Patient-clinician communication in hospitals

Communicating for safety at transitions of care

▶ An information sheet for healthcare providers

Why is this important?

Effective communication and the accurate transfer of information between you and the person in your care are essential to ensuring safe patient care.

Communication errors are a major contributing factor in hospital sentinel events.[1] At transitions of care there is an increased risk of communication errors occurring. This can lead to poor health outcomes, distress or inappropriate patient care.[2,3]

Effective patient-clinician communication is a core clinical skill. How you communicate with a patient can profoundly impact their care experience and how they manage their health when they leave your care.[4,5]

This information sheet outlines strategies and actions that you may find helpful when communicating with patients at transitions of care.

> " Inpatient care transitions are about involving the patient from day one, being open and transparent, setting goals, reality checks about where we've got to, and having a key 'go to' person so there's always someone the patient can interact with in terms of the evolution of their discharge plan. It's the go-to backwards and forwards. "
>
> Gerontologist[5]

DEFINITIONS

Effective patient-clinician communication: is the exchange of information between a patient and their healthcare provider, and includes communications with the family and carer.

It involves two-way communication (spoken, written and non-verbal) that engages patients in decision making and care planning. It is tailored, open, honest and respectful and there is an opportunity for clarification and feedback.

Transitions of care: is when all or part of a patient's care is transferred between healthcare providers, locations or different levels of care within the same location, as the patient's conditions and care needs change.

What are the essential elements of effective patient-clinician communication?

Element	Purpose	Outcome
Fostering relationships	• To build rapport, trust and good relationships	• Improved satisfaction and experience with the health service • Trust in the health service • A decrease in healthcare provider stress and burnout
Two-way exchange of information	• To ensure accurate diagnosis and interpretation of symptoms • To engage with a person to gather relevant information • To share meaningful information in a comprehensive way • To check that a person understands the information provided	• Increased diagnostic effectiveness and improved health outcomes • Less medical errors • Increased and shared understanding of a person's care, needs and preferences • Decision making based on complete and accurate information • Improved partnerships between people and their healthcare providers
Conveying empathy	• To build rapport, trust and good relationships • To deliver quality health care • To acknowledge and treat the patient as a person	• Improved satisfaction and experience with the health service • Improved partnerships between people and their healthcare providers
Engaging patients in decision-making and care planning	• To reach agreement on problems and plans • To facilitate self-management • To recognise that the person receiving care as an important role in co-producing their care • To ensure that decisions are appropriate, realistic and reflects the person's preferences and goals for their care	• Improved health outcomes • People having a better understanding of their care plan and treatment • Improved adherence to care and treatment • Increased ability for a person to self-manage their care • Improved satisfaction by a person of the decisions made about their care
Managing uncertainty and complexity	• To manage a person's expectations • To keep the person informed • To ensure that care is appropriate to the changing needs of a person receiving care • To ensure that critical information is not lost when care is transferred between teams • To ensure new information is communicated and considered	• A reduction in the potential distress, anxiety or confusion arising from changes to care • Improved satisfaction and experience with the health service • Treatment and care matching the care needs of the person • Improved health outcomes

What is my role?

You play an important role in determining whether effective communication with the person you are caring for takes place

When a person seeks treatment or care, it can be a daunting and stressful experience, regardless of their knowledge or familiarity with the health system. This anxiety can increase when a person's care is transferred or there is a change in their care, and they are unsure or do not understand what is happening or going to happen next.

Open, honest, respectful and tailored communication can help you reduce their anxiety. By effectively communicating with patients, families and their carers you can build a shared understanding about goals, expectations and preferences.

> " ...I communicate each step, what I am doing and why, where they are going to and approximate time...talking to them and having a conversation, building up a rapport so they have a sense of trust and feel comfortable and at ease with the transitions
>
> Registered Nurse[5]

! KEY POINT

Patient participation as a continuum - a person's willingness to participate in communication about their care can vary.[5]

At one end there is the activated patient who plays a key role in communication processes and assumes responsibility for initiating contact and communication with their healthcare providers. At the other end there is the passive patient, who chooses to have their healthcare providers lead all aspects of the interaction and communication.

To respect a person's choice, it is important to recognise that willingness and ability to participate is influenced by a range of factors and may change throughout the episode of care. A key element of ensuring that you meet a patient's needs is to regularly review and check-in with them, or their family and carer, about whether they would like to participate in communication.

Consideration of health literacy, language barriers and culture will be important.

What can I do?

Actions and strategies that may help you improve patient-clinician communication are provided for three key transition points:

- when you first engage with a patient

- when you are transferring care to another provider

- when you discharge a patient.

It is recognised that these transitions do not occur in isolation of one another, and that some strategies and actions will be relevant at all transition points. Coordination and communication between you, the patient, their family and carer, and other healthcare providers across all these points is essential to ensuring safe, continuous care.

When you first engage with a patient:

Why is this important?

To ensure you have all the relevant information you need to help inform your clinical assessment, and that decisions about care are appropriate and reflect the patient's needs and preferences.

Strategies and actions to engage with a patient include:

- Introducing yourself in a personal manner.

- Determining if the patient needs assistance to communicate. Consider their health literacy, language barriers and cultural and religious background.

- Taking steps to overcome any communication barriers, including having an interpreter or family member present; avoiding jargon or complex medical terms; and using language that the patient can understand.

- Directing your communications to the patient, even if there is an interpreter, family member or carer present.

- Asking the patient if they have any concerns about sharing their information with their family or carer.

- Inviting the patient to participate in their care, let them know they are welcome to ask questions or raise concerns.

- Asking the patient if they have an advanced care plan in place.

- Discussing with the patient their goals of care, including what is realistic and possible, and how this will be incorporated into their care plan.

- Taking into consideration family and carer concerns and their provision of information.

- Documenting patient preferences, expectations and goals of care in their care plan.[5, 6]

When you are transferring care to another provider

Why is this important?

To ensure that any information transferred is up to date, accurate and reflects the patient's needs and preferences. It can also help you address any concerns and manage any uncertainty or distress they may have about changes to their care.

Strategies and actions to engage with a patient include:

- Requesting permission from the patient before doing anything to or for them.

- Describing the roles of each person in the care team.

- Letting the patient know who is responsible for their care at any point in time, and keeping them informed about their care plan.

- Inviting the patient to participate in their transition of care; let them know they are welcome to ask questions or raise concerns.

- When possible, and if they choose to, involving the patient's family and carer in transition communications and communication about their care.

- Letting the patient know about any expected transitions of care, why they are happening and approximate timeframes (e.g. shift changes, moving wards, or going for a test or procedure).

- Re-checking the patient's needs, preferences and goals and allow them time to tell you of any changes, concerns or questions about their care.

- Acknowledging their pain, discomfort or distress, when appropriate.

- Notifying the family and carer of any moves and/or changes to the patient's care or health status.[5, 6]

When you discharge a patient

Why is this important?

To ensure that the patient, and their family and carer, understands how to manage their care when they leave and any next steps they need to take.

Strategies and actions to engage with a patient include:

- Providing the patient (and their family and carer, if they choose) with a discharge summary and explain the key elements of the summary. This includes:

  - their role in looking after their health once they leave

  - their treatment plan and current medicine list

  - any follow-up plans for outstanding tests and/or appointments

  - what they may need to discuss with their GP

  - if they are being transferred to another service, what to expect at the next site of care

  - warning symptoms or signs to look out for, and the name and phone number of who to contact if this occurs.

- Checking the patient understands and encouraging them to ask questions or raise concerns (e.g. you could ask them to repeat instructions).

- Checking the patient's willingness and ability to follow the plan.

- Encouraging the patient, their family and carer to provide feedback about their care experience.

- Completing a post discharge follow-up phone call, where appropriate.[5, 6]

Examples of other strategies and tools

TOP 5

A communication tool that focuses on clinician-carer communication.

Developed in conjunction with carers by the Central Coast Local Health District and implemented in selected hospitals across NSW by the Clinical Excellence Commission.

Clinical staff engage in a structured process to communicate with carers. The purpose is to gain and record up to five important non-clinical tips and management strategies for personalising care.

Talk to the carer

Obtain the information

Personalise the care

5 non-clinical tips and management strategies for personalising care developed by clinical staff and carers.

http://www.cec.health.nsw.gov.au/ programs/partnering-with-patients/top5

AIDET

A tool used to assist with patient-clinician communication. This tool has been used across a number of different clinical settings.

Acknowledge: Greet patients through eye contact, smile and a hello. Make them feel important.

Introduce yourself by name and your position. Describe what you are going to do and your part in the process. Listen to the patient's responses.

Duration: Estimate the time to complete the procedure, any waiting that may be involved and update the patient if the timing changes.

Explain: what you are going to do to or for the patient. Ask if the patient has any concerns or questions before progressing.

Thank you: Thank the patient for their cooperation / involvement.

http://www.archi.net.au/resources/ patientexperience-old/pace-resources/ipse

Agency for Healthcare Research and Quality (AHRQ): Comprehensive Unit-based Safety Program.

Includes a patient and family engagement module.

The AHRQ in the United States has made available their Comprehensive Unit-based Safety Program, which includes a patient and family engagement module.

The module focuses on making sure patients and family members understand what is happening during the patient's hospital stay, can become active participants in their care and are prepared for discharge.

http://www.ahrq.gov/professionals/ education/curriculum-tools/cusptoolkit/ modules/patfamilyengagement/index.html

References

1. The Joint Commission - Office of Quality and Patient Safety. Sentinel Event Data - Root Causes by Event Type 2004-2015. USA: The Joint Commission, 2016.

2. Jorm CM, White S and Kaneen T. Clinical handover: critical communications. Medical Journal of Australia. 2009; 190.

3. Thomas MJ, Schultz TJ, Hannaford N and Runciman WB. Failures in transition: learning from incidents relating to clinical handover in acute care. Journal for Healthcare Quality. 2013; 35: 49-56.

4. Weingart SN, Zhu J, Chiappetta L, et al. Hospitalized patients' participation and its impact on quality of care and patient safety. International Journal for Quality in Health Care. 2011; 23: 269-77.

5. Australian Commission on Safety and Quality in Health Care. Engaging patients in communication at transitions of care. Prepared by a consortium from Deakin and Griffith Universities. Sydney: ACSQHC, 2015.

6. Australian Commission on Safety and Quality in Health Care. Patient-Clinician Communication: An overview of relevent research and policy literatures prepared by UTS Centre for Health Communication. Sydney: ACSQHC, 2013.

More information

The Australian Commission on Safety and Quality in Health Care recognises the importance of effective communication between healthcare providers and their patients (including, carers, families and consumer advocates). Programs that support this work include:

- Clinical Communications

- Health Literacy

- Patient and Consumer Centred Care

- Shared Decision Making

- Open Disclosure.

More information about these programs is available at **www.safetyandquality.gov.au**

Other publications in this series

- Patient-clinician communication in hospitals: Communicating for safety at transitions of care - An information sheet for senior executives and clinical leaders

- Communicating with your healthcare provider when you are in hospital - An information sheet for consumers

- Consumer posters: Communicating with your healthcare provider - Why it is important and what actions can I take?

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