The Joint Commission Update

In this column an expert from The Joint Commission provides an update for readers

Nurses' Role in Communication and Patient Safety

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EFFECTIVE COMMUNICATION is critical during the countless interactions that occur among healthcare workers on a daily basis. Staff must know how to communicate effectively and work collaboratively in teams so that appropriate information is shared in a timely manner. When effective communication is absent, patient care is compromised.

Communication breakdowns have long been cited as a root cause in almost every sentinel event reported to The Joint Commission's Sentinel Event Database and as the leading root cause in a majority of cases studied since 1996. Hierarchy differences, conflicting roles, ambiguity in responsibilities, and power struggles can all lead to communication failures that compromise patient safety and quality of care.

COMMUNICATION AND TEAMWORK

At its most basic level, communication is the exchange of information between 2 people, groups, or entities. The word *communication* encompasses many types of exchanges, such as verbal and written communication, and more subtle communication such as body language, attitude, and tone. Communication is not just about what a person says, but *how* he or she says it.

Effective communication between nurses and other caregivers is critical to patient safety, yet numerous challenges contribute to poor communication and an unhealthy reliance on individual action. For example, nurses are trained to be narrative and descriptive in their messages, often painting verbal pictures with a broad brush. Physicians, on the other hand, are very action-oriented and want the main subject matter of the problem so that immediate action can be taken. Among the communication barriers between nurses and physicians are the following:

- Lack of structure, policies, and procedures related to the content, timing, or purpose of verbal reports.
- No shared mental model or framework for verbal healthcare communication.
- No rules for verbal transmission of information, either face-to-face or over the telephone.
- Differing opinions, even among nurses, as to what information should be communicated during a verbal report.
- Frequent interruptions and distractions.
- Frequency of communication.[1]

To encourage communication as a part of everyday work, healthcare organizations must emphasize the importance of teamwork. Methods for promoting teamwork must be

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adapted to suit the unique characteristics of an organization, but the following actions are crucial to creating an environment where staff across levels work well together:

- Provide team training.
- Eliminate hierarchy.
- Delineate roles and responsibilities.
- Enforce a zero-tolerance policy for disruptive behavior.

Disruptive and intimidating behaviors

Disruptive and intimidating behaviors—which include rude language and hostile behavior among healthcare professionals—can foster medical errors,[2-4] contribute to poor patient satisfaction and to preventable adverse outcomes,[2,5-7] increase the cost of care,[5-7] and cause qualified nurses and other clinicians, administrators, and managers to seek new positions in more professional environments.[2,8]

Healthcare leaders and caregivers have known for years that disruptive and intimidating behavior is a serious problem. Intimidation, verbal outbursts, condescending attitudes, and refusing to take part in assigned duties all stifle communication and can lead to breakdowns in care processes. Disruptive and intimidating behavior is such a serious issue that The Joint Commission issued a Sentinel Event Alert[9] urging organizations to take a series of 11 steps to curb this problem. The Joint Commission also introduced a new standard in 2009 (LD.03.01.01) requiring accredited organizations to create a code of conduct that defines acceptable and unacceptable behaviors and to establish a formal process for managing unacceptable behavior.[10] The intent of the Alert and the new standard is also to create an atmosphere in which nurses and all members of the care team are empowered to speak up if they think something is wrong.

Among the strategies contained in the Alert that are particularly relevant to promoting effective communication are the following[9]:

- Educate all healthcare team members about professional behavior, including training in basics such as being courte-

ous during telephone interactions, business etiquette, and general people skills.
- Hold all team members accountable for modeling desirable behaviors and enforce the code of conduct consistently and equitably.
- Establish a comprehensive approach to disruptive and intimidating behavior that includes a zero-tolerance policy, strong involvement and support from physician leadership, reducing fears of retribution against those who report disruptive and intimidating behavior, and determining how and when disciplinary actions should begin.
- Develop a system to detect and receive reports of unprofessional, disruptive, and intimidating behavior.

STRATEGIES TO IMPROVE COMMUNICATION

Improving communication requires a systems approach, including creating a culture that emphasizes open communication as a crucial component of safe, quality care. A needs assessment—a systematic tool for determining goals, identifying discrepancies between optimal and actual performance, and establishing priorities for action[11]—can assist organizations to improve communication. Basic needs assessment techniques include observation, questionnaires, key consultation, interviews, group discussion, tests, and work samples.[12] For example, a supervisor might observe a work group engaged in hand-off communication and ask the members of the group to participate in an interview to determine whether the appropriate information was received, or an educator might meet with a key consultant to review work samples.

Information from the communications audit should then be used to create or improve communication policies and tools that fit staff needs and meet organizational goals. Communication tools may include interdisciplinary assessment forms, medication order forms, progress notes, time-outs, read-backs, and briefings. Regardless of whether the tool

is written or verbal, effective communication tools[13] should

- Be user-friendly.
- Take minimal time and effort to use or complete.
- Convey comprehensive information efficiently.
- Encourage multidisciplinary collaboration.
- Limit the possibility for errors in communication.

Systemwide communication strategies

Systems that foster good communication lessen the impact of stress and workload while flattening hierarchy and encouraging collaboration.[13] Systems approaches are designed to prevent communication failures or make breakdowns visible so that the breakdown can be addressed before any harm reaches the patient. Systems that help prevent communication failures have the following characteristics[13]:

- Are easy to understand and follow.
- Offer consistency and predictability—they require staff to do things the same way every time. For example, a "time-out" before surgery is always conducted in the same way, at the same time, and by the same people.
- Feature redundancy. If the system fails in one area, there is a redundant function that helps mitigate the effects of the failure. For example, if the surgeon fails to mark the surgical site, the time-out process empowers other caregivers to catch that breakdown and stop the surgery from proceeding.
- Incorporate forcing functions. A forcing function is something that makes it easy to do the right thing and hard to do the wrong thing.
- Ensure that people cannot work around the system. This would happen if there are no forcing functions in the system.
- Minimize reliance on human memory.

Communication systems can range from strategies such as written guidelines, check-lists, or protocols to computerized, physician order–entry systems and personal digital assistants.

Structured communication techniques

As part of its National Patient Safety Goals, The Joint Commission requires healthcare organizations to improve the effectiveness of communication among caregivers. This includes reading verbal orders, creating a list of abbreviations not to use, and timely reporting of critical tests and critical results. The final component of this goal is to manage hand-off communications. To meet the requirement related to transitions in care, organizations must develop standardized processes to ensure that important information is transferred in a consistent manner from one caregiver to the next during a hand-off. The information is usually about the patient's current condition, ongoing treatment, recent changes in condition, and possible changes or complications to monitor.

The Joint Commission does not require organizations to use a specific hand-off technique, but the following structured communication tools may be useful in improving hand-offs as well as all communication across the organization[13]:

- **Briefings**—Short discussions between team members to compare notes, identify what needs to be accomplished, identify resources, and anticipate any obstacles. These discussions promote a sense of collaboration, set the tone for open communication, and bring everyone onto the same page to avoid surprises. Briefings can be helpful before a procedure or a shift, and debriefing can be helpful after a process is over.
- **Group Rounds**—This is when all members of the care team visit the patient at the same time to discuss his or her care, communicate about issues, brainstorm solutions, and anticipate problems.
- **Situation-Background-Assessment-Recommendation (SBAR)**—Developed by a physician, the SBAR technique standardizes the type of information shared

between team members and helps set the expectation that specific information elements are going to be communicated every time a patient is discussed. As the name indicates, team members use the SBAR technique to discuss the situation, background information related to the situation, assessment of the situation, and recommendation of what to do next.

- **Situation Task Intent Concern Calibrate (STICC)**—Used by the US Forest Service to give direction to firefighters, this approach focuses on the situation (what we face), the task (what we should do), intent (why), concern, and calibrate (tell me if you don't understand, can't do it, or see something that I do not).

Nurse-physician communication strategies

To help improve communication from nurses to physicians, nurses can do the following:

- Address the physician by name.
- Have patient information and the chart readily available.
- Clearly express any concern about the patient and the reason for that concern.
- Suggest a follow-up plan.
- Focus on the patient problem, not extenuating circumstances.
- Be professional, not aggressive.
- Continue to monitor the patient problem until it has been resolved.[1]

General communication strategies

Other strategies for promoting effective communication among all healthcare providers include the following[14]:

- Look for systems problems, not people problems. Do not allow staff to play the blame game.
- Explore the way staff members think. There are many types of tests to explore the ways people communicate.
- Promote listening skills, consider education on effective listening, and allow that listening without agreeing is acceptable.
- Encourage staff participation in education of their peers. For example, case presentations given by nurses to their peers are a good way to get nurses on separate shifts to work on a common problem.

CONCLUSION

As the frontline deliverers of patient care, nurses have the opportunity to make effective and lasting improvements in communication. To successfully implement a communication initiative—whether it is a cultural shift, a process change, or a new system that promotes communication as a fundamental component of patient safety—organizations should take an organized approach that involves stakeholders in every step. Effective communication is worth the time and investment of both the organization and the individuals at the organization because of the positive outcomes it produces.[13]

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Erratum

A Quality Improvement Project to Optimize Patient Outcomes Following the Maze Procedure: Erratum

Figure 3 should have depicted that the overall return to sinus rhythm at 6 months regardless of group was 88% and ranged from 80% to 98% whereas the range for off AAs was 70% to 92%. At 12 months, the overall return to sinus rhythm was 85% regardless of group with a range of 80%–92% and off AAs ranged from 82% to 100%.

Reference

Henry LL, Ad N, Martin L, Hunt S, Crippen P. A quality improvement project to optimize patient outcomes following the maze procedure. *J Nurs Care Qual.* 2009;24(2):160–165.