



Communication safety in Healthcare Services



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Objectives

1. *Identify the relation between communication and patient safety*
2. *Identify the component of communication*
3. *Identify barriers in communications*
4. *Identify the Required Healthcare
Organizational Practices for Safe Healthcare
Communication*



We will answer the following Questions:

- 1. What is Communication?*
- 2. Why Communication in Healthcare?*
- 3. How we Communicate?*
- 4. What are the Patient Safety Concern in Healthcare Communication?*



Do you think we
all have Effective
Safe
Communication?



Communication

- From Latin *commūnicāre*, meaning "to share".



The background of the slide features several thin, curved lines in shades of gray, some solid and some dashed, creating a sense of motion and depth. On the left side, there is a blue graphic element consisting of a horizontal bar and a larger square below it, with a small triangular pointer at the bottom center.

Effective Communication

“Effective communication **is not only** about conveying a message that you want to say. ***It is about conveying the message so that other people understand and respond to it***”.

Someone Said

- Not every thing that said is heard
- Not everything is heard is understood
- Not everything that is understood is agreed upon
- Not everything that is agreed upon will be responded to.

Leading Healthcare Quality Organizations



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*Agency for Healthcare
Research and Quality*



**Joint Commission
International**



January 2018

Version 2

Accreditation Standards for Medical Centers



8.3 The patient and his/her family are given the following necessary education and information by healthcare professionals as appropriate:

- 8.3.1 Giving the patient appropriate information about their illness and complications that might happen.
- 8.3.2 Teaching the patient infection control practices, especially basic hand washing.
- 8.3.3 Explaining the necessary treatments and procedures and providing pamphlets or diagrams if available.
- 8.3.4 Explaining and teaching the appropriate and safe use of the medical equipment or appliances with return demonstration.
- 8.3.5 Any surgical/minor procedure needed, its benefits and potential risks involved with the procedure.
- 8.3.6 The pre- preparations needed and their importance.
- 8.3.7 Postoperative/post procedure care, i.e., breathing exercises, diet and wound care.
- 8.3.8 The necessary medications that are needed to be given pre and post-procedure, the medication's potential side effects, and food/drug interactions.
- 8.3.9 The medications used to treat an illness, the frequency of taking the medication, the side effects, and precautions.
- 8.3.10 X-ray procedures; their benefits and the potential risks involved.
- 8.3.11 Explaining the conditions in which the patient needs to seek medical assistance and how to access it, if necessary.
- 8.3.12 Ensuring that patients attend his/her follow up appointment.
- 8.3.13 Informing the patient about community resources for additional care and how to access emergency services, if necessary.

Healthcare Communication

- Healthcare communication is two way sharing of information between two parties:
 - Healthcare Provider to Provider
 - Healthcare Provider to/from Recipient of Care



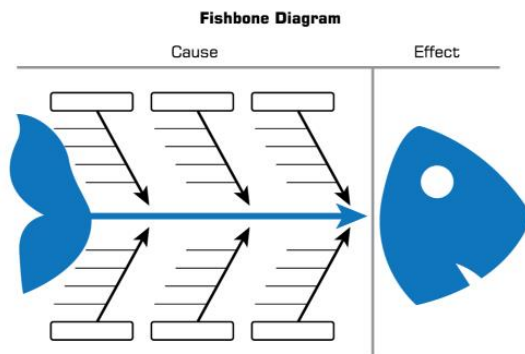
Research Evidenced

- ***strong positive relationships*** between a healthcare team member's ***communication skills and a patient health outcome.***



Research Evidenced

- Research conducted during 10 years demonstrated ***ineffective healthcare team communication is the root cause for nearly 66% of all medical errors.***





Research Evidenced

- *ineffective healthcare team communication is the root cause for nearly 66% of all medical errors.*



Communication and Malpractice Risk



- According to the claims of Huntington and Kuhn:
 - One out of four (25%) malpractice cases reported **poor delivery of medical information**



Communication and Malpractice Risk

- According to the claims of Huntington and Kuhn:
 - 13% malpractice cases citing **poor listening** on the part of the physician.

Do we think
Communication
Problem is An
Inevitable Event?





BARRIERS TO EFFECTIVE COMMUNICATIONS

Communication Barriers

Perception &
Assumptions

Vagueness &
shortage of
data

Environment

Channel of
communication

Body language

Poor Listening

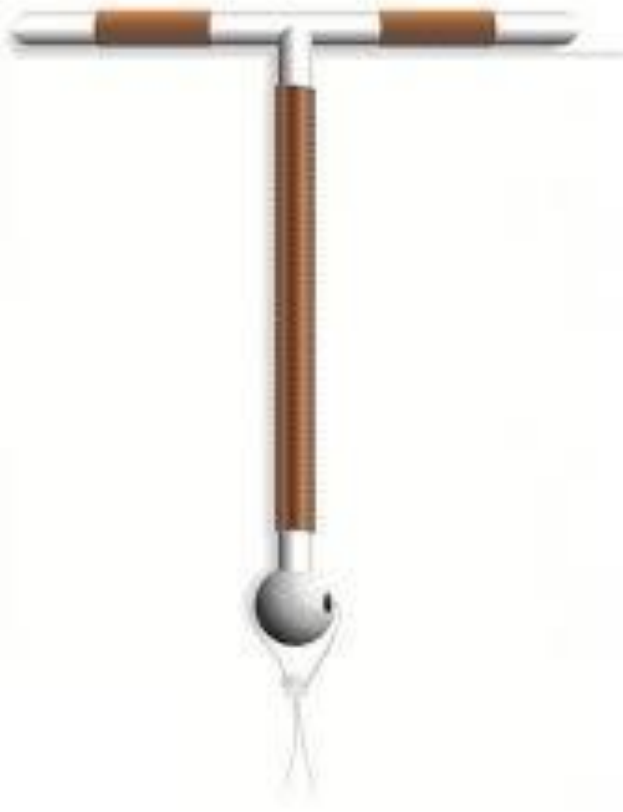
Communication Barriers: Perception



Communication Barriers: Perception



IUD Perception

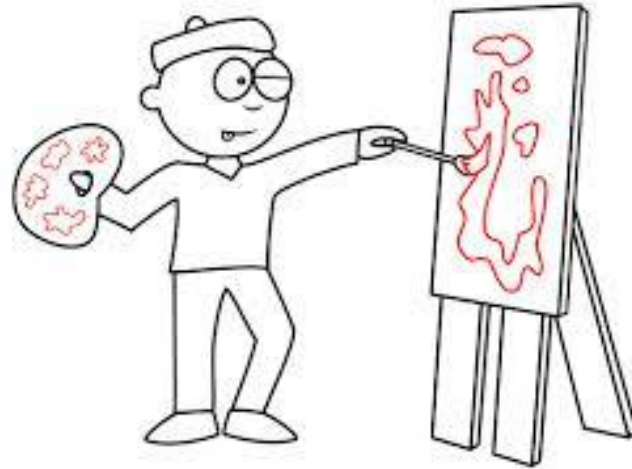


Vagueness & shortage of data.



Exercise: Draw an Animal

- Please Draw Animal that have the following features:
 - One Head
 - Two Ears
 - One Nose
 - Body
 - One Tail
 - Four legs



Communication Environment





What Is Your **Hidden Language** Saying?



Body Language

THE TIMELESS INTERNATIONAL BESTSELLER



MEN ARE FROM MARS, *Women Are from Venus*

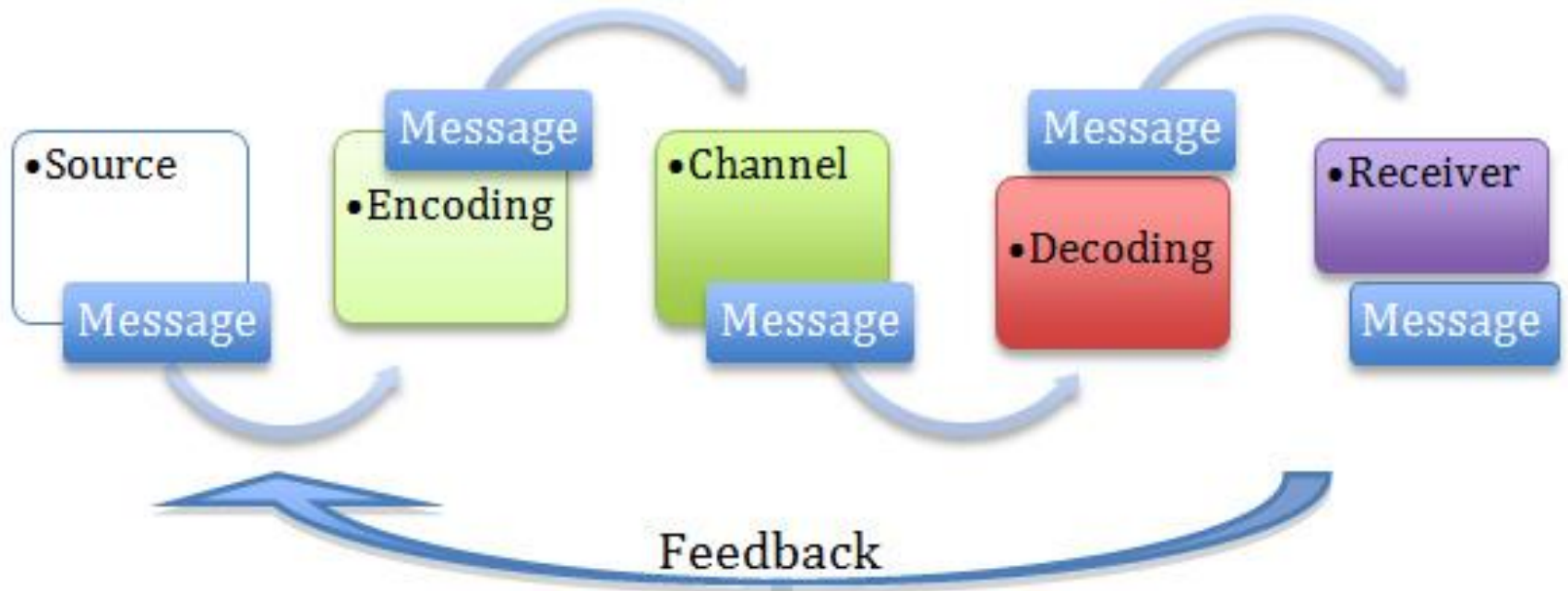
THE CLASSIC GUIDE TO
UNDERSTANDING THE OPPOSITE SEX

JOHN GRAY, Ph.D.

Communication Barriers:

It is not About the Nail

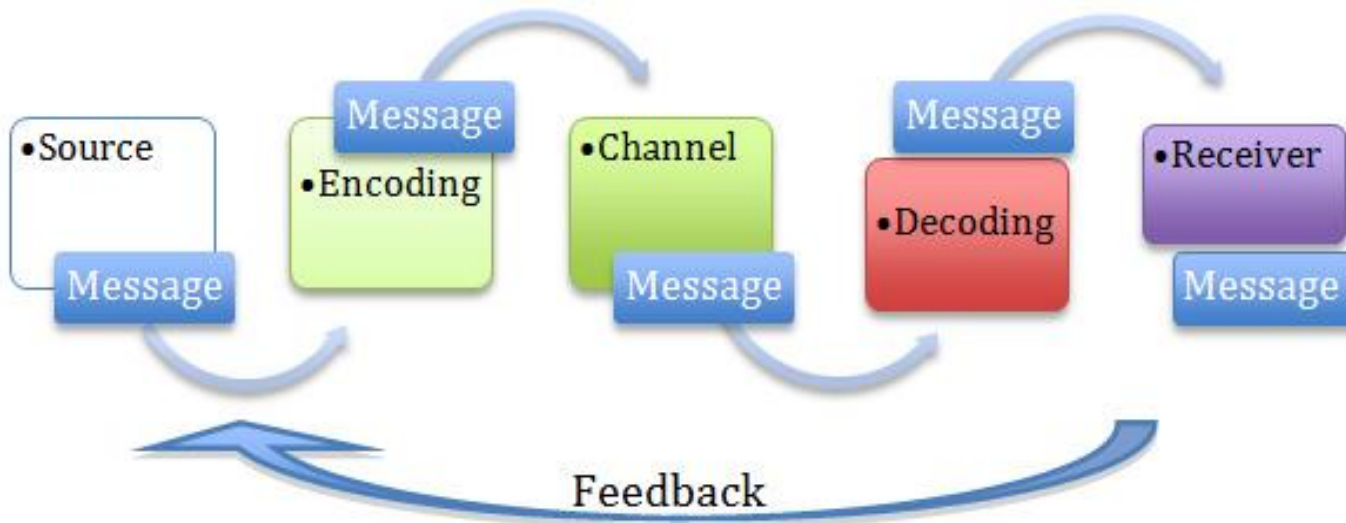




COMMUNICATION PROCESS

Communication Process

- There are several stages that offer potential barriers to Effective and Successful Communication

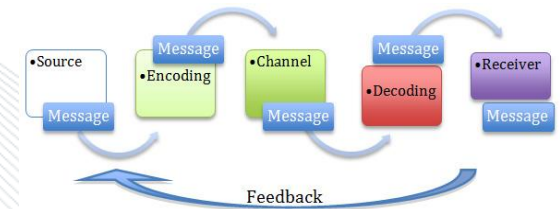


The Source



- What you want to communicate?
- Why you are communicating?
- What result is expected?

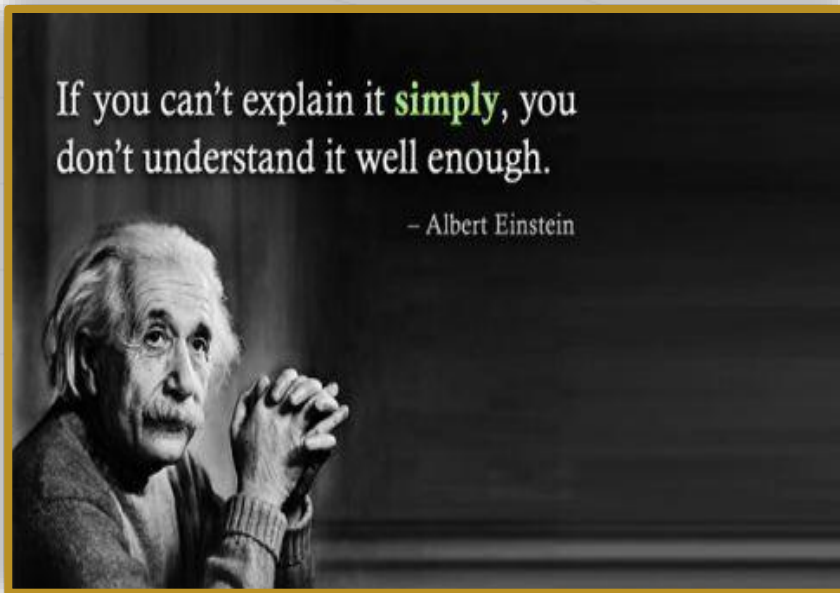
- **What?** Reporting Critical Result
- **Why?** To manage patient early and save patient life
- **Expected Result?** Medical doctor will contact patient to take the necessary action



The message



- The information.
- If you can not summarize the message, you are not ready for communication.



Encoding

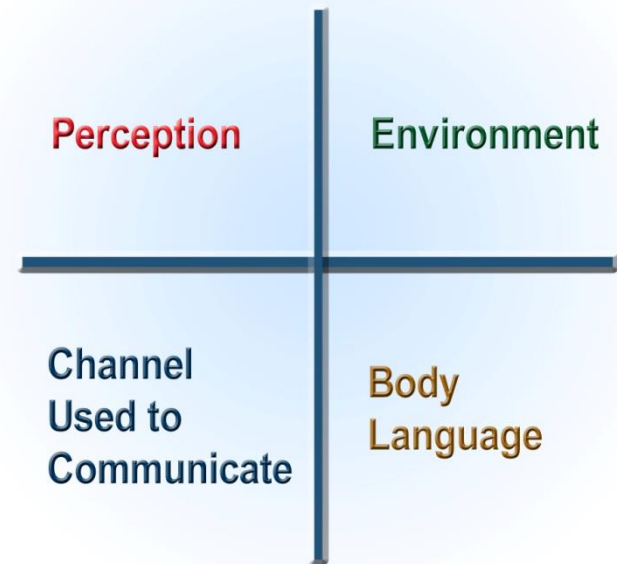
- Transferring the information into a FORMATE that can be shared and understood by the other party.



Encoding

- Hit the Barriers.
- Send the Complete Information
- Know your audience
- Use proper language
- Address background

Barriers to Effective Communication



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The Channel

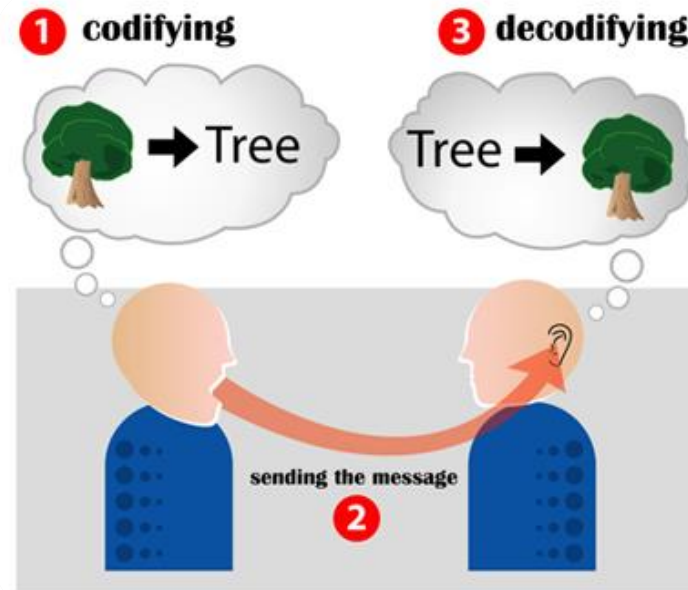
The method of communication:

- Face-to-Face
- Telephone
- Email
- Text message
- Fax
- etc ...



Decoding

- Listen actively
- Ask clarifying questions
- Read and comprehend



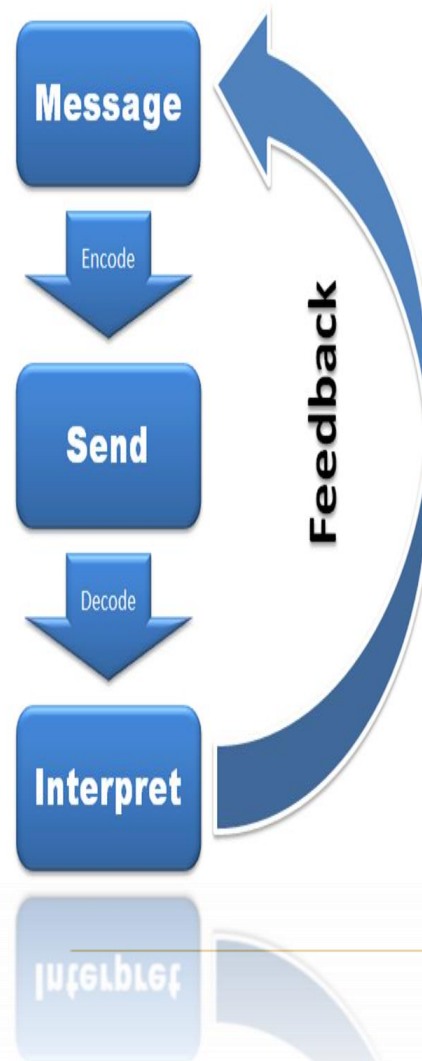
Receiver

- Understand audience perception, experience, expectation & opinion.
- Address audience concern and benefits



Feedback

- Face-to-face:
 - body language or question
- By writing:
 - work done



- Help to assess the communication effectiveness
- Know what worked well and what did not
- Find opportunity to be efficient the next time.



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Patient Safety Priorities

The Required Organizational Practices



ACCREDITATION
CANADA

COMMUNICATION

Improve effective and coordinated communication among service providers and recipients of care



The Required Organizational Practices



Two client identifiers

Name, ID Number, Gender,



Safe surgery Practices

- Sign in, Time out, Sign out



Dangerous abbreviations

(Do not Do List)



Medication reconciliation:

- At admission, transfer and discharge



Transfer of Client information at a transition point

- SBAR, Reed Back

Two client Identifier

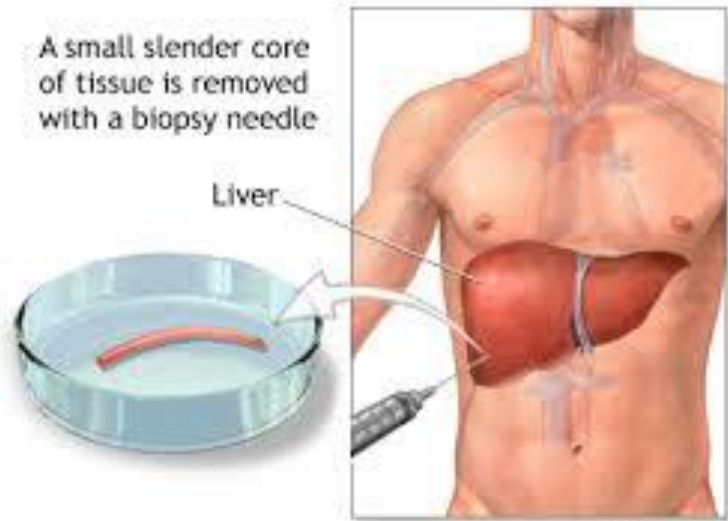


The Medico-Legal Case of Client Identifier

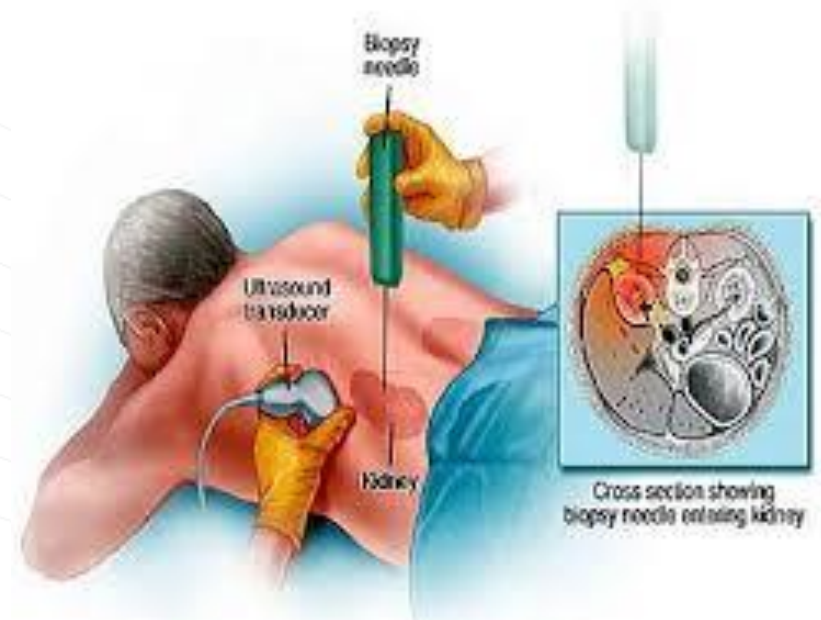


Two Patient Identification

Liver Biopsy



Renal Biopsy



Surgical Safety Checklist



World Health
Organization

Patient Safety

A World Alliance for Safer Health Care

Before induction of anaesthesia

(with at least nurse and anaesthetist)

Has the patient confirmed his/her identity, site, procedure, and consent?

☐ Yes

Is the site marked?

☐ Yes
☐ Not applicable

Is the anaesthesia machine and medication check complete?

☐ Yes

Is the pulse oximeter on the patient and functioning?

☐ Yes

Does the patient have a:

Known allergy?

☐ No
☐ Yes

Difficult airway or aspiration risk?

☐ No
☐ Yes, and equipment/assistance available

Risk of >500ml blood loss (7ml/kg in children)?

☐ No
☐ Yes, and two IVs/central access and fluids planned

Before skin incision

(with nurse, anaesthetist and surgeon)

☐ **Confirm all team members have introduced themselves by name and role.**

☐ **Confirm the patient's name, procedure, and where the incision will be made.**

Has antibiotic prophylaxis been given within the last 60 minutes?

☐ Yes
☐ Not applicable

Anticipated Critical Events

To Surgeon:

☐ What are the critical or non-routine steps?
☐ How long will the case take?
☐ What is the anticipated blood loss?

To Anaesthetist:

☐ Are there any patient-specific concerns?

To Nursing Team:

☐ Has sterility (including indicator results) been confirmed?
☐ Are there equipment issues or any concerns?

Is essential imaging displayed?

☐ Yes
☐ Not applicable

Before patient leaves operating room

(with nurse, anaesthetist and surgeon)

Nurse Verbally Confirms:

☐ The name of the procedure
☐ Completion of instrument, sponge and needle counts
☐ Specimen labelling (read specimen labels aloud, including patient name)
☐ Whether there are any equipment problems to be addressed

To Surgeon, Anaesthetist and Nurse:

☐ What are the key concerns for recovery and management of this patient?

JCAHO's "do not use" list

To comply with Goal 2, hospitals are required develop a list of abbreviations, acronyms, and symbols that must not be used in orders or other medication-related documentation that are handwritten, are entered into a computer, or appear on pre-printed forms. JCAHO has created its own "do not use" list that facilities can emulate.

Do not use	Potential problem	Use instead
U (unit)	Mistaken for "0" (zero), the number "4", or "cc"	Write "unit."
IU (international unit)	Mistaken for IV or the number 10	Write "International Unit."
Q.D., QD, q.d., qd (daily) and Q.O.D., QOD, q.o.d., qod (every other day)	Mistaken for each other. Period after the Q mistaken for "I" and the "O" mistaken for "l"	Write "daily" or "every other day."
Trailing zero (X.0 mg) Lack of leading zero (.X mg)	Decimal point may be missed.	Write "X mg" or "0.X mg." (Trailing zero may be used only when required to demonstrate the level of precision of the value being reported, such as for lab results, imaging studies that report the size of lesions, or catheter/tube sizes.)
MS	Can mean morphine sulfate or magnesium sulfate	Write "morphine sulfate" or "magnesium sulfate."
MSO ₄ and MgSO ₄	Mistaken for each other	Write "morphine sulfate" or "magnesium sulfate."

In addition, JCAHO is considering the following items for inclusion on its do not use list: All abbreviations for drug names; the symbols "<" (less than), ">" (greater than), and "@" (at); the abbreviations "cc" and "µg"; and apothecary units. While these items are not currently prohibited, eliminating them now will make it easier to meet this requirement if JCAHO does add them to the list in coming years.

Source: Joint Commission on Accreditation of Healthcare Organizations. "The official Do Not Use list." 2006. www.jointcommission.org/PatientSafety/DoNotUseList2006 (11 Sept. 2006).



MEDICATION RECONCILIATION

At Admission, Transfer and Discharge



The Required Organizational Practices

**TRANSFER OF CLIENT INFORMATION AT A
TRANSITION POINT: SBAR, REED BACK**

TeamSTEPPS

Team Strategies & Tools to Enhance Performance & Patient Safety

SBAR is a structured communication model for providing patient information. It ensures complete information transfer, and provides the receiver a structure for remembering the details that they heard.

S **ITUATION**
What is the situation?



Dr. Smith, I have Eddie Thomas in Room 6.

B **ACKGROUND**
What is the clinical background?

Eddie Thomas is a 56-year old with congestive heart failure, multiple ED visits. He looks pale and diaphoretic. BP is 90/65 verified with manual cuff. Pulse 110. We've got him on O2.

A **SSESSMENT**
What is the problem?

I think he may be having an MI.

R **EQUEST/
ECOMMENDATION**
**What do I recommend/
request to be done?**

We need you to see him now.



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I	Identify- Identify self name, position, location and who you are talking to Identify patient name, age, sex, location	
S	Situation- State purpose "The reason I am calling is"	
	If urgent—say so	eg "This is urgent because the patient is unstable with a BP of 90."
B	Background- Tell the story current problem	
	Relevant history Relevant examination Relevant test results Management	If urgent: Relevant vital signs Current management
A	Assessment- State what you think is going on	
	eg "So the patient is febrile and I can't find a source of infection"	Urgent eg "The patient seems to be deteriorating, I think they may be bleeding"
R	Request- State request	
	eg "I'd like your opinion on the most appropriate test"	eg "I need help urgently, are you able to come?"



THE 18 SAFETY TARGETS



Discontinuities, Gaps, and Hand-Off Problems

Implementing Effective Handoff and Signout Protocols: I-PASS



Identify Patient & illness severity

- Identify Patient name, age, sex, etc...
- Identify illness severity, one-word summary of patient acuity ("stable" or "unstable")

Patient summary

- brief of patient's diagnoses & treatment plan

Action list

- to-do items, to be completed by clinician receiving signout

Situation awareness and contingency plans

- directions to follow in case of changes in patient's status, often in an "if—then" format

Synthesis by receiver

- an opportunity for receiver to ask questions and confirm the plan of care

The International Patient Safety Goals



Goal 2: Improve Effective Communication

Standard IPSG.2

- The hospital develops and implements a process to improve the effectiveness of verbal and/or telephone communication among caregivers.
 - **Standard IPSG.2.1**
 - The hospital develops and implements a process for reporting critical results of diagnostic tests.
 - **Standard IPSG.2.2**
 - The hospital develops and implements a process for handover communication.

National Essential Safety Requirements



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المتطلبات الوطنية الأساسية
لسلامة المرضى

National Essential Safety
Requirements



CBAHI

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of Healthcare Institutions



Essential Safety Requirements

QM.17

- The hospital has a process to ensure correct identification of patients



Essential Safety Requirements

QM.18

- The hospital has a process to prevent wrong patient, wrong site, and wrong surgery/procedure

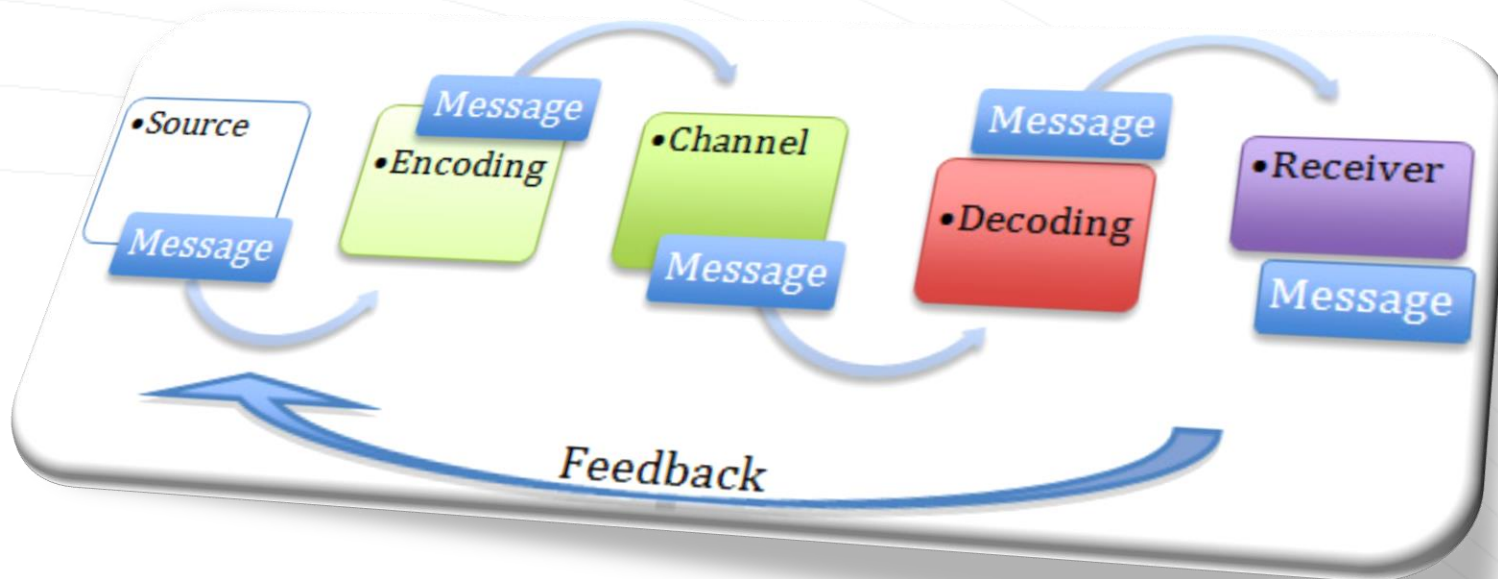
Surgical Safety Checklist		
World Health Organization		Patient Safety A World Alliance for Safer Health Care
Before induction of anaesthesia (with at least nurse and anaesthetist)	Before skin incision (with nurse, anaesthetist and surgeon)	Before patient leaves operating room (with nurse, anaesthetist and surgeon)
Has the patient confirmed his/her identity, site, procedure, and consent? <input type="checkbox"/> Yes	<input type="checkbox"/> Confirm all team members have introduced themselves by name and role. <input type="checkbox"/> Confirm the patient's name, procedure, and where the incision will be made.	Nurse Verbally Confirms: <input type="checkbox"/> The name of the procedure <input type="checkbox"/> Completion of instrument, sponge and needle counts <input type="checkbox"/> Specimen labelling (read specimen labels aloud, including patient name) <input type="checkbox"/> Whether there are any equipment problems to be addressed
Is the site marked? <input type="checkbox"/> Yes <input type="checkbox"/> Not applicable	Has antibiotic prophylaxis been given within the last 60 minutes? <input type="checkbox"/> Yes <input type="checkbox"/> Not applicable	To Surgeon, Anaesthetist and Nurse: <input type="checkbox"/> What are the key concerns for recovery and management of this patient?
Is the anaesthesia machine and medication check complete? <input type="checkbox"/> Yes	Anticipated Critical Events To Surgeon: <input type="checkbox"/> What are the critical or non-routine steps? <input type="checkbox"/> How long will the case take? <input type="checkbox"/> What is the anticipated blood loss? To Anaesthetist: <input type="checkbox"/> Are there any patient-specific concerns? To Nursing Team: <input type="checkbox"/> Has sterility (including indicator results) been confirmed? <input type="checkbox"/> Are there equipment issues or any concerns?	
Is the pulse oximeter on the patient and functioning? <input type="checkbox"/> Yes	Is essential imaging displayed? <input type="checkbox"/> Yes <input type="checkbox"/> Not applicable	
Does the patient have a: Known allergy? <input type="checkbox"/> No <input type="checkbox"/> Yes		
Difficult airway or aspiration risk? <input type="checkbox"/> No <input type="checkbox"/> Yes, and equipment/assistance available		
Risk of >500ml blood loss (7ml/kg in children)? <input type="checkbox"/> No <input type="checkbox"/> Yes, and two IVs/central access and fluids planned		

This checklist is not intended to be comprehensive. Additions and modifications to fit local practice are encouraged.

Revised 1 / 2009

© WHO, 2009

Share with us one single common barrier in your communication







thank you

Abdalla Ibrahim

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