Enhancing Patient Safety through Effective Communication
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Communication in Healthcare Priority Concerns
- Institute of Medicine (IOM)
- Communication competency
- Sentinel Events
- Research
  - 2008 Study [Hospital Survey on Patient Safety Culture]
    - 41% “Things fall between the cracks”
    - 49% Important patient care information lost during shift change
    - 42% Problems with interdepartmental Hand-Off

Joint Commission Communication Standards
- C.02.01.21: The hospital effectively communicates with patients when providing care, treatment, and services.
  - The hospital identifies the patient’s oral and written communication needs.
  - The hospital communicates with the patient during the provision of care in a manner that meets the patient’s oral and written communication needs.
- RC.02.01.01: The medical record contains information that reflects the patient’s care, treatment, and services.

Communication Errors: Sources
- Nurse-Patient Relationships
- Teamwork
- Misinterpretation of information
- Technology
- MD notification
  *Hand-off Communication
Symptoms of Poor Communication

<table>
<thead>
<tr>
<th>Patients</th>
<th>Staff</th>
<th>Organization</th>
</tr>
</thead>
<tbody>
<tr>
<td>Low return rate</td>
<td>High turnover</td>
<td>Inconsistent processes</td>
</tr>
<tr>
<td>Low survey scores</td>
<td>Sub-standard performance</td>
<td>Leader turnover</td>
</tr>
<tr>
<td>Complaints</td>
<td>Low morale</td>
<td>Increased litigation</td>
</tr>
<tr>
<td>Non-compliance</td>
<td>Absenteeism</td>
<td>Increased expenses</td>
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<tr>
<td>Fear/anxiety</td>
<td>Tardiness</td>
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Communication in Healthcare

Definitions:
- Communication
  "To have an interchange, as of ideas or information" Webster’s II, 1988
- Healthcare Communication
  "Any type of human communication whose content is concerned with health." Rogers, 1996

Professional Communication

Health Communication Model

*Desired Outcomes
Satisfaction, Compliance, Success
Sender/Receiver Variables

- Communication Skills
- Attitude
- Knowledge level
- Social position
- Culture
- Feedback
- How credible receiver views sender

Threats to Communication

- Environmental
- Culture
- Patient
  - Health Situation
- Nurse

Impact of Ineffective Communication

- Patient Safety
- Patient Mistrust
- Economic
- Negative Exposure

Communication Patterns Among the Generations

<table>
<thead>
<tr>
<th>Generation</th>
<th>Description</th>
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<tbody>
<tr>
<td>Traditionalists (1922-1995)</td>
<td>Formal, face to face, resistive to technology, respects authority, &quot;This is our policy&quot;</td>
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<tr>
<td>Baby Boomers (1946-1964)</td>
<td>Less formal, face to face or phone call, not afraid to question authority, &quot;Explain please&quot;</td>
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<td>Generation X (1955-1979)</td>
<td>Informal communication, Bottom line thinkers, &quot;It is what it is&quot;</td>
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<td>Generation Y (1977-2002)</td>
<td>Want immediate and constant feedback, prefer communication through technology, &quot;Let's bypass the drama and focus on where to go from here&quot;</td>
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Strategies for Developing Competency in Communication

Barriers: Non-verbal
- Inappropriate eye contact
- Hurriedness
- Emotions
- Tone/volume of voice
- Gestures
- Technology

Barriers: Verbal
- Jargon
- Things to not say
  - I know how you feel
  - This too shall pass
  - Think about your family
  - Be strong
  - Why

Competency Tool

<table>
<thead>
<tr>
<th>Skill/Technique</th>
<th>Outcome Criteria</th>
<th>Validation Method</th>
</tr>
</thead>
<tbody>
<tr>
<td>Listening</td>
<td>• Nurse-Patient Rapport</td>
<td></td>
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<tr>
<td>Questioning</td>
<td>• Patient Compliance</td>
<td></td>
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<tr>
<td>Sensitivity</td>
<td>• MD orders implemented appropriately</td>
<td></td>
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<tr>
<td>Clear/Accurate</td>
<td>• Reduced delays in procedures/diagnostics</td>
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<tr>
<td>Adapts</td>
<td>• Patient/staff satisfaction</td>
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Validation Code:
- O = Observed
- PF = Patient Feedback
- PR = Peer Recognition
High Risk Areas for Miscommunication

- Medication administration
- Procedures/surgery
- New diagnoses
- Patient education
  *Discharge Education

High-Risk Areas for Miscommunication

- Group
- Taped
- Written
- Verbal
  - Bedside
  - Non-Bedside

Contributing Factors to Ineffective Hand-Off Communication

- No defined Process
- Lack of staff commitment
- Interruptions
- Inadequate preparation
- Inadequate staff education
Preparation

- Know admitting diagnosis
- Verify that you are calling the right MD
- Gather necessary [relevant] data
  - Vital signs, relevant labs, I&O, medications, recent interventions and results
- Review/obtain previous assessment findings
- Appropriate time/location to make call

SBAR

- S - Situation: What is happening at the present time?
- B - Background: What are the circumstances leading up to this situation?
- A - Assessment: What do I think the problem is?
- R - Recommendation: What should be done to correct the problem?

[Int]SBAR

- Introduction
  - Hello Dr. Jones, this is Pam Collins RN from 3E, I am calling about...
- Situation
  - Your patient is having severe abdominal pain that has been unrelieved by the pain medication. Her abdomen is distended and firm with decreased bowel sounds.
- Background
  - She is 3 days post-op and has not had a BM and is passing minimal flatus; her electrolytes are normal except her NA which is 130; her pulse is 110, BP 100/50 which is down from her baseline of 130/70...

[Int]SBAR

- Assessment
  - I am concerned that she may be developing an ileus or acute abdomen.
- Recommendation
  - I am thinking that we need to get an abdominal X-ray, maybe some fluids...
Strategies for Hand-Off Communication

- Clear language
  - Avoid vagueness
  - Professional language
- Content
  - Relevance
  - Interactive questioning
  - Patient centered
- Standardized Reporting
  - SBAR

When Should SBAR be Performed?

Should All SBAR Communications be Documented?

Documentation and Patient Safety

- Document all pertinent communications
- Adhere to [facility] documentation method
- Document specifics
- Read documentation

Questions

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REFERENCES


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