IMPROVING COMMUNICATION IN THE HEALTHCARE WORKPLACE

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Objectives:

- Discuss the importance of communication in the healthcare workplace
- Provide guidance on how to evaluate the performance of the team
- Review the interdisciplinary team members and how communication improves outcomes

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Improving Communication in the Healthcare Workplace

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Communication

The exchange and flow of information and ideas from one person to another, is the very foundation of our functioning as human beings.

Responsibility for communication lies squarely with the sender but if the receiver cannot receive, the sender doesn't stand a chance.
Professional Practice

- An art and a science
- Role as a practitioner, involves action that directly meets the health care needs of:
  - The patient
  - The families
  - The significant others

(Nettina & Mills, 2006)

Communication in healthcare

Breakdowns between patient and caregiver can have dire consequences:
- Increased patient pain
- Misdiagnoses
- Drug treatment errors
- Unnecessary extensions in length of stay
- Death

How well are Health Care Professionals Prepared?

- According to the Bureau of Health Professions there are 35 million people over the age of 65 in the U.S.

- 1.6 million older adults live in nursing homes and almost half are over the age of 85
Aging and Sicker Population

- Life expectancy rising
- Baby boomers aging
- Chronic diseases increasing

Barriers to communication

- Disease process
- Disabilities
- Age
- Language barriers
- Writing skills

The Joint Commission on the Accreditation of Healthcare Organizations (JCAHO)

Strongly emphasizes (Standard of Care RI.2.100):

"The patient has a right and need for effective communication" (http://www.jointcommission.org/). Specifically, the Elements of Performance for RI.2.100, No. 4 state:

"The organization addresses the needs of those with vision, speech, hearing, language, and cognitive impairments." Additionally, the 2007 National Patient Safety goals include (2007 National Patient Safety goals- Goal 13) encouraging "patients' active involvement in their own care," which requires overcoming communication barriers.
What percentage of Communication is VERBAL?

Communication

- 7% verbal
- 38% tone of voice
- 55% non-verbal
Verbal Communication

- Use simple, direct statements
- Enunciate words
- Avoid terms of endearment
- Use Mr. or Mrs., Ms. until granted permission otherwise
- Respect, respect, respect

Paraverbal Communication

- Be aware of how your message is perceived
  - Attend to tone – be respectful
  - Assess volume
  - Attend to cadence – keep the rhythm slow and deliberate

(Crisis Prevention Institute, Inc. 2005)

Non-verbal Communication

- Personal space
  - 1 ½ to 3 feet of space is ideal
- Sit or stand off to the side
- Make eye contact and stand at an angle
  - Promotes respect, safety and is less threatening
- Utilize congruent facial expressions
- Use gestures to clarify your point

(Crisis Prevention Institute, Inc. 2005)
Listening Skills

- Stop what you are doing and make eye contact
- Sit down with the person
- Be at the same eye level
- Limit distractions (phone, pager)
- Use positive body language

Risk Management Tips

- Listen to the problem, not the delivery
- Remove the personality from the problem and deal with the facts
- Be a resource, not an obstacle


What providers can do

Residents and family's see the prescribers as having the most medical authority and knowledgeable. They must be very involved in the team effort to create a defensible record. The comments in the progress notes are relied upon by expert reviewers to verify whether the prescriber was aware of the nursing plan of care or whether other practitioners were aware of the diagnoses and plan.
Specific content for selected medical record events

LIP’s (Licensed Independent Practitioners)
1. Date and time
2. Reason for visit
3. Prescriber comments
4. Any order changes
5. Any procedures performed
6. Any diagnostic tests ordered
7. Residents response
8. Follow up documentation for any orders given

Things to help safeguard:

• Make certain that notes are legible and that abbreviations are understandable
• Address problems identified on the plan of care
• Address primary diagnosis and other problems that team members have identified

Communication tool

• Documentation is the way health care professionals communicate with one another—cannot tell everything that happened via oral report.
Legal Implications

- If it isn’t documented, how can you prove it was done?

There are hundreds of interactions between staff and residents (families) that are not captured in the medical record.

Barriers to documentation

- Time
- How to word it
- Habits
- Speaking in specifics and writing in generalities

Pitfalls

- Blank spaces
- Corrections
- Late entries
- Care given by someone else
- Abbreviations
- Tampering
Abbreviations

- Use only standard abbreviations approved in your policy manual
- Be very careful
  - Qid looks like q.d.
  - Micrograms and milligrams can be confused
  - If in doubt--question

Taking Action!

- When a problem is identified but the intervention is not captured in the notes, the omission becomes a red flag

Examples of NOT Taking Action

- Not reporting a change of condition
- Not getting consultation reports and recommendations
- Not getting DME repaired/replaced
- Not care planning risks, i.e. falls, smoking
- Not documenting resident responses
- Not educating residents/families on risks
Scorecards/Customer Satisfaction

Customers are becoming more knowledgeable regarding where they want to receive their care

“Patients judge their experience by the way they are treated as a person, not by the way they are treated for their disease. They hold in their minds a mental picture of how a person should be treated, and that picture becomes the standard by which their experience is judged”
~Fred Lee: If Disney Ran your Hospital

Knowing your team

Creating strength-based workplaces and communities

Getting to know your team

Performance Leadership:
how to build a strong team to achieve a competitive edge

Today’s leadership must learn to be far more concerned with empowerment than with power
~ John Wooden
Performance-based Leadership

- Ignore **negative** behavior and it will **increase**
- Ignore **positive** behavior and it will **decrease**

Tools for success

Employees want an environment where they enjoy work and can thrive

- **Integrity** also known as Ethics (walk the talk…need to see actions)

- **Partnership relationship** (“head” of dept…“hired” hands) Employees want to be treated as partners. They want to bring their talents and brains to work where they can help make decisions and make a difference

- **Affirmation** – they not only want to be caught doing things right, but they want to be affirmed for who they are. They want to be known as individuals who are contributing to the common good

Tools for Success (cont.)

- Do we give our staff the tools they need to be successful or do we set them up for failure?

- Are they competent to perform in the capacity we have given them, or do they need a mentor, preceptor, coach?

- Does the staff have up-to-date resources to perform?

- Do we have the RIGHT people on the team?
Focusing on strengths

• Team members who do have the opportunity to focus on their strengths every day are six times as likely to be engaged in their jobs and more likely to report having an excellent quality of life in general.

Using the Medical Director and Licensed Independent Practitioners on your team

• Identifying areas of need through the QI/PI process and incorporate the strengths of the practitioners to assist with teaching.

• Lunch and learn once per month with Medical Director i.e. disease processes, “grand rounds”

• Open house/meet and greet for residents, families, staff to meet the Medical Director and understand the role.

• Arm your Medical Director with the tools that he/she needs to be successful…Federal Regulations, QA/QIS

• Set Expectations…they are not just getting paid to sign incident reports 😊

COMMUNICATION SKILLS

“We all use language to communicate, to express ourselves, to get our ideas across, and to connect with the person to whom we are speaking. When a relationship is working, the act of communicating seems to flow relatively effortlessly. When a relationship is deteriorating, the act of communicating can be as frustrating as climbing a hill of sand.”

- Chip Rose, attorney and mediator.
Questions?

Thank You for attending!

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