Communication gaps and patient safety

By Samantha Li and Certina Ho

Communication gaps between patients and different health care providers (HCPs) are negatively impacting patient safety. A total of 134 medication incidents associated with moderate to severe harm between 2009 to 2017 were extracted from the Institute for Safe Medication Practices Canada (ISMP Canada) Community Pharmacy Incident Reporting (CPhIR) program (http://www.cphir.ca), of which 58 per cent involved communication gaps. Communication gaps occurred between patients and HCPs (for example, physicians, pharmacists, nurses, etc.) or among HCPs. These gaps included incomplete verbal or written communication, or lack of communication. In some of these incidents, communication gaps had led to severe harm, such as hospitalization or even death. Figure 1 is an example of a medication incident that involves various degrees of communication gaps.

CURRENT CHALLENGES

Ineffective communication skills

Advancement in technology has facilitated instantaneous communication globally (for example, text messages or instant messages via social media, etc.). However, as people communicate more frequently, the form of content becomes increasingly superficial and ineffective. This is apparent in the digital world but is also influencing in-person communication skills. Can poor communication skills, amongst patients and HCPs, compromise quality of care, and patient safety? Time is the largest barrier to communication. Communication is a critical competency for HCPs. An open dialogue with patients will facilitate a stronger patient-HCP relationship and may also allow for better gathering of patient information. However, HCPs are often challenged with limited face-to-face or contact time with patients. Decreasing time with patients may negatively affect their ability for patients and HCPs to build a relationship and also patient safety. It is uncommen that each patient sees their HCP for a mere 20 minutes; and in some health professions, even less than that. How can patients and HCPs optimize the limited time that they spend together?

RECOMMENDATIONS

Preparing for the appointment

Patients are the common denominator among interactions of all members of the circle of care. Patients need to be educated on inquiring for the necessary information from their HCPs, such as, whether there are any changes in their medication(s), the nature of the changes in their therapy, and what actions are required on their part in case of patients. HealthLinkBC has printable patient reference sheets that will guide patients with communicating and asking important questions during different appointments (for example, new admission, follow-up appointment, etc.) HCPs should ensure that their patients fully understand what happens during the encounter. Techniques such as “show and tell” counselling and “teach back” patient education can help HCPs gauge the patient’s understanding. In addition, ISMP Canada, the Canadian Patient Safety Institute, Patient Safety Canada, the Canadian Pharmacists Association and the Canadian Society for Hospital Pharmacists collaborated and developed a set of five questions to help patients start a conversation about their medications to improve communications with their HCPs (such as phone calls and faxes) are not effective, not timely, and may overload HCPs with paper. Our HCPs need better clinical tools to facilitate direct communication. The gold standard would be a fully functional e-health system. HCPs will then have ready access to the patient’s health and medication records. This will allow the patient to access the “full picture” of a patient’s history and would be especially useful if a patient is not aware of the health condition(s) and medication(s).

CONCLUSION

The current state of the system is that HCPs are not communicating effectively, with each other or with the patient. The inherent nature of society’s current way of communication largely hinges upon technology and networking. It is therefore prudent to leverage technology and evolve our current tools in order to be able to even begin delivering the highest possible standards of the future for patient care and safety.

The solutions are not by any means novel. Some are even obvious and simple. In the meantime, HCPs should design patient tools to facilitate direct communication with each other and with the patient. The hierarchy of effectiveness (Figure 2) demonstrates that merely expecting individuals to communicate, provide/receive education and information is superficially, the most feasible, yet the least effective and sustainable solution. So why not use a high leverage solution, such as technology, to approach the problem and facilitate lasting change?

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