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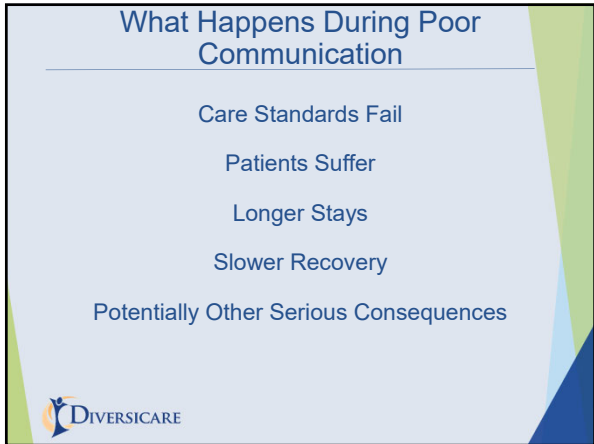
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Approximately 60% of Medical Errors are a Direct Result of Poor Communication (The Joint Commission)

In 2016, Study Suggested 250,000 Patients in the US Died as a Result of Medical Errors, the 3<sup>rd</sup> Leading Cause of Death

Most Common Opportunity at "Hand-Off"

- Shift changes
- Doctors and Nurses
- Change of Condition
- Unclear Information Provided



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Common Roadblocks (Journal of Patient Safety)

- Lack of Openness and Collaboration
  - Perception of Lack of Respect
    - Logistical Challenges
    - Language Difficulties
    - Nurse Preparedness



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Lack of Openness and Collaboration

- Nurses Perception of Feeling Hurried
- Nurses Perception of Physician Not Really Listening
- Because of this Perception, Nurses are Discouraged when Conveying Information – "What's the Use?"
- A Feeling of Their Knowledge and Expertise Being Minimized
- No Perception of Teamwork



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### Perception of Lack of Respect

- According to the Study, Approximately 13-17% of Nurses Perceived a Lack of Respect from Physicians
- Approximately 16% Feel Interrupted When Trying to Relay Important Information
- Feeling of Lack of Trust



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### Logistical Challenges

- Often Busy Setting (Nurses' Station, Hallway, etc.)
- Unable to Reach the Physician or Vice Versa
- Nurse Caught Off Guard When Asked a Question  
(labs not available, v/s not taken, patients not assessed yet)



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### Language Difficulties

- Language Barriers or Accents
- Nurse or Physician Jargon



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### Nurse Preparedness

- Lack of Confidence in Information
- Information is Scattered and Nonsensical
- Nurses Concerned with “Bothering” the Physician

(Generally, Nurses Spend More Time With the Patient, Therefore the Observations and Assessment SHOULD and MUST be Thorough and Communicated)



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### So How to Improve?

- Culture Change
- Structured Communication Tools
- Supportive Technology”

(PSQH – Nurse –to –Physician- Communication.pdf)



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### Culture Change

“The Most Fundamental Intervention for Improving Nurse-Physician Communication”

- Create Environment of Open Communication Model Appropriate Behavior with Mutual Respect and Active Listening
- Setting Expectations of Behaviors (IDT meetings, IDT rounding)
- Always a Team Approach
- Learn Preferences for Communication (Text vs. Call)
- Learn Preferences for Necessary Information
- SBARs? – Situation/Background/Assessment/Recommendations



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### Supportive Technology

- Secure Text Messaging
- Electronic Medical Record Use
- Allows for Effective Communication 24/7



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### Opportunities for All

- Critical Thinking Skills
- Education Advancement
  - Experiences
  - Listening Skills
- Communication and Forethought
  - Collaboration/Partnership
  - Intentional Rounding
- QAPI meeting attendance
- Monthly (at least) 1:1  
(Medical Director/DNS)



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### Positive Effects of Communication

- Increased Quality of Care
- Increased Patient Satisfaction
- Better Patient Outcomes
- Shortened Length of Stay
- Decreased Adverse Events

(Int J Nurs Sci 2018 Jan 10; 5(1): 81-88)



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