DO YOU HEAR WHAT I HEAR? COMMUNICATION AND PATIENT SAFETY

by Dave Gourley RRT

One of the most challenging aspects of human interaction is communication. In both our personal and professional lives, we have all experienced poor communication. Lack of communication can lead to anxiety, misunderstanding, and anger. When the communication is regarding a patient under our care, the issues of miscommunication can become life threatening.

The Joint Commission has long recognized that communication is an important aspect in quality patient care and ensuring patient safety. Since inception of the voluntary reporting of sentinel events in 1995, The Joint Commission has reported that communication is the number one root cause of these events. Over 60% of all sentinel events reported list communication as one of the causes of these serious incidents. With this information in its database, The Joint Commission included communication as one of the first National Patient Safety Goals (NPSG). It remains one of the NPSGs and, unlike other older goals, it has not been "retired", due to its continued importance in patient care and challenging nature to healthcare organizations.

> **Over 60% of all sentinel events reported list communication as one of the causes of these serious incidents.**

National Patient Safety Goal # 2 is "Improve the effectiveness of communication among caregivers." This goal has four elements:

2A For verbal or telephone orders or for telephonic reporting of critical test results, verify the complete order or test result by having the person receiving the information record and "read-back" the complete order or test result.

2B Standardize a list of abbreviations, acronyms, symbols, and dose designations that are not to be used throughout the organization.

2C Measure and assess, and if appropriate, take action to improve the timeliness of reporting, and the timeliness of receipt by the responsible licensed caregiver, of critical test results and values.

2E Implement a standardized approach to "hand off" communications, including an opportunity to ask and respond to questions.

Each of these elements of NPSG # 2 is an important part of a respiratory therapist's daily routine. Since each of these have been noted to be problematic in implementation, it is important for all therapists, and specifically management staff, to increase focus on their significance and ongoing compliance.

Goal 2A is in place to ensure that verbal or telephone orders are received and transcribed accurately. Considering the number of verbal and telephone orders taken in a typical day, and the various barriers to clear communication, it is essential that therapists perform the verbal "read back" when receiving these orders. The Joint Commission requires that the person receiving the order write the order down (or enter into computer screen) then "read back" the order to the prescribing physician. This is an important aspect of this goal. You cannot simply repeat the order back after it has been received. The order MUST be recorded first, and then read back.

Goal 2A requires the same read back process for critical test results. Consider the reporting of ABG results. A PCO2 of "19" could sound like "90", with significantly different clinical interventions. The respiratory therapist must verify that the physician has accurately received the information we provide.

Goal 2B requires that healthcare organizations have a standardized list of abbreviations, acronyms, symbols, and dose designations that CANNOT BE USED. These abbreviations have proven to be error-prone, especially when accompanied by poor handwriting. Each organization is responsible for developing this list and ensuring that all caregivers are familiar with the list. In the event that a caregiver uses one of the unacceptable abbreviations, the respiratory therapist MUST clarify the order, if the meaning is unclear, before implementing the order. Therapists must also be cautious that they do not use any of these abbreviations when writing verbal or telephone orders, or in other patient care documentation.

Goal 2C requires that there be a performance improvement (PI) process in place for measuring and assessing the timeliness of reporting and receipt of critical test

continued on next page

Join us May 14-16, 2009 in Orlando for the 9th Annual Focus Conference at the Walt Disney Coronado Resort

Call our 24/7/365, toll free support line at
(800) 990-2377
and/or visit our website at www.ceu.org
We have worldwide around-the-clock
solutions for your CEUs.

One stop shopping for continuing education and career advancement.
Approved for Respiratory Care and Nursing

Over 120 courses in the following categories:
• Respiratory • Nursing • General Healthcare • JCAHO recommended topics • Sleep Studies
• Home Care • Diversity Issues • OSHA Required • Alternative Therapy

Plus updated seminars to help you stay on top of change!

Courses are available:
• online • by hard copy • on CD-ROM • and by “pdf ” downloadable files!

Need CEUs tonight?
• Unlimited 24-Hour Access. • Immediate Credits. • Instant certificate online upon passing.
• No Waiting • No Mail-in.

CIRCLE READER ACTION CARD # 48

results and values. Although the focus of this goal seems to always be the laboratory, it holds the same significance for respiratory therapy, cardiology, radiology, and sleep labs. Critical test results and values, and the appropriate timeframe for reporting must be identified. Then, data collection should begin on the timeliness of reporting of the results and the receipt by the physician. If needed, actions should be taken to improve the timeliness of reporting according to your normal PI process.

One point of confusion with this particular NPSG is the difference between "critical test results" and "critical values". A critical test is a test result that must be reported, even if the result is normal. An example of a critical test would be a stat ABG on a pre-op patient. The physician would need these results immediately, regardless if the results are normal or not. A critical value is a test result that is significantly abnormal that it needs immediate communication to the physician. These are sometimes referred to as "panic values". An example of a critical value would be a PO2 of 49 from a routine ABG.

The final aspect of the communication NPSG is "hand off" communication. The healthcare organization must implement a standardized approach to ‘hand off" communication, including the opportunity to ask and respond to questions. This refers to a real time process for passing patient specific information from one caregiver to another or one team of caregivers to another team. The purpose of this process is to ensure continuity and safety of patient care. The information usually includes the patient’s current condition, ongoing treatment, any changes in condition, and possible complications to be alert for. For respiratory therapists, this includes not only shift report, but report when a patient is transferred from the Emergency Department to an in-patient unit or a patient is transferred from one level of care to another.

The standardized approach must include:
- The situations where "hand off" applies
- Who needs to be involved in the communication
- Information to be communicated
- Opportunities to ask and respond to questions
- Techniques to be used (i.e.: SBAR)
- Print or electronic information available

Respiratory therapists must implement the "hand off" communication consistently. The critical information that we have regarding a patient’s condition and ongoing treatment is essential to maintaining the continuity of care. We should never underestimate the importance of our role and perspective in patient care. We can demonstrate this by embracing this approach to communication both within our departments and with physicians and our allied health colleagues.

In closing, communication is an integral part of quality patient care and must be forefront in each healthcare professionals mind. Each of us must maintain vigilance in order to improve communication and protect our patients.

David Gourley, RRT is a veteran therapist and former Department Director. He is now Vice President of Regulatory affairs at Chilton Memorial Hospital, Pompton Plains, NJ. He can be reached at Dag29@aol.com