**Communication**

Communication errors nearly always form part of many of the prepared and submitted DATIXs and RCAs. In the current challenging climate, where we now have an in lab and an out of lab team, and many members of the team are wearing re-usable respirators, it is vital that we try to improve our communications procedures to create a strong communication environment.

We also want to generate a climate of respect where everyone can communicate concerns, with effective management that encourages, rather than discourages, the reporting of potential safety issues.

The team brief, debrief, and WHO checklist form part of this communication environment.

Communication difficulties have arisen within the first three weeks of elective working. To reduce these, we suggest the following:

1. **Call-out** – If it is not already clear who should be doing something, the physician should “call out” the person they are talking to by name, rather than generally announcing what is needed, for example, “Dale, please give X”. This is most critical in code situations, when many new and unfamiliar personnel may come into the cath lab.
2. **Echo** – “Close the circle” of communication. When an order is verbally made, the listener should: a) confirm that the order was heard; and b) announce when the order has been completed and the drug given.   
   The operator should not assume that the order was heard, and should ask if a check-back has not been heard. Check-backs (echo) are especially important with verbal orders in the cath lab, such as ones for heparin, for example.
3. **Handover / handoff** – When one member of the team relieves another of duty in the cath lab, it is imperative that the departing staff pass along information about the drugs that have been given, the duration or phase of the procedure, and what has been tried already.

The following strategies are effective for communicating safety concerns:

1. **Use the “two-challenge” rule**. If any member of the team has a concern, it is their responsibility to communicate this to the operator, not just once, but at least twice. The operator must acknowledge the concern, and explain the rationale behind their decision. If the outcome is still unacceptable, you should consider taking a stronger course of action, or use the supervisory chain of command.
2. **Use the “C-U-S” code words** when you feel that patient safety is at risk. Say either “I am *Concerned*”, or “I am *Uncomfortable*”, or “This is a *Safety issue*”. Code words should be treated seriously by the physician, and addressed.
3. **Use the “DESC” script to managing and resolving conflict** (describe, express, suggest, consequences).
   1. *Describe* the specific situation or behaviour, and provide concrete data.
   2. *Express* how the situation makes you feel and what your concerns are.
   3. *Suggest* other alternatives and seek agreement.
   4. *Consequences* should be stated in terms of impact on the patient or team.