Communication: Strategies for Success in the Health Care Environment

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“Communication breakdown, It’s always the same. I’m having a nervous breakdown, Drive me insane.”

- Led Zeppelin
How Bad Is It?

Alzheimer’s patient dies from nursing home fight

>50% Healthcare Workers surveyed...

Yet, 90% ...

Failed to discuss their concerns

Why So Quiet?

A majority of healthcare workers:
- Believe it is not their duty or responsibility to call attention to these issues
- Feel that the repercussions from having a conversation about the actions or mistakes they witnessed outweighed the benefit

Researchers found the 10% who do speak up achieve positive outcomes for their patients, their facilities and themselves

Frequent Allegations Made Against Facilities

- Failure to follow physician’s orders
- Failure to inform Physician
- Medication Error
- Failure to Monitor
- Delay in seeking medical treatment failure to diagnose
- Failure to treat
- Clinical incidents:
  - Elopement
  - Pressure Ulcer
  - Improper Care
  - Resident Fall
**Adverse Events**

**Adverse Events:** harm from medical care rather than an underlying disease

- **Preventable adverse events:** Those that occurred due to error or failure to apply an accepted strategy for prevention.
- **Ameliorable adverse events:** Events that, while not preventable, could have been less harmful if care had been different.
- **Adverse events due to negligence:** Those that occurred due to care that falls below the standards expected of clinicians in the community.

**Near Misses**

**Near miss:** an unsafe situation that is indistinguishable from a preventable adverse event except for the outcome. A patient is exposed to a hazardous situation, but does not experience harm either through luck or early detection.

*Although near-miss events are much more common than adverse events—as much as 7–100 times more frequent—reporting systems for such events are much less common.*
2nd Victim Syndrome

• Second Victim - healthcare providers involved in an adverse patient event themselves become traumatized by the event

Possible reactions to adverse event

Physical Reactions: Elevated heart rate & blood pressure, excessive fatigue, hives, or insomnia

Psychosocial Symptoms: Anger, frustration, decreased job satisfaction, loss of confidence in work ability, difficulty concentrating

Flashbacks of the event where they constantly ask “what if” questions and relive the event

Depression can occur (in severe cases)

If workers do not find a way to cope effectively through the trauma, they may ultimately end up leaving the profession.

How to Combat Second Victim Syndrome

• Provide support to employees in time of need
• Encourage employees to talk about their feelings related to the event with their leadership team and coworkers
• Offer a post-event debriefing as soon as possible with all staff that was present for the event, allowing them to tell their story. Be sure to offer encouragement and reassurance
• Provide employees with available resources to help them cope if they feel they need more professional help - the Employee Assistance Program (EAP).
• Medically Induced Trauma Support Services website (www.mitss.org) offers free resources from their tool kit.

At the center of all of these...

COMMUNICATION
Reporting errors that result in harm, as well as seemingly trivial errors and near misses, has the potential to strengthen the processes of care and improve the quality of care afforded patients.

Breaking the Code of Silence

In other words…

COMMUNICATION

Function of Communication

What is Communication? The transference and the understanding of meaning

- Control Member Behavior
- Provide a release for emotional expression
- Foster Motivation for what is to be done
- Provide information needed to make decisions
The Communication Process

• The Sender – initiates message
• Encoding – translates thought to message
• The Message – what is communicated
• The Channel – the medium the message travels through
• Decoding – the receiver’s action in making sense of the message
• The Receiver – person who gets the message
• Noise – things that interfere with the message
• Feedback – a return message regarding the initial communication

Interpersonal Communication

<table>
<thead>
<tr>
<th>Advantages</th>
<th>Disadvantages</th>
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<tr>
<td>Oral Communication</td>
<td>Distortion of the message</td>
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<tr>
<td>• Speed &amp; Feedback</td>
<td>• Time-consuming and lacks feedback</td>
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<tr>
<td>Written Communication</td>
<td></td>
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<tr>
<td>• Tangible and verifiable</td>
<td></td>
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<tr>
<td>Nonverbal Communication</td>
<td>• Misperception of body language or gestures can influence receiver’s interpretation of message</td>
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<td>• Supports other communications &amp; provides observable expression of emotions/feelings</td>
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Types of Communicators

PASSIVE COMMUNICATOR

- Avoids expressing opinions or feelings, protecting rights, and identifying and meeting needs
- Does not respond overtly to hurtful or anger-inducing situations
- Allows grievances and annoyances to mount, usually unaware of the buildup
- Once tolerance threshold for unacceptable behavior reached, are prone to explosive outbursts

IMPACT: LIMITED

AGGRESSIVE COMMUNICATOR

- Expresses feelings and opinions and advocates for needs in a way that violates the rights of others.
- Generally is verbally and/or physically abusive.
- Tries to dominate others
- Uses humiliation to control others
- Criticizes, blames, or attacks others
- Speaks in a loud, demanding, and overbearing voice
- Does not listen well & interrupts frequently

IMPACT: FEAR/HATRED
Types of Communicators

Passive-Aggressive Communicator

- Appears passive on the surface, really acting out anger in a subtle, indirect, or behind-the-scenes way
- Incapable of dealing directly with object of resentment
- Undermines the object of resentments
- Uses sarcasm
- Appears cooperative, while purposely doing things to annoy and disrupt
- Denies there is a problem

**IMPACT:** ALIENATION

Assertive Communicator

- States needs and wants clearly, appropriately, and respectfully
- Expresses feelings clearly, appropriately, and respectfully
- Communicates respect for others
- Listens well without interrupting
- Is competent and in control

**IMPACT:** CREATES A RESPECTFUL ENVIRONMENT FOR OTHERS TO GROW & MATURE
Barriers to Communication

Filtering
- Sender’s manipulation of information so it will be seen more favorably by receiver

Selective Perception
- People selectively interpret what they see on the basis of their interests, background, experience, and attitudes

Information Overload
- Condition in which information inflow exceeds an individual’s processing capacity

Emotions
- How a receiver feels at the time a message is received will influence how the message is interpreted

Barriers to Communication

Language
- Words have different meanings to different people.

Communication Apprehension
- Undue tension and anxiety about oral communication, written communication, or both

Gender Differences
- Men tend to talk to emphasize status while women talk to create connections
Communication Planning

TeamSTEPPS® Long-Term Care Version

The Long-Term Care version of TeamSTEPPS adopts the core concepts of the TeamSTEPPS program to reflect the environment of nursing homes and other long-term care settings such as assisted living and continuing care retirement communities. The examples, discussions, and exercises below are tailored to the long-term care environment. Keys to success at each phase include involvement of the right people, use of information-driven decision making, and careful planning before acting. The following paragraphs provide an overview of each of the phases including goals and objectives, key actions, and recommended tools and resources.

Overview

The Department of Defense (DoD) and the Agency for Healthcare Research and Quality (AHRQ) have developed TeamSTEPPS, a teamwork system that offers a powerful solution for improving collaboration and communication in healthcare settings.

Communication Vital to Patient Safety

2017 Nursing Care Center National Patient Safety Goals

- Identify residents correctly: 
  - NPSG.01.01.01

- Use medications safely:
  - NPSG.02.01.01

- Prevent falls and fall injuries:
  - NPSG.03.01.01

- Prevent pressure ulcers:
  - NPSG.04.01.01

- Prevent infections:
  - NPSG.05.01.01

- Prevent incidents involving theft:
  - NPSG.06.01.01

- Prevent incidents involving abuse:
  - NPSG.07.01.01

- Prevent incidents involving neglect:
  - NPSG.08.01.01

These goals are part of the Joint Commission’s National Patient Safety Goals, which are designed to improve patient safety in healthcare settings. Each goal is supported by specific standards and guidelines that healthcare organizations are required to follow to ensure patient safety.
Nurse & Staff Communication

- Nursing utilizes constant communication between the nurse and their residents, resident’s families, co-workers, supervisors, and others.

- Communication in Nursing can be a complicated process and the possibility of sending or receiving incorrect messages frequently exists.

- Know the key components of the communication process, how to improve skills, and the potential problems that exist with communication errors.

Improving Nurse & Staff Communication

- **Honesty**: don’t say you are going to do something unless you mean it.

- **Body language, eye contact, and tone of voice**: up to 80% of communication is non-verbal.

- Be aware of **cultural differences** and how attitude may be interpreted.

- Be **empathetic**.

- **People** do not always remember names but they will always remember how they were treated.
Nurse to Doctor Communication

Barriers to Effective Communication

• Nurses’ View:
  • Feeling hurried by the physician (most frequent)
  • Lack of physician openness to communication
  • Logistic challenges
  • Lack of professionalism
  • Language barriers
  • Physician interruptions before nurses finished reporting on a resident
  • Physician’s failure to return calls or call back in a timely manner
  • Covering physicians not familiar with a particular resident

• Doctor’s (MD) View:
  • Inadequate preparation on the part of the nurses led to physician frustration, which led to ineffective communication

*Joint Commission, “National Patient Safety Goals”

Joint Commission Recommendations

• How to Improve Communications:
  – Nurses should be prepared for calls to physicians, communicate clearly, explain the reason for the call, and state clearly what is needed from the physician
  – Report critical results of tests and diagnostic procedures on a timely basis
  – Develop and implement written procedures for managing the critical results of tests and diagnostic procedures
C.H.A.T. Communication Technique

CHAT
Chief Complaint, Context, Code Status
History
Assessment/exam
Talk with the physician to agree on a plan

Focus group reported after CHAT implemented:
- Nurses reported increased satisfaction
- On-call physicians more likely to transfer a patient to ED or come to the facility to evaluate a patient

Communicate, Communicate, Communicate

- Effective communication essential in patient care

- Due to complex nature of the care of nursing home residents and overlay of emotions that families often bring, the long-term care setting is one of the most challenging of health care settings in which to create true dialogue between all involved parties

- All clinical personnel in long-term care settings must learn to communicate in ways that establish therapeutic relationships and support successful interventions
QUESTIONS?