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

Figure 2 – Hierarchy of effectiveness

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-time or contact time with patients. Decreasing time with patients may negatively affect the ability for patients and HCPs to build a relationship and also patient safety. It is not uncommon 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 as patients. HealthLinkBC has printable patient reference sheets that will guide patients with communication and asking important questions during different appointments (for example, new ailment, 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
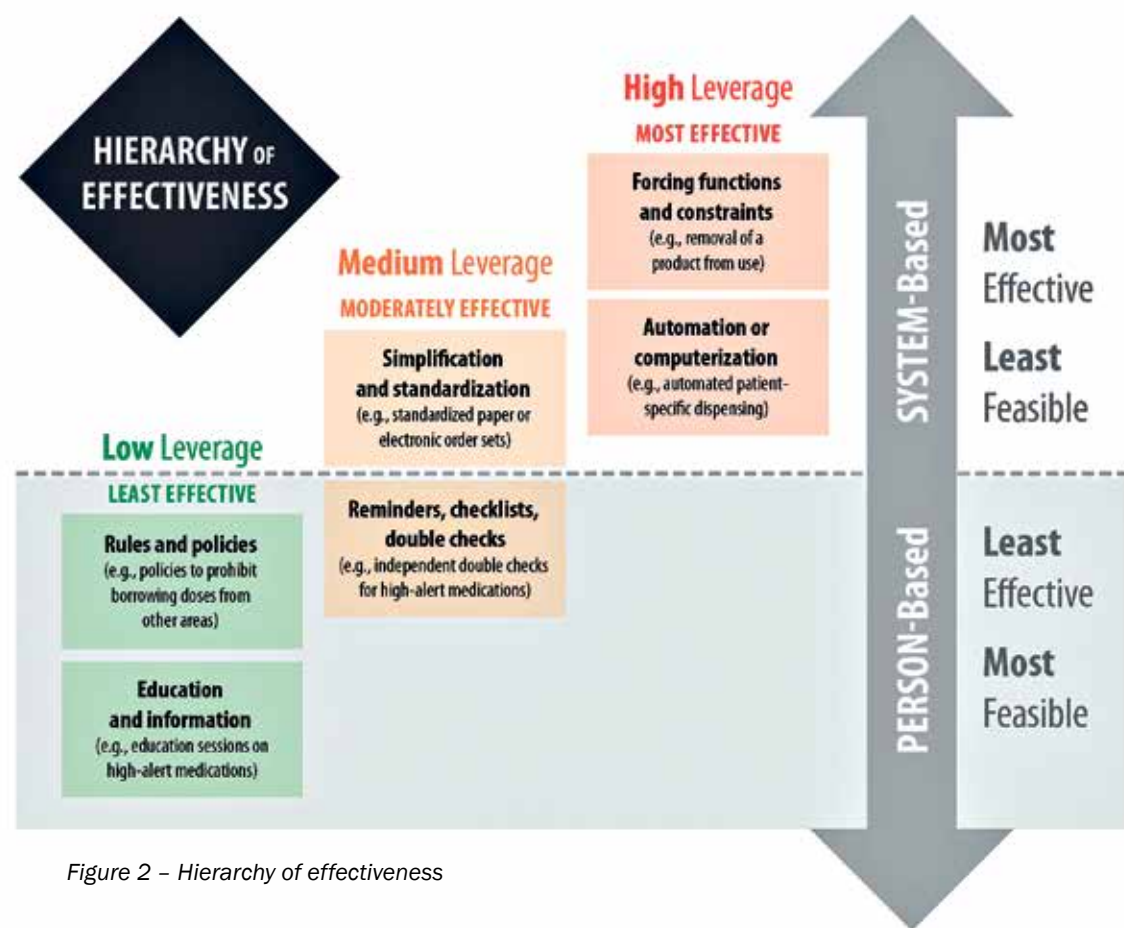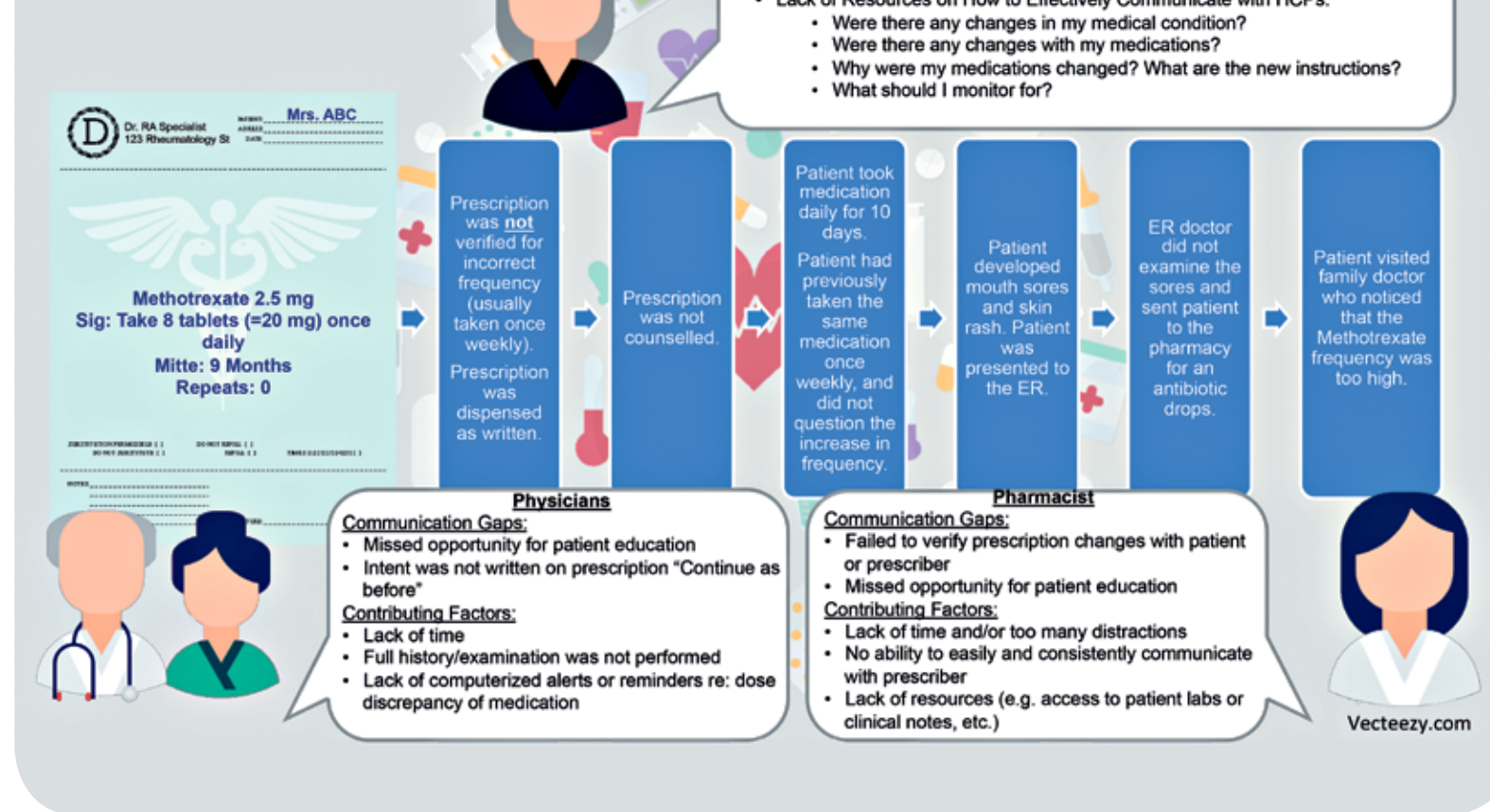

Figure 1 – A medication incident that involved communication

education can help HCPs gauge the patient's understanding. In addition, ISMP Canada, the Canadian Patient Safety Institute, Patients for 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. When both parties come prepared for the interaction, it facilitates more effective and efficient communication.

TECHNOLOGY

A patient's healthcare team should communicate 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,

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the most feasible, yet the least effective and sustainable solution. So why not use a high leverage solution, like technology, to approach the problem and facilitate lasting change?

Current communication techniques (such as phone calls and faxes) are not effective, not timely, and may overload HCPs with paper. Our HCPs need better tools to facilitate direct communication with each other to help prioritize tasks with respect to their different levels of urgency.

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 would give clinicians 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/or medication(s).

In the meantime, HCPs should demand their point-of-care or clinical decision support software vendors to arm them with better communication and clinical tools (for example, an app that will allow and support for urgent communication; or safety features, such as reminders for patient medication list

updates and alerts for dose discrepancy, dose too high, or dose too low, etc.).

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 standard of the future for patient care and safety.

The solutions are not by any means novel. Some are even obvious and simple. In the end, all parties involved in the circle of care are responsible for ensuring that communication is clear and complete, as gaps in communication can have a detrimental effect on a patient's health and safety. **H**

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