as they can. But they can only do so if they have the information that comes from reporting. You can help everyone work toward having a safe environment by reporting resident change openly, whenever it happens.

### Reporting Changes in a Resident’s Condition

- › Detecting and reporting change is essential to patient care.
- › Reporting changes is necessary for quality resident care.
- › Reporting involves the following skills:
  - Communicating what you have noticed to the care team.
  - Working together to identify what the change might mean.
  - Working with the care team to take action to make sure the resident is safe.

## Communicating About Unwanted Events

One of the most important ways that experienced care team members have learned to improve safety is by learning to communicate openly with each other when something happens. This may not be easy. When things go wrong or look as if they nearly did, we tend to feel embarrassed and worry that if we report the problem, our job performance could be questioned or we might be punished; and, we don’t want to get anyone else in trouble. This is particularly true if a supervisor needs to be involved. As a result, things that might affect a resident’s safety may go unreported or not be discussed.

Not being able to talk about how things did or could go wrong holds back our own learning. Learning is much harder if we can't see what happens when things go wrong for others or can't get feedback when it happens to us. Everyone – residents and staff – benefits from an environment that supports discussion and learning from unwanted events that happened or nearly happened.

We all care about the residents in our nursing center. To make sure they stay safe, we have to move beyond blaming anyone, to being able to openly share experiences – good and bad. It is true that you may come across a situation in which a care provider's actions are not well-intended; that person may have to be identified and possibly removed from the setting. But that is very unusual.

### Communicating About Unwanted Events

- › Learn to communicate promptly and openly when something happens that might affect a resident's well-being.
- › Move beyond blaming anyone to being able to openly share experiences.
- › Show you care by speaking up.

Usually, when things go wrong it is because a provider was too tired, distracted, didn't know the system, or the teamwork was not smooth. Sometimes systems create "an accident waiting to happen." These kinds of problems can be fixed best if discussion is encouraged, and the care team can work together to figure out a solution.

**Caring means speaking up.** Residents expect and deserve a safe environment but often cannot speak for themselves, so it is up to members of their care team to

speak for them. While that's easier for some of us than for others – especially on sensitive matters that we think might cause blame – it is something we all have to learn to do.

It helps to have tips and tools for speaking up. In particular, it helps to be familiar with:

- › What information you need to share with the rest of the team.
- › Who you need to share the information with.
- › How to best communicate with that person or those people.

### Communication: A Skill You Can Learn

**What is communication?** It helps to think about it in three parts: communication is made up of a giver, a message, and a receiver.

Communicating well involves:

- › Expressing yourself (the sender) in a way that you will be "heard" (understood) by other people.

- › “Hearing” how other people (the receivers) answer. Really listening will let you know if you have gotten your message across.

**One kind of communication is “verbal.”** Verbal communication involves speaking and listening to speech. With verbal communication, things can sometimes get in the way of your message. Certain words may mean one thing to you and something else to the other person. Sometimes one person uses “jargon” – words that are specific to what they do – that other people may not know. How quickly we speak, or what kind of accent we have, can also affect how the other person receives what we say.

**A second kind of communication is “non-verbal.”** This has to do with our facial expression, how we move our hands, if we look the other person in the eye, how close we stand to the other person, etc. This kind of communication can either help get a verbal message across or get in the way.

**Who is responsible for communicating change in a resident’s condition?** We all are. Good communication is part of a safe environment. Good communication is a skill you can learn.

### Stages of Communication: Giving and Receiving

There are three stages for giving information.

**Get ready** – What information do you want to give and to whom? Is it an emergency, urgent, or routine?

**Give your information** – Keep it short, clear, and to the point. Sometimes, depending on how the other person seems to be receiving it, you may have to change your presentation while it is happening, or repeat it in a different way.

**Check to see if it worked** – Follow up to make sure that your message is understood.

There are also three stages for receiving communication.

**Listening** – Focus on the person you are listening to. Let him or her know you are paying attention. You may want to ask questions to be sure you understand correctly.

### Three Parts of Communication

#### Giver of Information.

- › Prepare the message.
- › Find a suitable setting.

#### Message

- › Deliver a clear message.
- › Deliver a usable message.

#### Receiver of Information

- › Listen:
  - Actively.
  - Without judgement.
  - Focus on the main point.

**Responding** – It can be helpful to repeat, in different words, what the other person said to you to show them that you understood. Think about how to give information back to that person in a give-and-take until you are both sure that you heard it right.

**Following up** – The next step is being clear about what will happen after the message is given and received. What do you need to do or need the other person to do? How soon? Does everyone agree on the plan?

### Barriers to Communication

Sometimes communication may not go well or may break down completely.

**What gets in the way of good communication?** People may be afraid to speak up. They may not know who should be getting the information. They may be shy, or find it hard to communicate when they are under stress or talking with a superior. They may worry that the receiver does not think what they have to say is important.

We all have different ways of communicating. It is important to understand how differences can become barriers that keep our message from getting through.

**Gender differences** – Many people believe that there are differences between men and women in the ways that they communicate.

**Generational differences** – Our age (i.e., the generation we grew up with) also influences our communication. This is because language changes over time, and each generation may use different words to say the same thing (e.g., new words come into general usage, while others fall by the wayside and may even become unacceptable as time goes by).

**Language differences** – This can be about speaking in different languages, such as English or Spanish, or using jargon. When people are not speaking in their first language it can be hard to communicate. Jargon can also be a barrier, since it is not always understood by the listener.

**Cultural differences** – These can be our beliefs about other groups of people, our values, or what we think is acceptable or unacceptable behavior. Getting to know how our coworkers communicate in their own way – how they talk, what they feel uncomfortable saying – is important, but it can be difficult to achieve.

**Status differences** – When licensed nurses and doctors are valued as equal professionals, communication is better. But when licensed nurses are seen as

people who “take orders” from doctors, communication is more difficult. The same holds true for communication between nursing assistants and licensed nurses.

**Interpersonal issues** – Sometimes team members have differences that have led to negative feelings between them, and they may prefer to avoid communicating with each other. When this happens, communication about patient care issues may be compromised.

**Environmental or system barriers** – More attention needs to be given to the very detailed processes through which licensed nurses and doctors communicate. In long-term nursing centers, many of these exchanges take place over the phone, complicating things even more.

**Workload issues** – If you (or another member of the team) are overwhelmed with work, it may be hard for you to find the mental energy necessary to communicate well. You may feel that you can’t spare the time to follow good communication practices.

**Sometimes we face several communication barriers at the same time.** For example, two groups of professionals who often face communication difficulties are licensed nurses and doctors. While all the barriers listed above may be involved, those related to “status” and “systems” are most likely to come into play at the same time.

In summary, early recognition of changes in a resident’s conditions is essential to his or her safety and well-being. Appropriate action can’t be taken if team members notice the changes but are not able to communicate about them. For good communication:

- › Be aware of and have ideas about how to work around barriers.
- › Give clear messages.
- › Focus your attention on what the other person says by actively listening.
- › Be aware of nonverbal signals, both given and received.
- › Give and ask for feedback – this makes a positive outcome for the resident more likely and can improve future communication.

### Barriers to Communication

- › Differences in:
  - Gender.
  - Age/generation.
  - Language.
  - Culture.
  - Status.
- › Interpersonal issues.
- › Environmental or system barriers.
- › Workload issues.

**We may face several communication barriers at the same time.**

## Session 2

### Communication Tools

In health care organizations, the main source of information about residents is the medical record. In practice, however, care teams communicate about residents in many ways. These include whiteboards (with lists of residents that may change every day), notes that one caregiver leaves for the next, and instructions for various caregivers.

These are outside the official medical record, but they fill a need for communication.

In addition to these ways of documenting what is going on with the resident, there are tools that can help with the process team members use to communicate with each other. This section of the module reviews two such tools: SBAR and CUS (see the Additional Tools and Resources section of this workbook).

#### SBAR (Situation, Background, Assessment, Recommendation)

SBAR stands for Situation, Background, Assessment, and Recommendation, and it should be used for general communication among team members about patient updates.<sup>1</sup> SBAR is an easy-to-remember framework for structuring communication among team members. It should be the main method used at shift-to-shift handoffs. SBAR is especially useful in situations that require immediate attention and action.

Nursing assistants can use SBAR when communicating with licensed nurses; licensed nurses can use SBAR when communicating with doctors.

#### SBAR

##### Situation:

- › Identify yourself.
- › Identify the resident.
- › State the problem.
- › Give a physical assessment report.
- › Be brief and concise.

##### Background:

- › Brief medical history.
- › Health care already provided.
- › Medications list.
- › Allergies.
- › Vital signs.
- › Lab results.
- › Advance directive or code status.

##### Assessment:

- › Findings.
- › Severity.
- › Life-threatening condition?

##### Recommendation:

- › What should happen next?
- › What do you need?
- › Timeframe?

<sup>1</sup> Haig KM, Sutton S, Whittington J. SBAR: A shared mental model for improving communication between clinicians. *Jt Comm J Qual Patient Saf* 2006; 32:167-175.

- › Be sure to have the resident's situation in your mind before you start. If you are a nursing assistant talking to a licensed nurse, this is usually what you have noticed about the resident. If you are a licensed nurse talking to a doctor, this is usually your physical assessment of the resident and a review of the chart.
- › When you are ready, identify yourself, your organization or agency, and the resident's name. Say what is going on with the resident that is a cause for concern. Keep it short and to the point.
- › Next, be sure you can describe the background. If you are a nursing assistant, it may be how the resident was before the change (e.g., he/she was eating normally or usually talkative). If you are a licensed nurse, it may include a brief medical history, recent clinical findings, and advance directive or code status (such as: "she has diabetes; her last hemoglobin A1C was [x]; and she has a living will that she wants no resuscitation if it comes to that").
- › In an SBAR assessment, you share the results of your clinical assessment of the resident. If you are a nursing assistant, you could say: "I think you might want to evaluate her" or "I don't know what this means but hope you will take a look." If you are a licensed nurse, you may assess that the problem is severe or life-threatening. For instance, you may say "I think he may have had a stroke." or "Her Coumadin is well above the therapeutic range."
- › Then, in an SBAR recommendation, say what you think might need to happen next. If you are a nursing assistant, you might say "I'm hoping you will come and see her as soon as possible." If you are a licensed nurse talking to a doctor, you might say the same thing or ask about something that could be done in the meantime. For instance, you might say "Shall I take a voice order for some vitamin K right away?"

There are many benefits to using the SBAR tool. It helps ensure clear communication. And clear communication helps to make a safe environment. It makes for familiar expectations for everyone, and it encourages critical thinking skills.

#### Benefits of SBAR

- › Teamwork.
- › Expectations.
- › Critical thinking skills.
- › Patient safety.

## Tips for Using the SBAR Tool

- › Review the chart before calling/communicating.
- › Complete every section of the SBAR tool before calling/communicating.
- › Speak clearly.
- › Document the SBAR in progress notes.

An example of a complete SBAR communication from a nursing assistant to a licensed nurse is:

*“Ms. C fell asleep in her clothes this evening and cursed at me. She is the 85-year-old from room C6; she is usually pretty friendly and does her own ADLs. She seems OK physically, but I’m worried. I’d feel better if you would take a look at her and make an assessment.”*

## CUS (Concerned, Uncomfortable, Safety)

### CUS

- › I am Concerned.
- › I am Uncomfortable.
- › The Safety of the resident is at risk.

CUS is a way to emphasize concern when it seems like someone is not listening.<sup>2</sup> If you are communicating with a fellow team member, and worry that your communication is not getting through, CUS may be helpful. It stands for:

- › I am Concerned about my resident’s condition.
- › I am Uncomfortable with my resident’s condition.
- › I believe the Safety of the resident is at risk.

CUS can sometimes overcome barriers to communication by emphasizing our personal stake in our residents’ well-being. It should not be used routinely. Only use CUS when the situation is urgent.

<sup>2</sup> TeamSTEPPS: Strategies and Tools to enhance performance and patient safety. Department of Defense and Agency for Healthcare Research and Quality. Rockville, MD: Agency for Healthcare Research and Quality; 2008. Available at [www.ahrq.gov/qual/teamstepps/](http://www.ahrq.gov/qual/teamstepps/). Accessed January 19, 2012.

An example of a CUS communication from a nursing assistant to a licensed nurse is: “I’m concerned that Ms. C is not her usual self. I’m uncomfortable that she is behaving so oddly. I believe she is not safe; she may have something serious going on that we are missing.”

## What Should Be Communicated

### Types of Change to Be Reported

A list of changes to watch for in residents was described in detail in the preceding module, “Detecting Change in a Resident’s Condition.” These include:

#### Physical changes:

- › Walking.
- › Bowel and urination patterns.
- › Skin.
- › Level of weakness.
- › Falls.
- › Vital signs.

#### Non-physical changes:

- › Demeanor (appearance or way of acting).
- › Appetite.
- › Sleeping.
- › Speech.
- › Confusion or agitation.
- › Resident complaints of pain.

#### Information to Be Communicated

- › Top physical and non-physical changes to watch for in residents.
- › Nursing assistant communication tasks.
- › Licensed nurse communication tasks.

## Who Should Report About What

Each type of nurse (e.g., nursing assistant to licensed nurse) has his or her own set of information to communicate. The next two sections present communication action steps for nursing assistants and licensed nurses.

### Communication Action Steps for Nursing Assistants

In the case of nursing assistants, the important information is: what just happened and what was it like before that is now different. For example, that information may include:

- › The nursing assistant's observations and concerns about the changes in the resident's condition.
- › Any communication among nursing assistants about the resident's changing condition.
- › Any previous communications between the nursing assistant and the licensed nurse, as well as any previous communication with a supervisor.

### Communication Action Steps for Licensed Nurses

Licensed and especially charge nurses have communication action steps that go in several directions:

- › In communications with nursing assistants, licensed nurses can summarize communication between nursing assistants, keep nursing assistants up-to-date on the nursing assessment of the situation, and respond to a nursing assistant's concerns about a resident.
- › In communications with other licensed nurses, they should provide a shift-to-shift report and communicate with a supervisor about changes in a resident's condition.

- › In communications with primary care providers (nurse practitioners or doctors), they could use the SBAR tool described above to structure their report and set in motion whatever action may be necessary.
- › If the SBAR communication does not seem to work, the licensed nurse can move to the CUS model to help ensure his or her message gets across.

## Conclusion

### Four Points to Remember

**Noticing changes in a resident's condition is important, but by itself, it is not enough to ensure resident safety and well-being.** Changes must be detected early and communicated promptly across the multidisciplinary team and within the nursing team.

**A safe environment is based on good communication.** Everyone is responsible for speaking up about safety concerns and changes in a resident's condition, and everyone's input should be welcome. In a safe environment, no one is trying to place blame; rather, everyone is working to determine what is best for the resident and the institution.

**Communication skills can be learned.** These include preparing to communicate, presenting information, and getting feedback. All team members must listen carefully when a message is being presented, respond to it, and follow up.

**We all face barriers to communication.** In a health care setting, differences in level of authority and environmental or system barriers are often the hardest to get past. However, good communication between team members who have different roles, such as nursing assistants and licensed nurses, is essential to good outcomes for residents.

We can improve our reporting on changes in a resident's condition by using one of several tools, such as the SBAR technique, which helps structure communications.

### In Summary

- › Noticing changes in a resident's condition is important, but it is not enough to ensure resident safety and well-being.
- › Changes must be detected early and communicated promptly.
- › A safe environment is based on good communication.
- › Everyone is responsible for speaking up.
- › Communication skills can be learned.
- › We all face barriers to communication.

# Pearls and Pitfalls

## Pearls

1. Caring means communicating.
2. Communication happens in many directions and among many other disciplines.
3. Communicating effectively means speaking up in a way that will be “heard” and listening for feedback.
4. Effective communication means speaking and listening.
5. We often face barriers to communication, and frequently there are multiple barriers at the same time.
6. Communication tools like SBAR and CUS help us structure our communications.

## Pitfalls

1. Assuming that someone knows what is happening just because they have a higher position is often incorrect.
2. Saying something does not mean you have been heard, so assuming that you have been heard can be a mistake.
3. Assuming that someone from a different culture who speaks your language understands you may not be correct.
4. Forgetting to listen can be as much of a problem as not speaking up.

# Additional Tools and Resources

SBAR tool – Available at [http://www.interact2.net/docs/Communication%20Tools/SBAR\\_Communication\\_Tool\\_and\\_Progress\\_Notec.pdf](http://www.interact2.net/docs/Communication%20Tools/SBAR_Communication_Tool_and_Progress_Notec.pdf).

CUS tool – See <http://www.ahrq.gov/teamstepstools/> for more information about using the CUS tool



## Appendix: Examples of the SBAR and CUS Tools

A. A good tool for shift-to-shift handoffs and for situations that require immediate attention and action: SBAR

### SBAR Tool

- › Situation (identify yourself, the resident, and the problem).
- › Background (history, vitals, results, etc).
- › Assessment (findings, severity, life-threatening?).
- › Recommendation (what is next?, needs, timeframe).
  - Review the chart.
  - Complete the SBAR.
  - Speak clearly.
  - Document SBAR in the progress notes.

B. Getting your supervisor's attention when you really need it: CUS

### CUS Tool

- › I am Concerned about my resident's condition,
- › I am Uncomfortable with my resident's condition, and
- › I believe the Safety of the resident is at risk.

Example: "I'm concerned that Ms. C is not her usual self. I'm uncomfortable that she is behaving so oddly. I believe she is not safe; she may have something serious going on that we are missing."



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