See Article page 1096.

Commentary: The three Cs of a successful heart center intensive care unit: Cooperation, coordination, and communication

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We read with interest the article by Kennedy-Metz and colleagues on the importance of high-performing teams in the cardiovascular intensive care unit (ICU) in the current issue of the *Journal*.¹ The authors focus on cooperation, coordination, and communication as key elements of a high-performing cardiovascular intensive care “action” team, and conclude with a review of failure to rescue as a way of assessing high-functioning critical care programs and a strategy to further study and compare cardiovascular ICUs. Cardiovascular critical care medicine has undergone an evolution of care as cardiac patients have become more medically complex.² As a busy Heart Center ICU in a quaternary hospital in Boston, we applaud the authors for focusing on this important topic. Over the past 5 years, we have created a multidisciplinary, cross-specialty and interprofessional team of critical care providers in a patient-centered care model.

The authors review the impact of teamwork, the handover process, and failure to rescue to highlight a successful model of care. This is especially true during the COVID-19 pandemic, when teams are physically separated but forced to maintain the same level of teamwork, often on a virtual platform. The daily review of chest X-rays, daily huddles to discuss patient throughput, daily bedside rounds, weekly staff meetings, and monthly clinical operational meetings, in addition to morbidity and mortality conferences, are all part of successful cardiovascular critical care programs.

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Virtual chest X-ray rounds with a multidisciplinary, cross-specialty team of providers.

CENTRAL MESSAGE

Cardiac intensive care medicine has transitioned from a clinical service care model to a patient-centered care model requiring exceptional teamwork to drive successful patient outcomes.

Professional relationships in critical care allow providers to maintain the highest level of care. While cardiovascular critical care programs may differ in provider staffing ratios, open versus closed models of care and ICU capacity, interprofessional interactions and trust are imperative to every successful program. This is especially true when caring for surgical patients with established patient-provider relationships.

The authors also focus on two emerging concepts in adult cardiovascular critical care: family-centered care³ and teamwork during times of crisis. Maintaining healthy professional relationships is necessary to provide appropriate physical and emotional support during times of crisis.⁴ The psychological impact of the COVID-19 pandemic for patients, families, and providers is unlike anything we have experienced in recent medical history. Maintaining family involvement at the bedside has perhaps never been more challenging as during the COVID-19 pandemic. While hospital restrictions exist to prevent hospital and community viral spread, these restrictions can also socially isolate patients and providers. This has forced critical care teams to find creative virtual methods of ensuring family engagement for patients and teamwork among providers.

In conclusion, teamwork in a modern cardiovascular critical care unit relies on the trust formed through professional relationships while including the extended team of family members supporting our patients. The authors focus on cooperation, coordination, and communication as key elements of a high-performing cardiovascular intensive care “action” team. This is perhaps never more important than during the COVID-19 pandemic, when social distancing

has forced us to rethink and reimagine ways of maintaining the core values of patient- and family-centered teamwork in critical care.⁵

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See Article page 1096.

Commentary: Teamwork makes the dream work: We learned it in kindergarten, but did we lose it along the way?

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CENTRAL MESSAGE

Team members must put the interest of the team above their own. Health care is not error-free but the ultimate goal is to transform health care into a high-reliability organization.

The expression, teamwork makes the dream work means that a team must have a common goal, a shared mental model, and must work together to achieve it. For a team to be successful, team members must put the interest of the team above their own. These are timeless truths with origins extending far back to the dawn of human evolution. Among the first things we learn as children in kindergarten is the need to work together. While we learn to cooperate with each other as young children, we develop solid skills of problem solving, communication, listening, creativity, and self-esteem. Despite our long evolutionary and personal history of cooperation, we have not yet mastered the concept of teamwork. To create a high-performing team is not an easy task, and the challenges of teamwork have long been recognized. Among the possible reasons for

this breakdown could be the central metaphor used by Jonathan Haidt in his book,¹ *Righteous Mind*: Humans are 90% chimpanzee and 10% bees. During our evolutionary and personal journey, we compete at both an individual and group level simultaneously, and this can create a split in successful teamwork.

In their article, Kennedy-Metz and colleagues² artfully describe the importance of high-performing teams in cardiovascular intensive care units. Cardiovascular intensive care units are “complex, dynamic, and time-pressured” environments, medical care across all landscapes is becoming increasingly more complex, thus requiring high-performing teams across all medical specialties. Safety is a basic patient expectation and right in health care. The landmark publication,³ *To Err is Human*, by the Institute of Medicine showed that the health care is not error-free, and in fact, medical errors are a leading cause of death in the United States. The ultimate goal is to transform health care into a high

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