Enhancing Communication for Effective and Efficient Healthcare Teams

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None
Learning Objectives

• Establish more effective team processes
• Improve team communication skills
• Optimize teamwork skills that enable the implementation of effective changes in the workplace resulting in patient and relationship centered perspective, job satisfaction, quality and efficiency of healthcare
My Patient

• 75 YO WM w PMHx of CAD, s/p CABG in 2001, HTN, DM, HPL called TAP for CP.
• TAP triaged and asked him to call an ambulance to go to local ER. He decided to come to VAMC ED.
• Admitted with CP r/o MI. CIPs negative
• Cards consulted- requested Nuclear stress test, which was positive, underwent cath with graft patent on 2\textsuperscript{nd} day.
• Recommended maximizing medical therapy
• With no complications, d/c ed home on 3\textsuperscript{rd} day (48 H) with no symptoms w F/u w PCP.
How many HOSPITAL FOLKS this patients has seen in 48 hours?
WHAT IS THE SAFEST INDUSTRY?

Which industry has the worst safety record?
Consequences of Poor Team Work

• Medical error is the 8th most common cause of death in the USA 44,000-98,000 patients die each year from preventable errors.

• Poor teamwork within and between medical and other healthcare disciplines is known to contribute to error

Non Medical Industries

Major teamwork failings contributing to accidents, e.g. aviation industry:

1. Roles not being clearly defined
2. Lack of explicit co-ordination
3. Miscommunication
Team Performance

• Has been identified as the most important factor for safety and quality improvement, illustrated by efforts to train operating room (OR) teams in behaviors found useful in airplane cockpit crews.


Understand the stages of team

• Forming
• Storming
• Norming
• Performing
Bruce Tuckman’s ‘Forming Storming’ Team Development Stages Model 1969
Characteristics of each stage:

• **FORMING: Dependency and Inclusion** - new groups often begin relationships in a state marked by high anxiety, uncertainty, and politeness.

• **STORMING: Counter dependency and Fight** - in this stage each member seeks to identify and define individual roles more clearly.

• **NORMING: Trust and Structure** - communication becomes more oriented to the task and people become comfortable giving and receiving feedback. Members of the group know what to expect from each other.

• **PERFORMING: Work** - group members share information with each other and know where different kinds of knowledge and expertise lie within the group.
Building a High Functioning Team

- Requires 2 components. Need to work on both.

1. **Relationship (Engaged):** how team approaches each other
2. **Function (Effective):** approach to work & processes and business practices (also called Technical Skills)

1. “Process solutions” will NOT fix “relationship” issues that get in the way of providing quality service
2. Interpersonal effectiveness alone will NOT fix ineffective processes and business practices
High Functioning Teams

Relationship

Function

Team Performance (outcomes and expectations)
Technical Skills vs. Behavioral Skills

• Team members must have technical knowledge and skills as individuals

• But also must work together by building relationships and sharing information effectively (Communication Skills)


Team Work
Engaged, Effective Teams

- Cohesiveness
- Psychological Safety
- Respect
- Civility

- Awareness & responsiveness
- Communication
- Role clarity
- Purpose & methods

Team Performance (outcomes and expectations)

Relationships

Functions
Building a High Functioning Team

• **Team Relationships**
  
  – Cohesiveness
  – Communication

• **Team Functions/Technical Skills**

  – Clarity of goal, role and means
  
  – Communication (of processes, policies, protocols and business practices)
Building Effective Teams

**Relationship**
- Cohesiveness
  - Civility
  - Respect
  - Psychological safety

**Function (Technical Skills)**
- Clarity
  - Goal
  - Role
  - Means

**Communication**
Relationship - Attributes of High Performing Teams

• Cohesiveness
  • Team members feel included
  • There is mutual support and caring
  • All members have something to contribute and feel valued for that

Accessed April 1, 2013
Technical Skills - Attributes of High Performing Teams

• **Goals Clarity**
  • The purpose of the team and any goals are clearly understood by all
  • Set explicit team goals with the members
    – Excellent patient care
    – Education goals
    – Team health (work hours, mutual support)

Accessed April 1, 2013
Means Clarity

• Identify how goals will be met
  – Use of patient daily goals sheet, for example
  – Set and keep to a schedule for rounding and teaching

• Measure progress toward goals with the team
  – Average patient wait time in office
  – Review of work hours for inpatient team members

• Debrief team function
Role Clarity

- Set clear job descriptions for team members so each member understands his/her own role
- Each member knows what is expected of themselves and other team members
- Identify the boundaries of autonomy and authority
- Set expectations for how members communicate and support each other
- Provide team members individual feedback about how they fulfill their roles and how well they support team function
- The individual role is in service to the team
Daily goals sheet- ICU team

- Patient goals
- Family communication
- Greatest safety risk? How to reduce?
- Pain management
- Mobilization
- Nutrition
- Tests/procedures
- Consultations
- Therapy changes
- Can catheters be removed?
- What remains to be done for the patient to be discharged?

ICU example of daily goals sheet

- Completing a daily goals sheet for each patient during rounds greatly improved understanding and was associated with a significant reduction of ICU length of stay.

- This technique can be adapted to other settings and include patient and/or family goals.

Building Effective Teams

Relationship
- Cohesiveness
- Civility
- Respect
- Psychological safety

Function (Technical Skills)
- Clarity
- Goal
- Role
- Means

Communication
Effective team communication is essential for high performing teams

• Improve team efficiency and efficacy.
• Enhance goals achievement.

• On the contrary, a team that does not contain effective communication skills lacks direction and encounters chaos in its functioning.

• Hackman JR. Groups that work (and those that don’t). San Francisco: Jossey-Bass, 1989.
Poor communication among team members results in reduced team performance

Engaged and Effective Teams

• Team members need to work on both relationships and functions:
  - Function (Effective): approach to work & processes and business practices
  - Relationship (Engaged): how team approaches each other

• Unexpected or new situations can impact a team’s relationships and functioning
  - “Process solutions” will NOT fix “relationship” issues that get in the way of providing quality service
  - Interpersonal effectiveness alone will NOT fix ineffective processes and business practices
Building and Assessing “Team-ness”

• Teams learn to “Act and Reflect” on their...
  • Team Relationships (civility, respect, psychological safety)
  • Team Functions (processes, policies and business practices)
  • Team Performance (outcomes and expectations)
Tools and Methods

- Team huddles for planning
- Team debriefs for After Action Reviews (AAR)
- Team norms and ground rules (team culture)
- Team evaluations for monitoring progress on “teamness”
- Regular “Team Time” – focus is the team members and their processes and relationships
  - Team Retreats
  - Team Simulations

Adopted from VHA National Center for Organization Development
Other Strategies that Enhance Teamwork

• Shared mental model
  Team discussion/consensus of how people see a process across disciplines

• Community of practice
  Structured opportunities for mutual engagement & negotiation

• Standardized communication patterns for critical events

• Checklists for complex tasks
Team Communication Failure

• Lack of balance in initiating communication
  (UK study: Nurses initiated 16 out of 20 communication events)

• Preference for face-to-face communication
  (Australia study: 80% physician ER observations face-to-face)

• Interruptions and multi-tasking (MT)
  (As high as 30% interruptions; 10% MT)
Effective team communication is essential for high performing teams

- Eliminate many misunderstandings and frustrations which develop within the team.
- Improve team efficiency and efficacy.
- Enhance goals achievement.

- On contrary, a team that does not contain effective communication skills lacks direction and encounters chaos in its functioning.
Enhance Healthcare Team Effectiveness

How?

Better Communication

What is Communication?
Communication is a Procedure

• Used most commonly
• Can be learned
• Mastery requires practice and experience
Communication

How to Communicate

What to Communicate
Communication Model: E-4

Engage
Empathize
Educate
Enlist

Find It
Fix It

(Keller & Carroll, 1994)
• E-4 builds trust

Pearson SD. JGIM. 2000
Mechanic D. JAMA 1996
Gray BH. Health Aff (Milwood). 1997
Emanuel EJ. JAMA. 1995
Thom DH. J Fam Pract. 1997
Anderson LA. Psychol Rep. 1990
Mechanic D. J Health Polit Policy Law. 1998
Engage

Nonverbal awareness

Active listening

Open-ended questions
Communication

Verbal and Nonverbal
“Communication” is:

7% words
55% facial expression
38% tone of voice

Empathy

Goal

• Listen, express interest and **understand** the meaning of what the person is saying
Educate and Enlist

Ask Permission

ASK-TELL-ASK
Communication

How to Communicate

What to Communicate
ISBAR -
A Tool for Improving Interprofessional Communication and Teamwork

- Identify
- Situation
- Background
- Assessment
- Recommendation

ISBAR (continued)

• Based on Human Factors model
• Originally from NASA (1970’s)
• Standardized Communication
• Situational Awareness
• Decision Making
• Leadership Strategies
• Effective Teamwork
• Critical Language Vocabulary and Usage
"Leaders will do the right thing; managers will do things right."

Warren G Bennis
Leader’s Role

• **Creating** a compelling vision of the future
• **Communicating** that vision effectively
• **Helping people understand and commit to it.**
Manager’s Role: Charter and Allocation

• Ensuring that the vision is implemented efficiently and successfully.
• Understanding team's role and goals. A good starting point is to put together a team charter
• Matching people and tasks: analyze the skills, experience and competencies within your team, and start matching people to tasks
Manager’s Role: Motivating Your Team

- **Theory X and Theory Y**
- People’s *varying need* when it comes to motivation.
  - Some individuals are highly self-motivated
  - while others will under-perform without managerial input.
- Utilize motivational skills
Manager’s Role: Ground Rules

• If everyone agrees on ground rules, easier to hold everyone accountable to the rules
  • How do MDs give feedback to other team members, how do other team members give feedback to MDs?
  • How are team meetings run (keeping MDs from dominating, encouraging all to participate)
  • Are decisions by consensus, by leader, by vote?
  • How deal with tardiness, excessive absences?
  • In daily work, rules for interrupting MDs
  • Conflict resolution
  • If someone violates the ground rules, what are the consequences?
Manager’s Role: Getting Teams to Talk

- Encouraging full team interdisciplinary rounds
- **Respecting** professional identities
- Bridging *learning and practice* environments with team projects
- **Decrease silo** approaches to education (Example: Team journal clubs)
Manager’s Role: Communication Skills

- Address people by name
- Talk with confidence
- Talk to your customers
- Listen attentively
- Keep it short and brief
- Convey your message through multiple methods

- Keep the message same across the team
- “No surprises" rule
- Job knowledge and technical skills
- Give regular feedback
- Win-win negotiation
- Managing Discipline
Team Member’s Role

• Understands and shares relevant information related to the project.
• Have a clear picture of their roles and responsibilities about project and anticipated outcomes.
• Share a relationship based on trust, confidence and mutual understanding.
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Communication Strategies for Team members

• **Respect** all your fellow team members
• Regular team **meetings**
• Latest project **updates** or project **issues**
• **Listening**
• **Feedback**
• Understanding personal **differences** and misunderstandings

**Conflict resolution strategies**
Effective meetings (Huddles)

• Many teams do not know how to run an effective meeting - utilize E-4 model
• Regular team/teamlet meetings
  – How often, when, how long?
• Facilitator, time keeper, note taker
• Clear agendas
• Use data
• Notes on decisions made, deadlines, who is responsible
• Review decisions/deadlines next meeting
Huddle script

• Huddle date and time: _________ (10 minutes)
• Huddle leader: _________
  1. Review patients scheduled for today. Communicate what you know about them.
  2. Ask if the provider knows of anything they anticipate needing for the visit
  3. Ask if anyone knows of a patient who is likely to be late
  4. Ask if anyone knows if a patient will likely no-show
  5. Ask how many walk-ins you can schedule for the day and where we’ll put them
  6. Ask if there are any other issues?
Other Strategies that Enhance Teamwork

- **Shared mental model**
  Team discussion/consensus of how people see a process across disciplines

- **Community of practice**
  Structured opportunities for mutual engagement & negotiation

- **Standardized communication patterns** for critical events

- **Checklists** for complex tasks
Overt and passive behaviors undermine team effectiveness and can compromise the safety of patients.

Intimidating and disruptive behaviors are unprofessional and should not be tolerated.
CREW

• Civility
• Respect
• Engagement in the Workplace
Civility and Respect
4 Basic Responses to Difficult situation

- Retaliate
- Cooperate
- Collaborate
- Isolate
- Compromise
- Dominate

TOOLS

YOUR Response
Stages of Conflicts

• **Stage 1**
  – Low in intensity
  – Focus on problem and not people
  – Specific management skills

• **Stage 2**
  – More competitive
  – Self-interest becomes more important
  – Personalities becomes issues

• **Stage 3**
  – Overt battle
  – Shift from wanting to win to wanting to hurt
SHANNON’S COMMUNICATIONS MODEL

TOOLS

BARRIERS TO COMMUNICATION

MESSAGE

FEEDBACK

LISTENER PERCEIVED

SENDER INTENDED
Johari Window
(Developed by Joseph Luft and Harry Ingham)

• The Johari Window is a communication model that can be used to improve understanding between individuals within a team or in a group setting.
# Johari’s Window

<table>
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<tr>
<th>You know</th>
<th>I know</th>
<th>I don’t know</th>
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<tr>
<td>PUBLIC or OPEN</td>
<td><strong>PUBLIC or OPEN area</strong></td>
<td><strong>BLIND spots</strong></td>
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<tr>
<td>area</td>
<td></td>
<td></td>
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<tr>
<td>PRIVATE/AVOIDED</td>
<td><strong>PRIVATE/AVOIDED area</strong></td>
<td><strong>HIDDEN/UN-DISCOVERED</strong></td>
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<tr>
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</table>
Two key elements of the Tool

• That individuals can build trust with others by disclosing information about themselves.

• That they can learn about themselves and come to terms with personal issues with the help of feedback from others.
Self-disclosure

- The process of enlarging the open quadrant **vertically** is called self-disclosure.

- As **information is shared**, the boundary with the hidden quadrant moves downwards.

- And as other people reciprocate, **trust tends to build** between them.

Be **cautious** though.
The Johari Window

- Known By Self
  - #1 Open Area
  - #2 Blind Area
  - Feedback
  - Shared Discovery
  - Self-Disclosure
  - Self-Discovery

- Unknown By Self
  - #3 Hidden Area
  - #4 Unknown Area

- Known By Others
- Unknown By Others

- Ask
  - Tell
Feedback

• The process of enlarging the open quadrant **horizontally** is one of feedback.

• Be **careful** in the way you give feedback. Some **cultures** have a very open and accepting approach to feedback. Others don't.
  – You can cause incredible offence if you offer personal feedback to someone who's not used to it.

• Be **sensitive**, and start **gradually**.
Johari’s Windows:
An excellent tool for Team Building

• If anyone is interested in learning more about this individual, they *reciprocate* by disclosing information in their hidden quadrant.

• As one's levels of confidence and self-esteem rise, it is easier to invite others to comment on one's blind spots.

• Obviously, active and empathic listening skills are useful in this exercise.
Outcomes of Using Johari’s Window

• By encouraging healthy self-disclosure and sensitive feedback, you can build a stronger and more effective team.

• Enhanced individual and team efficiency and productivity.
Other Strategies

• Coaching

• Anger management training

• Mandated civility (Joint Commission)
"I hope this bullhorn will make this meeting a little less boring."
Summary

• Team leader/manager and other members’ role

• Behavioral skills vs. technical skills

• Building effective teams require “Relationship Building skills” and “Technical skills” for effective functioning.

• Cohesiveness, Communication and Clarity of goals, roles, and means are the major attributes of highly functioning teams.
Summary

• Utilize E-4 Communication model an ISBAR along with F-2 model of technical skills.

• Huddles and ISBAR

• CREW, Stages of Conflicts and 4 ways people respond to conflicts.

Johari’s Window (Self-disclosure and feedback)
Beyond This Session.....next steps...

Choose 1 or 2 tools you will try with your healthcare team starting tomorrow?
Enhancing Communication for Effective and Efficient Healthcare Teams

Priya Radhakrishnan, MD
Chair of Medicine, Dignity Health Hospital

The failure of teams that work together is because inter-disciplinary teams speak different languages.

In linguistics, code-switching occurs when a speaker alternates between two or more languages, or language varieties, in the context of a single conversation. Multilinguals—speakers of more than one language—sometimes use elements of multiple languages when conversing with each other.

In healthcare we speak different languages based on our professions. Failure of understanding the background of the team member and the code that they speak in often results in the failure of communication.

The Institute of Medicine (IOM) Report on Health Professions and Training has identified that doctors and other health professionals lack adequate training in providing high quality healthcare to patients. The IOM called upon educators and licensing organizations to strengthen health professional training requirements in the delivery of patient-centered care. The patient-centered care model underscores the essential features of healthcare communication which relies heavily on core communication skills, such as open-ended inquiry, reflective listening and empathy, as a way to respond to the unique needs, values and preference of individual patients.

Principles of team based communication

1. Shared goals: The team—including the patient and, where appropriate, family members or other support persons—works to establish shared goals that reflect patient and family priorities, and can be clearly articulated, understood, and supported by all team members.
2. Clear roles: There are clear expectations for each team member’s functions, responsibilities, and accountabilities, which optimize the team’s efficiency and often make it possible for the team to take advantage of division of labor, thereby accomplishing more than the sum of its parts.
3. Mutual trust: Team members earn each others’ trust, creating strong norms of reciprocity and greater opportunities for shared achievement.
4. Effective communication: The team prioritizes and continuously refines its communication skills. It has consistent channels for candid and complete communication, which are accessed and used by all team members across all settings.
5. Measurable processes and outcomes: The team agrees on and implements reliable and timely feedback on successes and failures in both the functioning of the team and achievement of the team’s goals. These are used to track and improve performance immediately and over time.
Case Study

1. The Internal Medicine team, an NCQA decides to begin a home visit program to address health care disparities. The inter-disciplinary team is composed of physicians, social worker, nurses, residents, administrators. As the project developed, the group started disagreeing on the role of the different team members. The nurses were upset that the social worker over promised the access, ‘residents never answer pages”. Residents were apprehensive about home visits – what it we are attacked. The analysts charged with data collection were annoyed with the lack of data integrity.

2. The ward service is composed of a hospitalist (new junior faculty), second year resident, two interns (one who is a family medicine intern) and two students who have declared neurosurgery as their career path). The service is very busy and the hospital CEO is adamant to roll out the Discharge 2.0 where all teams are required to write discharge orders by 9am. The nurses and ward secretaries have heard that the attending does not like to discharge and remember him as a resident. The teams are overwhelmed, it seems that their patients are “rocks” and all learners feel that they are simply performing service without any learning.

Discuss using the principles of team based education to set up these teams for success.
After 25 years - Lessons Learned in Team Care

1988 Model proposed by group that was expert in Ambulatory Care

After grant request by Alan Robbins, MD PACE built at Sepulveda VAMC, and Dennis Cope, MD recruited from UCLA CHS to be Chief of PACE in 1992.
PACE

**Firm system variant** Academic Global Care Team (4 in number for all patients at hospital) designated by color (red, blue, green or yellow)

Large Health Care Teams (26 staff members)

Focused on Biopsychosocial model of care

Provides Continuity of Care

Uses informatics and quality management
Team Members:

Senior Physician
Three General Medical Internists
One Psychiatrist
Three Nurse Practitioners/Physician Assistant
Three Nurses and Two Nursing Assist.
One Social Worker
One Dietitian
Two Clinical Pharmacists
A Team Manager
Seven Clerks
One Secretary
Students from all the various disciplines
Provision of Care

Ambulatory Care is the **Hub of Care**

All practitioners must adopt a holistic definition of primary care. (Ruling out a diagnosis is not enough if the patient still has the problem).

Ideally, each team has the disciplines necessary for the provision of primary care and is supported by readily available specialists and subspecialists.
Provision of care (cont.)

**Telephone Triage** – manned by specially trained RNs. Incoming calls from pts. should be addressed and future scheduled appts. made as needed.

**PACE ambulatory care Pharmacy Program** - Clinical Pharmacist sees every patient on the team to detect polypharmacy, encourage compliance, and review prescriptions.

**Ambulatory Day Surgery Center** - to handle an ever increasing number of surgical cases without hospital admission.
Education in PACE

There are three different levels of education and training - formal programs for 1) healthcare trainees, 2) clinical and administrative staff and 3) patients.

In-service staff education is ongoing. Broad education is accomplished through team meetings and computer-assisted learning. The Patient Education Resource Center (PERC) is housed in the Ambulatory Care Center to foster patient and family self-care.
PHYSICAL EXAM

GENERAL:
SKIN:
MSE:
ENT:
NCK:
LN:
CHEST:
CARDIO:
VASCULAR:
ASD:
RECTAL:
CENTAL:
EXT:
FEET:
NEURO:

Past History
PMH: CAD, MI '92, Diabetes
FH: CABG '93, AV
SH: Cigs 2PPD x 20 yrs, cce each
FH: Father died of MI age 47

ASSESSMENT AND PLAN

Diabetes control (circle one): tight/less/poor

Orders (check all that are appropriate):
- Diabetes education class consult (includes dietary eval)
- Ophthalmologist consult
- Social work consult
- PERC (purpose):
- Labs: Fasting kidney panel, HbA1c, Fasting lipid panel,
  24 hour urine for creat clearance
  Other (specify):

Return to clinic:

Practitioner Signature

Attending Signature
COMPLAINT

HEALTH MAINTENANCE

Recently ordered tests and procedures

- 8/1/94 - Skin Test 8/8/92
- 6/25/94 - U/B/G
- 6/25/94 - PAP
- 8/2/94 - Blood Pressure
- 5/30/93 - Papanicolaou
- 7/20/93 - Urine
- 4/2/94 - CBC
- 5/30/93 - Chest X-ray

PROBLEMS

Diabetes, non-insulin dependent
Hypertension, systemic

PAP

HISTORY

(circle one) Type I Last DKA _____ Type II Duration _____ years

Current Tx:

- Problems with compliance (diet, medications, exercise, foot care)?
- Hypoglycemic reactions? yes/no (if yes, frequency?)
- Hyperglycemic sx (polyuria, polipropy, polyphagia)?
- Known complications of diabetes (circle all that apply and describe):
  - Neuropathy (autonomic/peripheral)
  - Retinopathy
  - Hypercholesterolemia
  - Impotence
  - CVA
  - CAD
  - Amputation
  - Other

Monitoring sugars at home yes/no (if yes, describe patient's readings)
(Note: for Type II diabetics on oral agents, routine home blood glucose is not indicated.)

DATE | Result |
--- | --- |
Ophthalm exam: | Quarterly |
Haemoglobin A1c: | Baseline & then yearly after 5 yrs |
24 hour urine: | Yearly |
PLR/C: | Yearly |
Lipids: | Yearly |

New complaints today:

MEDICATIONS

- GAUTRIL-500 mg
- DIOXINE-100 mg
- LOCTA-100 mg
- BLOOD PRESSURE 75/45
- TYPE 2 U/S
- WEIGHT: 240 lbs
- DAILY INSULIN: 1/4 to 3/4 INJECTIONS

Basic diabetic exam includes: foot exam (needed every visit)
Ophthalmology, Orthostatic VS, sensory, vascular exams needed yearly

ALLERGIES:

- NO KNOWN ALLERGIES

PACE NOTE

- VAF 10:00:04 v1ce SF 569
- P1-0000-0000-0000-0000

- Patient: John Q.
- 00000000001 11/04/01 RED
- BLUE ENDOD/ON 9/7/94

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