Disclosure

The Doctors Company would like to disclose that the presenter and author who is in a position to control the content of this activity has reported no relevant financial relationships with commercial interests.
Objectives

- Recognize why physician communication is an important part of patient satisfaction
- Identify the most common areas for communication breakdown seen in medical malpractice claims
- Discuss the principle of patient health literacy and how it can affect physician liability
- Identify how to improve patient communication/bedside manner
“The greatest problem with communication is the illusion that it has been accomplished.”

~George Bernard Shaw
Communication Deficiencies

Physician Claims by Communication as a Contributing Factor to Patient Injury

- Communication between patient/family and providers: 62%
- Communication among providers: 44%
- Telephone/email/fax-related: 5%
- Internet/telemedicine: 1%

Enhancing Patient Communication / 5
Communication Deficiencies (continued)

Among providers (44%):

- Between providers and staff
  - Misunderstood orders (both written and telephone)
  - Flawed processes for receiving test results
  - Not giving credence to protocol (O.R. time-outs, etc.)

- Between providers
  - Poor “handoff” communication or report
  - Failure to read medical records/reports/consults
  - Failure to document after hours phone calls
  - Poor professional relationship/rapport
  - Curbside consult requests
Communication Deficiencies (continued)

Office issues (5%):

- Telephone/e-mail/fax
  - Overloaded phone systems with poor message relay
  - Electronic message overload
  - Difficulty scheduling appointments—delaying response to concerns
  - Faxes not received (test results, consults, follow-up)
- Text messaging
  - Abbreviated words/sentences cause misunderstanding
  - Not appropriate for patient orders per TJC (2011)
Communication Deficiencies (continued)
Between patient or family and provider:

- 62% of communication deficiencies are from:
  - Poor patient rapport (including lack of sympathy)
  - Inadequate/ineffective education
  - Inadequate informed consent
  - Inadequate/ineffective follow-up instructions
  - Language barrier
  - Low literacy
    - 22% of adults read below a fifth grade level
  - Low health literacy
Ineffective Health Education

“Doctor, do I look like an idiot?”

https://www.youtube.com/watch?v=7X4CoXIdlCA
Ineffective Health Education (continued)

When a patient leaves the office, 80% of what they are told is forgotten.

Of the remaining 20%, only half is remembered correctly.

That leaves only 10% correctly remembered.
Communication Barriers

- Patient anxiety
- Illness or change in health status
- Multiple questions/instructions at once
  - “TMI”
- Culture
- Literacy
- Health literacy

Source: Partnership for Clear Health Communication at National Patient Safety Foundation
Health Literacy
Health Literacy

• The newest “vital sign”

The ability to read, understand, and act on health information

• One of the least recognized, but most widespread challenges to achieving better outcomes
• Costs the healthcare industry $58 billion annually

Source: Partnership for Clear Health Communication at National Patient Safety Foundation
Health Literacy

https://www.youtube.com/watch?v=BgTuD7I7LG8
Communication Techniques

• Use the family members
• Use educational videos, pamphlets, and classes
• Have staff reinforce teaching after provider visits
  • Speak slowly
  • Plain language
  • Limit information
  • Repeat
• Continue to reinforce teaching regularly
• Use “Ask Me 3”
Health Literacy Tool

- National Patient Safety Foundation
- Materials are free
- Patient encouraged to ask three questions...

1. →
2. →
3. →

Ask Me 3
Good Questions for Your Good Health

Every time you talk with a doctor, nurse, or pharmacist, use the Ask Me 3 questions to better understand your health.

1. What is my main problem?
2. What do I need to do?
3. Why is it important for me to do this?

www.askme3.org
Write Your Doctor’s Answers to the 3 Questions Here:

1. What is my main problem?
   Pain in leg and back (Internist)

2. What do I need to do?
   Walk straight, possibly 2 x /day and put hot and cold packs as often them remin
   (Use a cane if needed)

3. Why is it important for me to do this?
   To stop pain and get back to living better

To learn more, visit www.askme3.org
Especially in the hospital:

- Introduce yourself with name and specialty
  - How are you going to help me?
- Greet everyone in the room with eye contact
- Avoid technical terminology
- Tell patients what to expect
  - How long the test, procedure, recovery will take decreases anxiety
- Encourage written questions
  - “Ask Your Doctor” notepad
Communication Techniques (continued)

Decrease the use of medical jargon:

<table>
<thead>
<tr>
<th>Instead of Using:</th>
<th>Consider Using:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Analgesic</td>
<td>Pain killer</td>
</tr>
<tr>
<td>Benign</td>
<td>Harmless</td>
</tr>
<tr>
<td>Chronic</td>
<td>Happens over and over</td>
</tr>
<tr>
<td>Cardiac</td>
<td>Heart</td>
</tr>
<tr>
<td>Edema</td>
<td>Swelling, fluid build-up</td>
</tr>
<tr>
<td>Fatigue</td>
<td>Tired</td>
</tr>
<tr>
<td>Intake</td>
<td>What you eat or drink</td>
</tr>
<tr>
<td>Generic</td>
<td>Not a brand name</td>
</tr>
</tbody>
</table>
Listen to the patient:

• Fearing lengthy appointments, most physicians allow patients to talk for an average of 22 seconds before interrupting and taking the lead

> How Doctors Think; Jerome Groopman, MD

• Research shows that an average patient would talk for two minutes, if uninterrupted

• Most physicians are surprised at this research
Assess patient understanding:

- Never just ask:
  - Any questions?
  - Do you understand?
- Instead try:
  - What questions can I answer for you?
  - Is there something I can explain better for you?
- Repeat information frequently
- Reinforce verbal instructions with written materials
- Use “Teach Back”
  - Just so I know I have explained it correctly…
  - How might you explain this to your spouse when you go home?
Informed Consent

Not just a piece of paper…a process

• It is the job of the physician to assure that the patient truly understands the risks, benefits, and alternatives
• This final discussion cannot be delegated
• The information must be in terms the patient can understand
Did You Know?

- 60-68% of patients do not read or understand the information on a consent form
- 18-45% of patients are unable to recall major risks discussed with them
- 44% do not even know the nature of the procedure they are having

- Document your informed consent discussions

Source: Patient Safety & Quality Healthcare, May/June 2006, N. Baum, MD
Consequences of Poor Communication

Noncompliance resulting from:

- Misunderstanding of medication regimens
- Lack of knowledge of purpose of a medication
- Instructions that were not understood or forgotten
- **Noncompliance results in 10-25% of all hospital readmissions**¹
- Decreased patient satisfaction
  - Low HCAHAP scores
  - Decreased reimbursement

Malpractice risks:

• Greater than 70% of sentinel events result from breakdown in communication¹
• “Lack of informed consent” cases can prevail, even when the negligence case fails
• Many patients sue simply because they want answers

How Do Patients Measure Quality of Care?

Rapport with providers…

- Patients lack medical knowledge…so they use the quality of their interactions as a measurement for quality of care
  - Did I get what I expected?
  - Do I understand my treatment?
  - Did the provider care about me?
  - Would I return?
Actual H-CAHPS* Questions

During this hospital stay, how often did doctors treat you with courtesy and respect?
1☐ Never  2☐ Sometimes  3☐ Usually  4☐ Always

During this hospital stay, how often did doctors listen carefully to you?
1☐ Never  2☐ Sometimes  3☐ Usually  4☐ Always

During this hospital stay, how often did doctors explain things in a way you could understand?
1☐ Never  2☐ Sometimes  3☐ Usually  4☐ Always

*Consumer Assessment of Healthcare Providers and Systems
Patient Satisfaction

For every one patient complaint: 20 dissatisfied patients did not complain
Dissatisfied patients: 90 percent will not return
One “wronged” patient: Will tell 25 others

 Complaints are:
• An opportunity to address concerns directly
• Before the patient is asked to complete a survey
Take the complaint seriously and provide follow-up contact information for the patient.

Zimowski, JA., Mining for Gold, HFM Magazine; December 2004, 58(12)18.
“Your most unhappy customers are your greatest source of learning.”

–Bill Gates

Business @ the Speed of Thought
“Perhaps the most important lesson for physicians is to take the time and effort to **elicit patients' expectations**. When physicians recognize and address patient **expectations**, satisfaction is higher not only for the patient, but also for the physician.

It may help to remember that patients often show up at a visit **desiring information** more than they desire a specific action.”

Questions?
Mission Statement

Our Mission is to advance, protect, and reward the practice of good medicine.

For additional Patient Safety information, free articles, and resources, please visit our web site at:

www.thedoctors.com