



*Great connection - Great care*



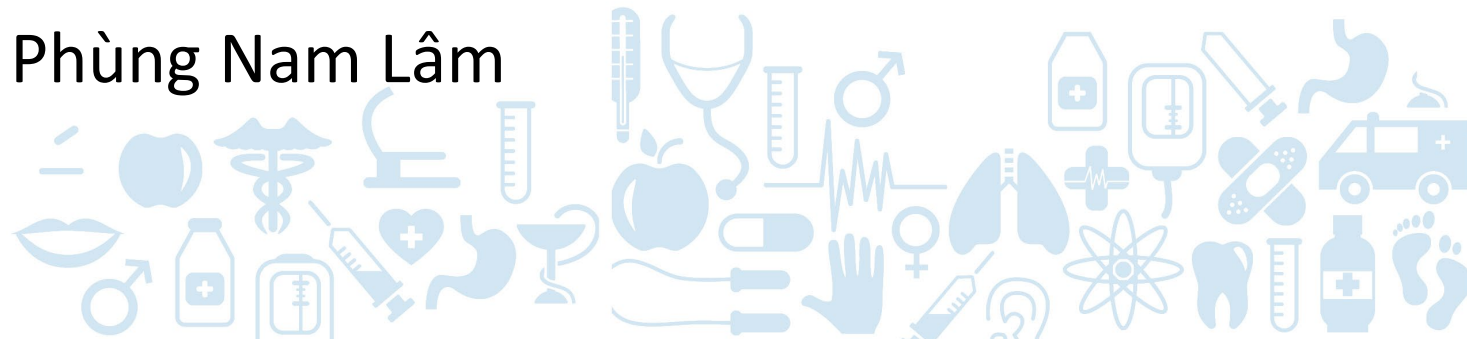
**VINMEC TIMES CITY  
INTERNATIONAL HOSPITAL**

# TEAM-BASED CARE Requires Excellent Communications: Introducing the TeamSTEPPS Program

Kathleen Vollman MSN, RN, FCCM, FAAN

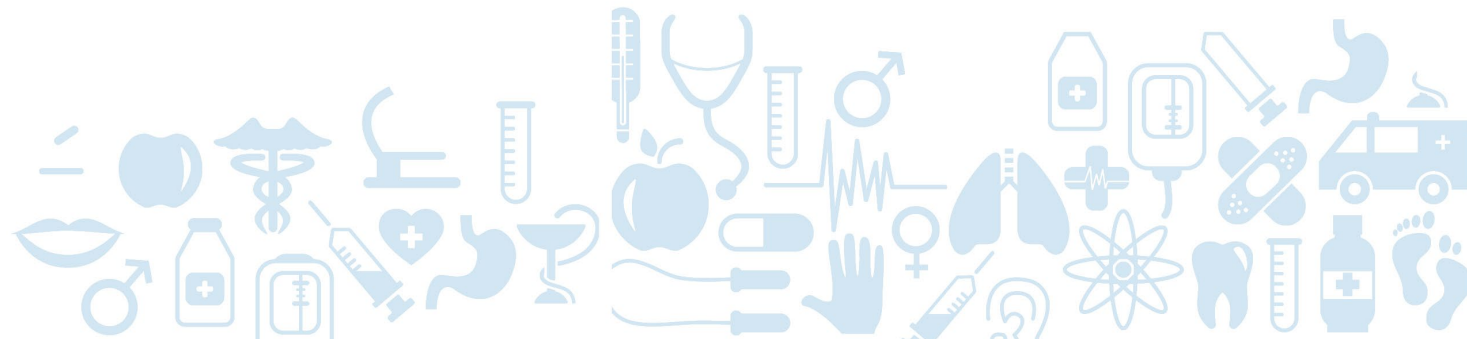
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Dr. Phùng Nam Lâm



# Objectives

- Define Team based Care
- Principles of Team Based Care
- Impact of Team Based Care
- Strategies for effective communication using TeamStepps







# Promoting Patient Safety

Soloist  
Practitioner

Health Care Complexity  
Rapid Changes & Advancements

Team Based  
Care

# Principles of Team Based Care

- Shared goals,
- Clear roles
- Mutual trust
- Effective communication
- Measurable processes and outcomes



Optimal Team-Based Care Framework



Shared responsibility without high-quality teamwork can be fraught with peril.

High functioning clinical teams are essential for the delivery of high value healthcare and have been associated with:

- Decreased workloads
- Increased efficiency
- Improved quality of care
- Improved patient outcomes
- Decreased clinician burnout/turnover

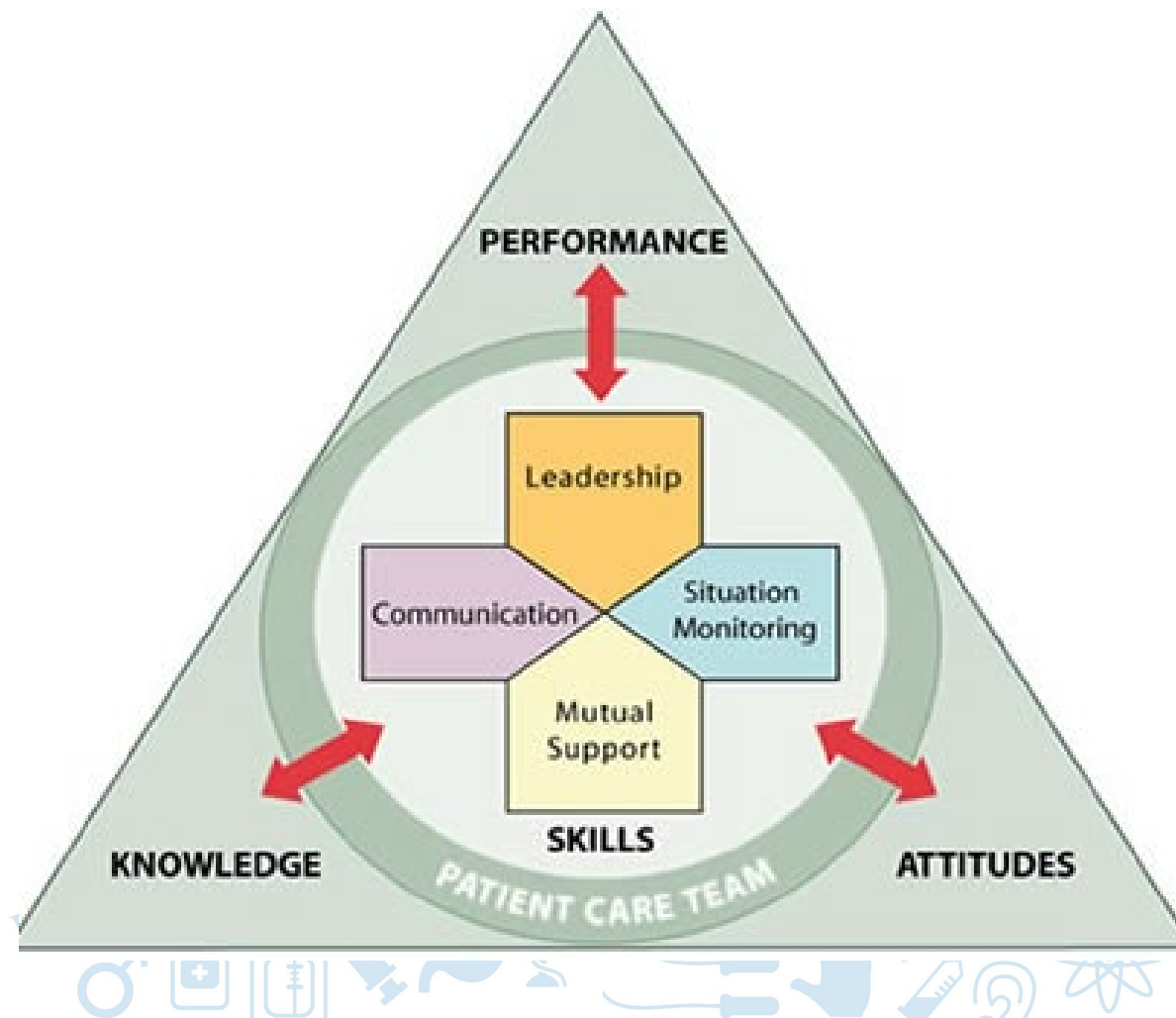


National Academy of Medicine

# TeamSTEPPS Primary Trainable Teamwork Skills



1. Leadership.
2. Communication.
3. Situation monitoring.
4. Mutual support.







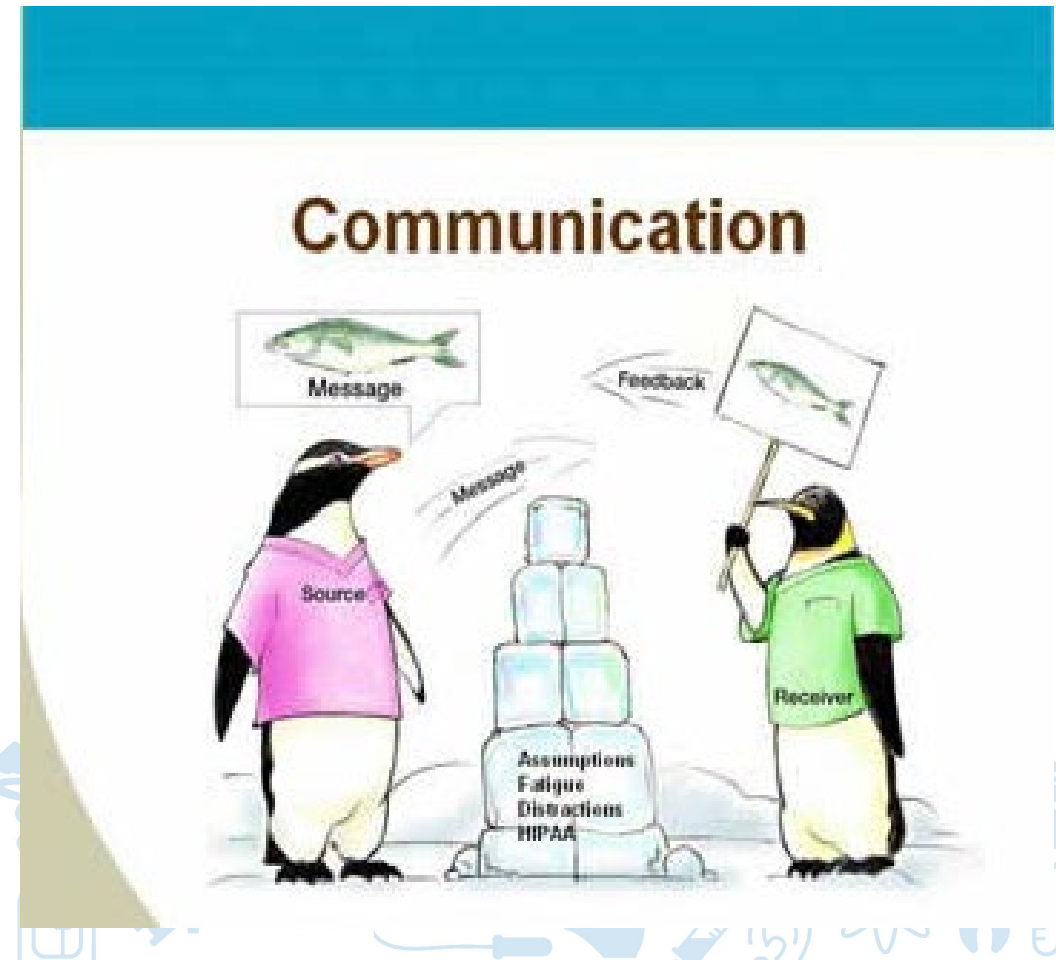
**Effective teamwork begins  
and ends with communication.**

Mike Krzyzewski



- Communication is the response you get from the message you sent regardless of its intent.
- The process by which information is exchanged between individuals, departments and organizations
- The lifeline of the core team
- Effectively when it permeates every aspect of the organization

AHRQ TeamSTEPPS



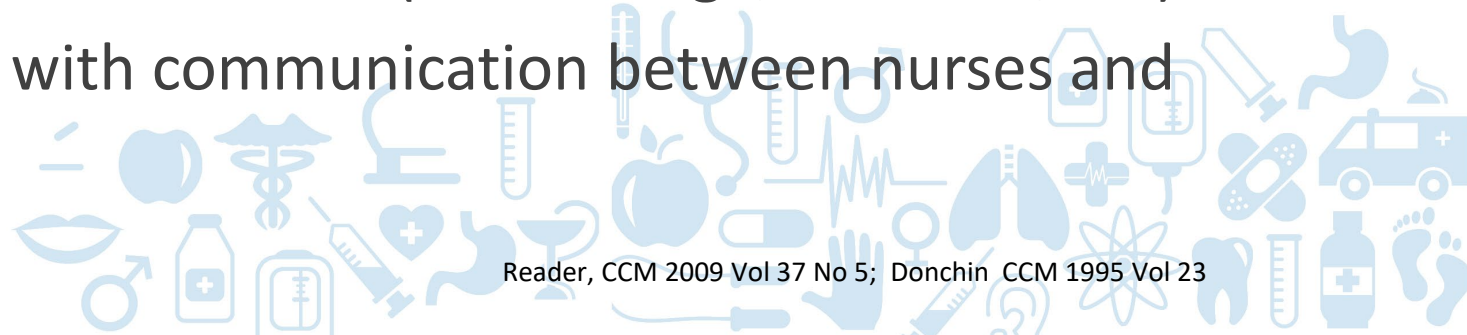


**The single biggest  
problem with  
communication is the  
illusion that it has  
taken place**

George Bernard Shaw

# Communication is Key

- ▶ Effective communication amongst caregivers is essential for a functioning team
- ▶ The Joint Commission reports that ineffective communication is the most commonly cited cause for a sentinel event (70%)
- ▶ Observations of ICU teams have shown errors in the ICU to be concentrated after communication events (shift change, handoffs, ect)
- ▶ 30% of errors are associated with communication between nurses and physicians



Reader, CCM 2009 Vol 37 No 5; Donchin CCM 1995 Vol 23



# The Silent Treatment: April 2011



- 85% of workers reported a safety tool warned them of a problem that may have been otherwise missed & could harm a patient
- Safety tools include: handoff protocols, checklists, COPE, automated medication dispensing machines.
- 58% said they got the warning, but failed to effectively speak up & solve the problem
- 3 “undiscussable” issues: dangerous short cuts, incompetence & disrespect (4/5 nurses)
- 1/2 say shortcuts lead to near misses
- 1/3 say incompetence leads to near misses
- 1/2 say disrespect prevented them from getting others to listen or respect their opinion

<http://www.silenttreatmentstudy.com>

# What Happens When You Speak Up!!



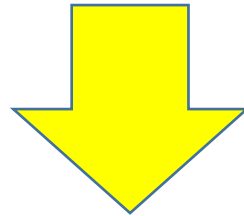
- 16% of healthcare workers who raise these crucial concerns observe better patient outcomes, work harder, are more satisfied and are more committed to staying in their jobs.

[www.aacn.org/WD/Practice/Docs/PublicPolicy/SilenceKills.pdf](http://www.aacn.org/WD/Practice/Docs/PublicPolicy/SilenceKills.pdf)  
<http://www.silentreatmentstudy.com>

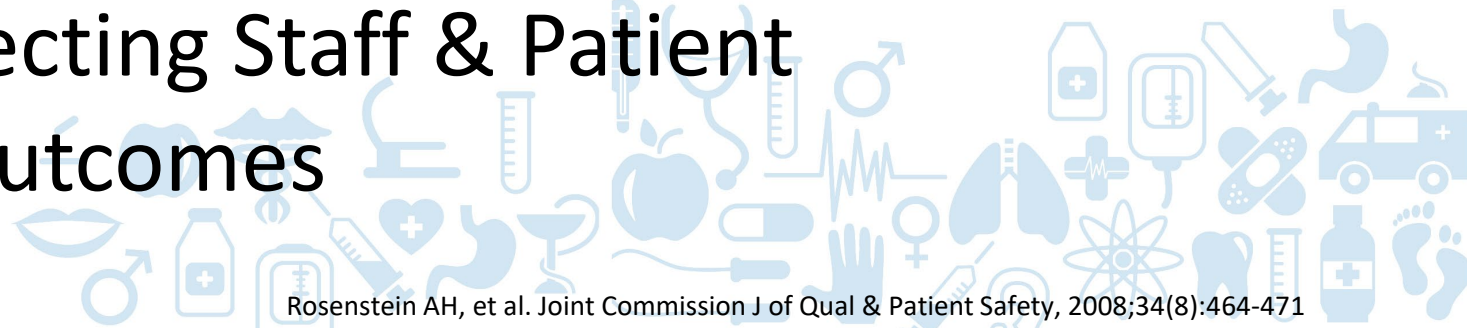
# Outcomes of Disruptive Behavior/ Communication



- Impaired work relationships/dysfunctional teams
- Intimidation, hostility, stress, frustration, loss of focus
- Poor communication
- Reduce transfer of important information



Adversely Affecting Staff & Patient  
Outcomes



Rosenstein AH, et al. Joint Commission J of Qual & Patient Safety, 2008;34(8):464-471

# The Importance of Consistency



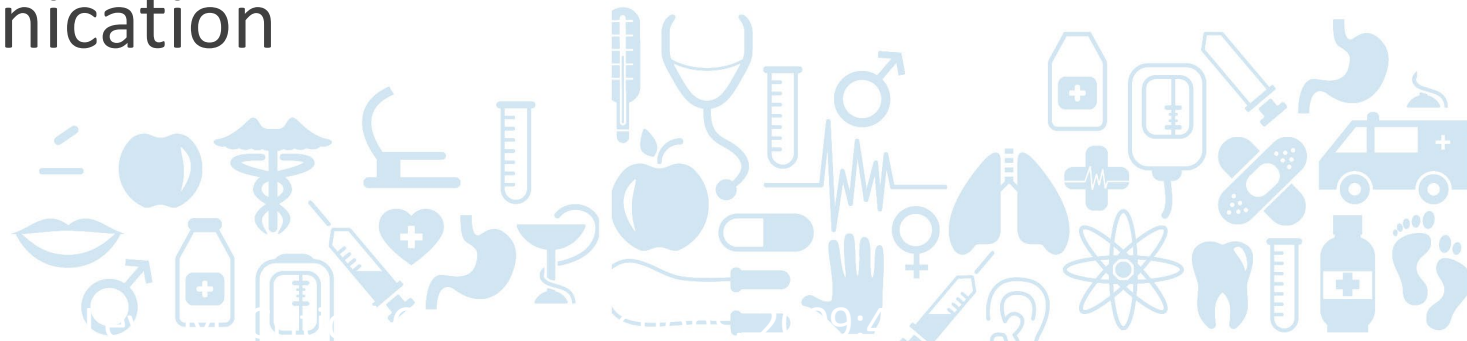
- In all of our communications we want to strive to send consistent verbal, and nonverbal messages.
- When our messages are inconsistent, the listener may become confused.
- Inconsistency can also create a lack of trust and undermine the chance to build a good working relationship.
- When a person sends a message with conflicting verbal, and nonverbal information, the nonverbal information tends to be believed.
- Consider the example of someone, through a clenched jaw, hard eyes, and steely voice, telling you they're not mad.

**Which are you likely to believe? What you see or what you hear?**



# High Performing Environments

- Conflict resolution
- Collaboration among team members
- Application of protocols
- And ease of interdisciplinary and multi-professional communication



# Communication

**Brief**



**Clear**



**Timely**



# Effective Communication Is:



## **Complete:**

Communicate all relevant information while avoiding unnecessary details that may lead to confusion.

Leave enough time for residents to ask questions, and answer questions completely.



## **Clear:**

Use information that is plainly understood (avoid medical jargon, use layperson's terminology with residents and their families).

Use common or standard terminology when communicating with members of the team.



## **Brief:**

Be concise.



## **Timely:**

Be dependable about offering and requesting information.

Avoid delays in relaying information that could compromise a situation.

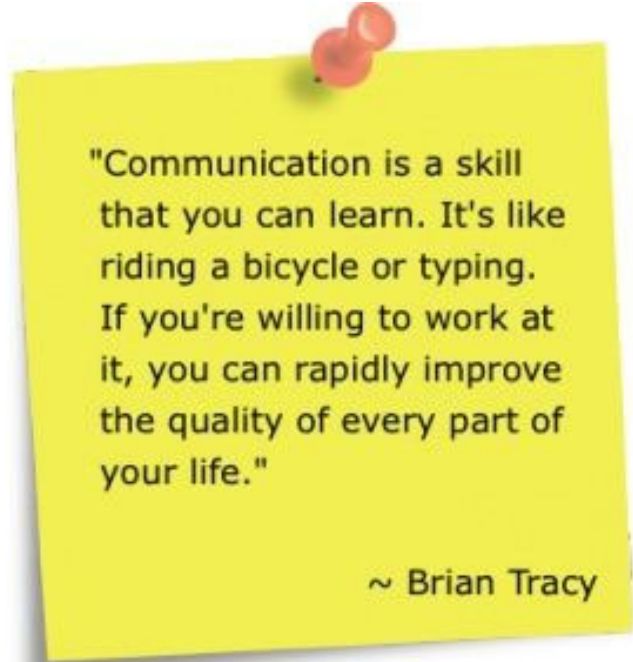
Note times of observations and interventions in the record.

Update families frequently.

Verifying requires checking that the information received was the intended message of the sender

# Effective Communication Strategies

- **Situation-Background-Assessment-Recommendation (SBAR).**
- Call-Outs.
- Check-Backs.
- Handoffs
- Multidisciplinary rounds
- Consistent family communication



"Communication is a skill that you can learn. It's like riding a bicycle or typing. If you're willing to work at it, you can rapidly improve the quality of every part of your life."

~ Brian Tracy





# SBAR



**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 acknowledgement of pain. Would like to rule-out pneumothorax."*

**Recommendation and Request**—What would I do to correct it?

*"I feel strongly the patient should be assessed now. Can you come to room 251 now?"*



# Call-Out

- 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"*



# Check-Back

The steps include the following:

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

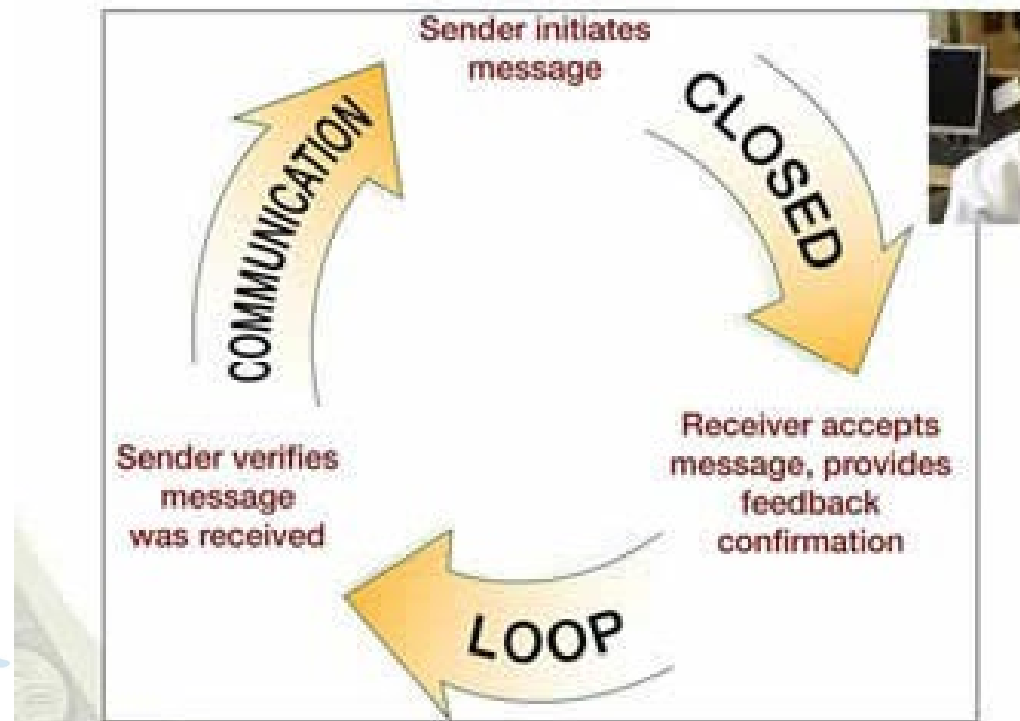
**Example:**

**Doctor:** *"Give 25 mg Benadryl IV push"*

**Nurse:** *"25 mg Benadryl IV push"*

**Doctor:** *"That's correct"*

## Check-Back is...



# Structured Handoffs



- Information Processing: Making sure the essential data are transferred for patient safety
- Structured face to face, structured tool, electronic sign outs
- Substandard or variable handoffs has contributed to errors, care omissions, treatment delays, inefficiencies from repeated work, inappropriate treatment, adverse events, increase length of stay, voidable readmissions, an increase cost.
- 2006 joint commission set a goal to implement a standardized approach to communication during handoffs

Halm MA. Am J of Crit Care, 2013;22(2):158-162





# Handoff Communication for Physicians

<b>I P A S S</b>	<b>Introduction</b>	Introduce yourself and your role/job (include patient).
	<b>Patient</b>	Name, identifiers, age, sex, location.
	<b>Assessment</b>	Present chief complaint, vital signs, symptoms and diagnosis.
	<b>Situation</b>	Current status/circumstances, including code status, level of (un)certainty, recent changes and response to treatment.
	<b>Safety</b>	Critical lab values/reports, socioeconomic factors, allergies and alerts (falls, isolation, etc.).
<b>THE</b>		
<b>B A T O N</b>	<b>Background</b>	Comorbidities, previous episodes, current medications and family history.
	<b>Actions</b>	Explain what actions were taken or are required. Provide rationale.
	<b>Timing</b>	Level of urgency and explicit timing and prioritization of actions.
	<b>Ownership</b>	Identify who is responsible (person/team), including patient/family members.
	<b>Next</b>	What will happen next? Anticipated changes? What is the plan? Are there contingency plans?



# Outcomes of Structure Handoff



- Patient outcomes
  - Progression along clinical pathway (structured face-to-face)
  - Reduce complications (standardize interdepartmental tool), adverse outcomes (structured face-to-face)
- Patient satisfaction
  - Higher satisfaction (structured face-to-face and walking rounds)
  - Eliminate admission delays (written ER department reports)
- Financial outcomes
  - Shorter handoff duration(structure tool)
  - Less over time(walking rounds)

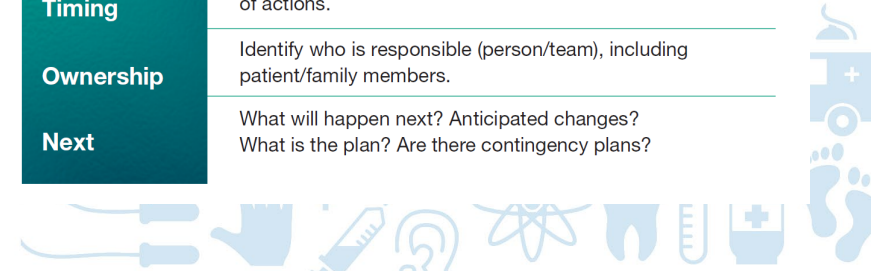


Halm MA. Am J of Crit Care, 2013;22(2):158-162

# Vinmec Handoff: Currently in 2022

- Communication issues between shifts
  - Face to face, bedside
  - Documented
  - Checklist – SBAR
- Need to be improved
  - Plan of care
  - Full commitment with “IPASS the BATON”

<b>I</b>	<b>Introduction</b>	Introduce yourself and your role/job (include patient).
<b>P</b>	<b>Patient</b>	Name, identifiers, age, sex, location.
<b>A</b>	<b>Assessment</b>	Present chief complaint, vital signs, symptoms and diagnosis.
<b>S</b>	<b>Situation</b>	Current status/circumstances, including code status, level of (un)certainly, recent changes and response to treatment.
<b>S</b>	<b>Safety</b>	Critical lab values/reports, socioeconomic factors, allergies and alerts (falls, isolation, etc.).
<b>THE</b>		
<b>B</b>	<b>Background</b>	Comorbidities, previous episodes, current medications and family history.
<b>A</b>	<b>Actions</b>	Explain what actions were taken or are required. Provide rationale.
<b>T</b>	<b>Timing</b>	Level of urgency and explicit timing and prioritization of actions.
<b>O</b>	<b>Ownership</b>	Identify who is responsible (person/team), including patient/family members.
<b>N</b>	<b>Next</b>	What will happen next? Anticipated changes? What is the plan? Are there contingency plans?



# Multidisciplinary Rounds with Daily Goals – What is it?



- A strategy to assemble the patient care team members to review important patient care and safety issues
  - Improve collaboration on the overall plan of care for the patient
- Improve communication among care team and family members regarding the patient's plan of care
- Goals should be specific and measurable
- Checklist used during rounds prompts caregivers to focus on what needs to be accomplished
- Measure effectiveness of rounds—team dynamics, communication, quality measure compliance, LOS





# Daily Goal Sheet



- A daily goals worksheet must be individualized to your particular ICU and the specific needs and traditions of your hospital.
  - What work needs to happen for the patient to leave the ICU?
  - What is the patient's greatest safety risk?
  - What will we do for each organ system or patient problem we identify?
  - Key processes for ventilator patients — have they been done?
  - Scheduled labs — have they been obtained/ordered?
  - Catheter — site care, inspection, consideration for removal?
  - Communication/family issues — have we talked to the family today?

[www.ihl.org/IHI/Topics/CriticalCare/IntensiveCare/Changes/IndividualChanges/CreateaDailyGoalsWorksheet.htm](http://www.ihl.org/IHI/Topics/CriticalCare/IntensiveCare/Changes/IndividualChanges/CreateaDailyGoalsWorksheet.htm)

# Evidence For Impact Of MDR Rounds

- Research studies on the effect of structured interdisciplinary rounds show:
  - Earlier identification of clinical issues
  - More timely referrals
  - Improved ratings by nurses and physicians on teamwork, communication and collaboration.
- Research also indicates variable effects on LOS and cost, with some studies showing improvement and others having no impact.

## Improving teamwork: impact of structured interdisciplinary rounds on a medical teaching unit.

O'Leary KJ, et. al, *Journal Of General Internal Medicine [J Gen Intern Med]*, ISSN: 1525-1497, 2010 Aug; Vol. 25 (8), pp. 826-32; PMID: 20386996



# Multidisciplinary Rounds with Daily Goals

## Challenges and Opportunities



- Should be done in ICUs and all units in hospital
- Hard initiative to implement, especially if you have an open unit and/or no intensivists or in non-ICU area
  - Standardize the structure and process for all units
    - Evaluate if goals for day have been met; readjust if necessary
    - Identify if patient can be discharged (or transferred ) the next day and if so, what needs to be accomplished
- Focused first on defining daily goals and recording those either on the white board in the room or on a sheet of paper
- Implemented checklist or nursing objective card



# RN Script

- They present the patient
  - VS, hemodynamic, drips then safety check list

## Interdisciplinary Rounds; Nursing Objectives

1. Target RASS / Current RASS
2. CAM - ICU (results)
3. Current Sedative / Analgesic Infusions / Intermittent dosing
4. SAT / SBT – spontaneous awakening trial / spontaneous breathing trial
5. Mobility - what level is patient at?
6. Sepsis screen (results) / sepsis bundle (review bundle with team)
7. Current Vasoactive Infusions
8. Skin
9. Restraints – need / order
10. Foley – what is the score?
11. Nutrition / Bowel Regimen
12. Other: any procedures planned / nursing concerns / issues

96314-005 R 8/11 (M)D



## CHECKLIST ĐI BUỒNG ĐA CHUYÊN KHOA TẠI KHOA HỒI SỨC TÍCH CỰC

Họ tên bệnh nhân: ..... Giường số: ..... Ngày: .... / .... / 202\_

Patient's  
label

VẤN ĐỀ	NỘI DUNG		KẾ HOẠCH
<b>HÔ HẤP</b>	Thở máy	<input type="checkbox"/> KXN <input type="checkbox"/> XN <input type="checkbox"/> NKQ <input type="checkbox"/> MKQ	<input type="checkbox"/> Tiếp tục TM <input type="checkbox"/> Cai TM <input type="checkbox"/> Thay, rút NKQ/MKQ <input type="checkbox"/> Tiếp tục Oxy liệu pháp <input type="checkbox"/> Chụp X quang <input type="checkbox"/> VAP bundle
	Oxy liệu pháp: dụng cụ: .....		
	Phim X quang	<input type="checkbox"/> Có <input type="checkbox"/> Không	
	VAP bundle	<input type="checkbox"/> Có <input type="checkbox"/> Không	
	Khác: .....	<input type="checkbox"/> Có <input type="checkbox"/> Không	
<b>TUẦN HOÀN</b>	Loạn nhịp	<input type="checkbox"/> Có <input type="checkbox"/> Không	<input type="checkbox"/> Đặt catheter TI <input type="checkbox"/> Đặt PICCO <input type="checkbox"/> CLABSI bundle <input type="checkbox"/> Dung dịch keo <input type="checkbox"/> Vận mạch hay 1 <input type="checkbox"/> Phối hợp vận m <input type="checkbox"/> Ngừng vận mại
	TMTT / A - line	<input type="checkbox"/> Có <input type="checkbox"/> Không	
	CLABSI bundle	<input type="checkbox"/> Có <input type="checkbox"/> Không	
	Tiền gánh	<input type="checkbox"/> Đủ <input type="checkbox"/> Thiếu	
	Vận mạch: Noradrenalin: <input type="checkbox"/> Có <input type="checkbox"/> Không Dobutamin: <input type="checkbox"/> Có <input type="checkbox"/> Không Milrinone: <input type="checkbox"/> Có <input type="checkbox"/> Không		
<b>TIÊU HÓA</b>	Xuất huyết tiêu hóa do stress	<input type="checkbox"/> Có <input type="checkbox"/> Không	<input type="checkbox"/> Dự phòng XHT <input type="checkbox"/> Thuốc kích thích
	Trung tiện/đại tiện	<input type="checkbox"/> Có <input type="checkbox"/> Không	
<b>DINH DƯỠNG</b>	Nuôi dưỡng đường tiêu hóa	<input type="checkbox"/> Có <input type="checkbox"/> Không	<input type="checkbox"/> Tiếp tục đường <input type="checkbox"/> Nuôi dưỡng tĩnh <input type="checkbox"/> Đích calo: ..... <input type="checkbox"/> Bổ sung: ..... <input type="checkbox"/> Hạn chế thuốc
	Đích năng lượng đạt	<input type="checkbox"/> Có <input type="checkbox"/> Không	
	Nuôi dưỡng tĩnh mạch toàn bộ	<input type="checkbox"/> Có <input type="checkbox"/> Không	
	Có dung nạp	<input type="checkbox"/> Có <input type="checkbox"/> Không	
<b>THẬN</b>	Có tổn thương thận cấp	<input type="checkbox"/> Có <input type="checkbox"/> Không	<input type="checkbox"/> Điều chỉnh liều <input type="checkbox"/> Rút/thay sonde <input type="checkbox"/> CAUTI bundle
	Nước tiểu 24h: ..... ml	Mức lọc cầu thận = ..... ml/phút	
	Thuốc lợi tiểu	<input type="checkbox"/> Có <input type="checkbox"/> Không	
	Lọc máu ngắt quãng/ Liên tục	<input type="checkbox"/> Có <input type="checkbox"/> Không	
	Sonde tiểu	<input type="checkbox"/> Có <input type="checkbox"/> Không	
<b>HUYẾT HỌC VÀ ĐỒNG MÁU</b>	CAUTI bundle	<input type="checkbox"/> Có <input type="checkbox"/> Không	<input type="checkbox"/> Truyền KHC: ..... <input type="checkbox"/> Truyền KTC: ..... <input type="checkbox"/> Dùng heparin: ..... <input type="checkbox"/> Biện pháp dự p
	Có thiếu máu	<input type="checkbox"/> Có <input type="checkbox"/> Không	
	Có chảy máu	<input type="checkbox"/> Có <input type="checkbox"/> Không	
	Có giảm tiểu cầu	<input type="checkbox"/> Có <input type="checkbox"/> Không	
	Có DIC	<input type="checkbox"/> Có <input type="checkbox"/> Không	
Có nguy cơ DVT	<input type="checkbox"/> Có <input type="checkbox"/> Không		
Có dự phòng DVT	<input type="checkbox"/> Có <input type="checkbox"/> Không		

VẤN ĐỀ	NỘI DUNG CẦN THẢO LUẬN		KẾ HOẠCH
<b>THẦN KINH</b>	An thần, giảm đau	<input type="checkbox"/> Có <input type="checkbox"/> Không	<input type="checkbox"/> An thần: ..... <input type="checkbox"/> Đích RASS -1 đến +1 <input type="checkbox"/> Điều trị delirium <input type="checkbox"/> SAT (thử nghiệm ngừng AT)
	RASS: ..... đ	BPS: ..... đ	
	Sàng lọc delirium	<input type="checkbox"/> Có <input type="checkbox"/> Không	
	Liệt	<input type="checkbox"/> Có <input type="checkbox"/> Không	
	Đồng tử	<input type="checkbox"/> Có <input type="checkbox"/> Giãn <input type="checkbox"/> Bình thường	
<b>NHIỄM TRÙNG</b>	Nguyên nhân nhiễm trùng	<input type="checkbox"/> Có <input type="checkbox"/> Không	<input type="checkbox"/> Cây mẫu: ..... <input type="checkbox"/> Xem xét kháng sinh <input type="checkbox"/>
	Kết quả cấy	<input type="checkbox"/> Có <input type="checkbox"/> Chưa	
	Cách ly	<input type="checkbox"/> Có <input type="checkbox"/> Không	
<b>NƯỚC VÀ ĐIỆN GIẢI</b>	Hạn chế dịch	<input type="checkbox"/> Có <input type="checkbox"/> Không	<input type="checkbox"/> Bilan dịch: ..... ml <input type="checkbox"/> Bilan dịch cân bằng
	Bilan dịch: ..... ml		
	Hạ Na; Kali	<input type="checkbox"/> Có <input type="checkbox"/> Không	
<b>DẪN LƯU</b>	Dẫn lưu:	<input type="checkbox"/> Có <input type="checkbox"/> Không	<input type="checkbox"/> Rút dẫn lưu <input type="checkbox"/> Rút dẫn lưu <input type="checkbox"/> Rút dẫn lưu
	Vị trí 1/Tên DL: .....	Ngày thứ: .....	
	Vị trí 2/Tên DL: .....	Ngày thứ: .....	
<b>THUỐC</b>	Điều chỉnh liều	<input type="checkbox"/> Có <input type="checkbox"/> Không	<input type="checkbox"/> Tăng/Giảm liều: ..... <input type="checkbox"/> Thay đổi thuốc: <input type="checkbox"/> Chuyển đường dùng <input type="checkbox"/> Ngừng thuốc
	Tương tác thuốc	<input type="checkbox"/> Có <input type="checkbox"/> Không	
	Chuyển tiêm sang uống	<input type="checkbox"/> Có <input type="checkbox"/> Không	
	Tác dụng không mong muốn:	<input type="checkbox"/> Có <input type="checkbox"/> Không	
<b>HỘI CHẨN</b>	Có cần hội chẩn chuyên khoa	<input type="checkbox"/> Có <input type="checkbox"/> Không	Chuyên khoa: .....
<b>GIA ĐÌNH BỆNH NHÂN</b>	Cần gặp người nhà bệnh nhân	<input type="checkbox"/> Có <input type="checkbox"/> Không	Nội dung: .....
<b>TẬP PHCN</b>	Tập vận động PHCN	<input type="checkbox"/> Có <input type="checkbox"/> Không	Ghi chú: .....
<b>KẾT LUẬN</b>			

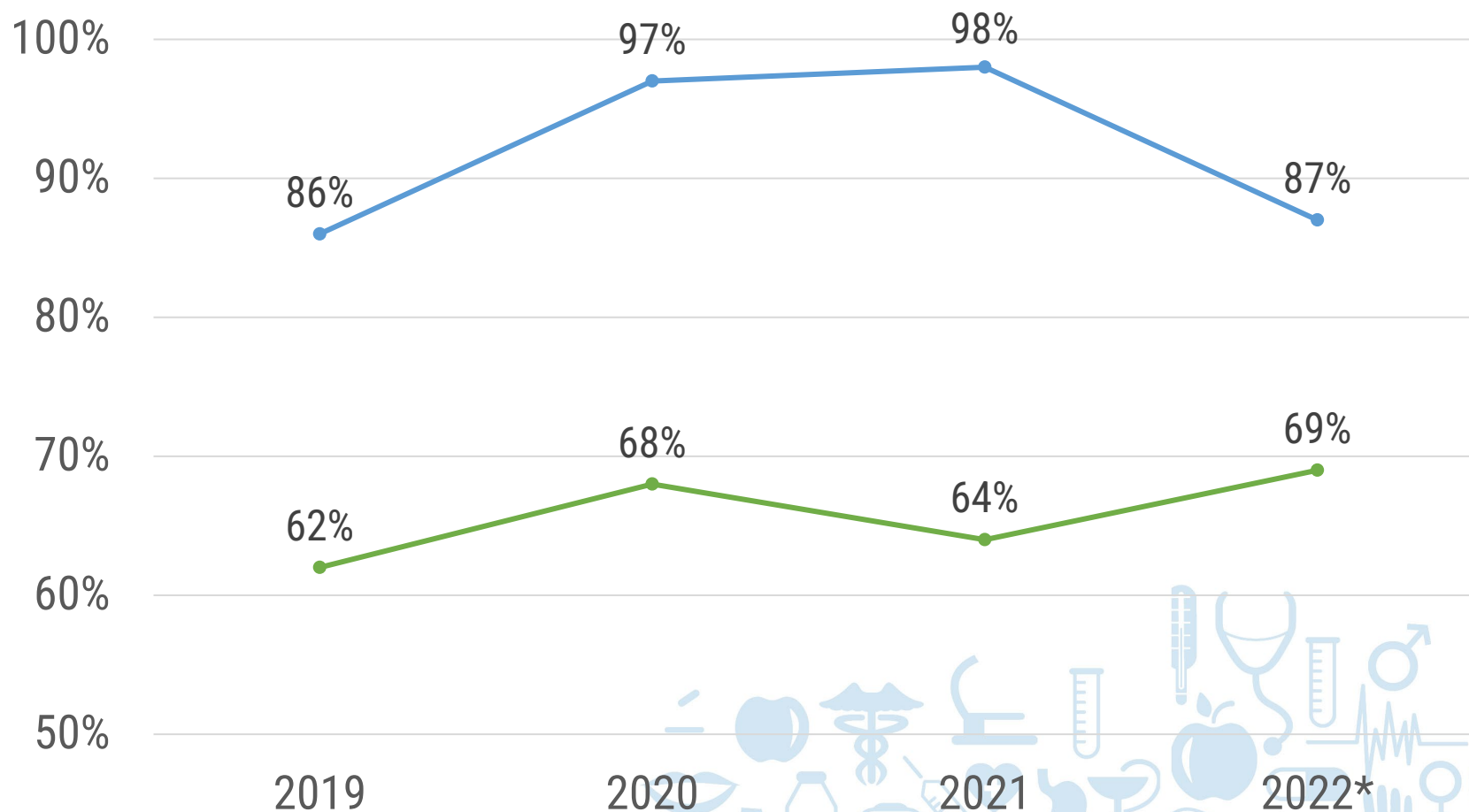
Thành phần tham dự (Tên, ký)

BS      ĐD      BS DD      DLS      PHCN      Khác

# Vinmec Family Communication Plan

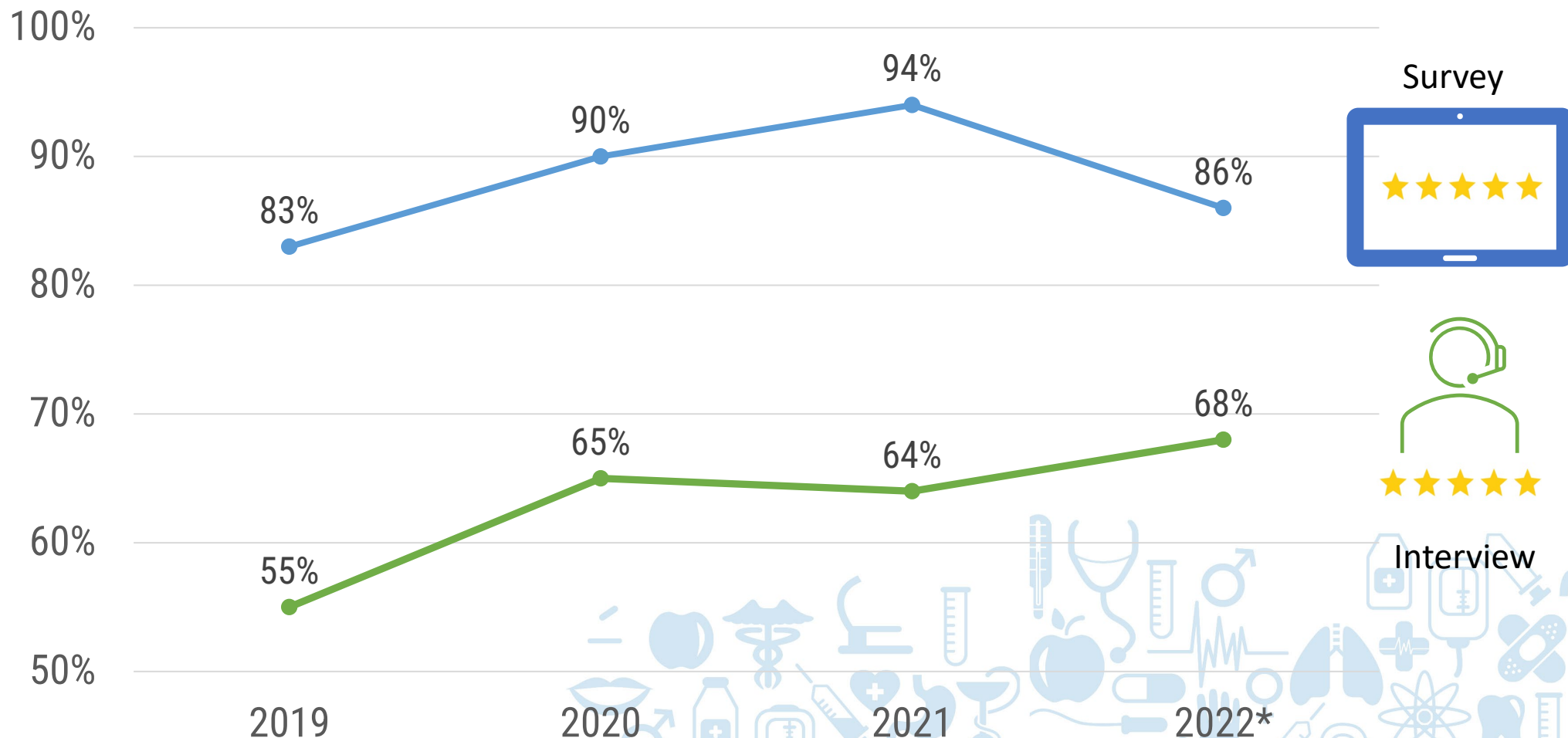
- Very important to contribute the final outcome and satisfaction
  - Participation of patient and family
  - Transparent to patient and family, contribute to the commitment and satisfaction – reduces the complaints
  - Response more appropriately to patient and family demand or perspectives
- Is our culture ready to involve family joint directly in MDR?
  - In Vinmec, the team have meeting every day (after MDR) to update, receiving feedback and discuss with family
  - In near future, we will allow the family joint with MDR, firstly for selective cases and then open for all

# Vinmec Times City PREMs data (2019 to Jun 2022)



Interview

# Vinmec Healthcare System PREMs data (2019 to Jun 2022)





## Family Satisfaction with Care in the Intensive Care Unit: FS-ICU 24R© How are we doing?





















*We would like to hear your opinions about your family member's recent admission to the Intensive Care Unit (ICU)*

Your family member was a patient in this ICU. The questions that follow ask **YOU** about your family member's **most recent ICU admission**. We understand that there were probably many doctors and nurses and other staff involved in caring for your family member. We know that there may be exceptions but we are interested in **your overall assessment** of the quality of care we delivered. We understand that this was probably a very difficult time for you and your family members. We would appreciate you taking the time to provide us with your opinion. Please take a moment to tell us what we did well and what we can do to make our ICU better. **Please be assured that all responses are confidential.** The Doctors and Nurses who looked after your family member will not be able to identify your responses.

### PART 1: SATISFACTION WITH CARE

*Please check one box that best reflects your views. If the question does not apply to your family member's stay then check the 'Not Applicable' box (N/A).*

#### HOW DID WE TREAT YOUR FAMILY MEMBER (THE PATIENT)? HOW SATISFIED ARE YOU WITH...

1. <b>Concern and Caring by ICU Staff?</b> The courtesy, respect and compassion <b>your family member (the patient)</b> was given.	 Very Dissatisfied <input type="checkbox"/> 1	 Slightly Dissatisfied <input type="checkbox"/> 2	 Mostly Satisfied <input type="checkbox"/> 3	 Very Satisfied <input type="checkbox"/> 4	 Completely Satisfied <input type="checkbox"/> 5	N/A <input type="checkbox"/>
2. <b>Symptom Management?</b> How well the ICU staff assessed and treated <b>your family member's</b> symptoms.						
a. How well the ICU staff assessed and treated your family member's <u>pain</u> .	 Very Dissatisfied <input type="checkbox"/> 1	 Slightly Dissatisfied <input type="checkbox"/> 2	 Mostly Satisfied <input type="checkbox"/> 3	 Very Satisfied <input type="checkbox"/> 4	 Completely Satisfied <input type="checkbox"/> 5	N/A <input type="checkbox"/>
b. How well the ICU staff assessed and treated your family member's <u>breathlessness</u> .	 Very Dissatisfied <input type="checkbox"/> 1	 Slightly Dissatisfied <input type="checkbox"/> 2	 Mostly Satisfied <input type="checkbox"/> 3	 Very Satisfied <input type="checkbox"/> 4	 Completely Satisfied <input type="checkbox"/> 5	N/A <input type="checkbox"/>
c. How well the ICU staff assessed and treated your family member's <u>agitation</u> .	 Very Dissatisfied <input type="checkbox"/> 1	 Slightly Dissatisfied <input type="checkbox"/> 2	 Mostly Satisfied <input type="checkbox"/> 3	 Very Satisfied <input type="checkbox"/> 4	 Completely Satisfied <input type="checkbox"/> 5	N/A <input type="checkbox"/>

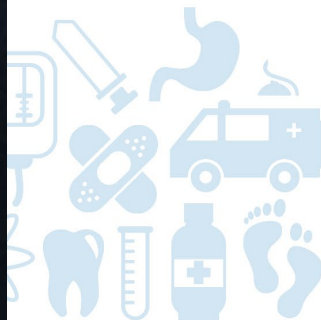


# Consider Measuring Family Satisfaction Directly in the ICU

# WHEN WOULD NOW BE A GOOD TIME TO DO THIS?

It is not enough to do your best; you  
must know what to do, and THEN do  
your best.

*~ W. Edwards Deming*





# COMMUNICATION IS WHAT MAKES A TEAM STRONG.

Brian McClelland

