Effective communication in healthcare improves resident safety and quality of resident care.
Individuals can develop many useful skills, including assertiveness, active listening and negotiation as a means of improving communication in healthcare.
Assertiveness

Assertiveness — from time to time, a healthcare worker may feel it necessary to challenge a particular decision regarding patient care; however this may be difficult due to hierarchical power relationships between senior and junior doctors for example. Learning to be assertive, without being inattentive or aggressive is considered a positive move towards improved patient safety.
Active Listening

Active listening — this involves healthcare staff having the skills to listen, to stay focused on others’ messages, and resist distractions. It also means keeping an open mind to others’ ideas even if they disagree. You can tell if the healthcare professional you are talking to is a good listener from their eye contact, posture and facial expression.
Negotiating — this involves individuals developing self-awareness around differences in communication styles and skills to confer with health professionals from other disciplines, value others’ perspectives and opinions and manage conflict if the situation arises.
COORDINATION:
Keep others informed of what they need to know, without overburdening them with unnecessary information.

ACCURACY:
The wrong message may be worse than none at all.

TIMELINESS:
A message delivered too early or too late may add to confusion.

INFORMATION:
Who needs to know what

CONFIRMATION:
Make sure the right people have the information they need.
Department Leaders-
Morning report, Standard Ops, & monthly Admin.- Facility information is relayed to staff per these leaders.
**CNAs** - 24 hour report, CNA worksheet handed off to oncoming CNA, nurses, unit meetings, monthly DON meeting (second Friday of each month 6am & 2pm-nursing classroom), CareTracker messages, & RNACs or SWs for documentation assistance r/t ADLs or behaviors

**Res Techs** - 24 hour report, nurses, copied messages from nursing to neighborhoods

**Nurses** - E-mail, 24 hour report, face to face report, unit to unit transfer team handoffs, unit meetings, monthly DON meetings (first Friday of each month 7am, 2 pm, & 3 pm-nursing classroom)
E-mail/phone Communication

- Respond timely to e-mail requiring a response
- Use “Out of office” when away from the office for more than a day
- Keep messages clear, concise, & indicate if response is needed
- Select “Reply” when needing to respond back to sender only and “Reply All” when entire group needs response
- Timely response to voice mail messages
- Check voice mail remotely when out of office
- Leave on message who should be contacted in your absence
- Answer phone with standard Masonic Pathways greeting, “Thank you for calling Masonic Pathways (or dept./unit) this is (name) how may I help you?” – while smiling!
Effective clinical handover, for example at shift changes, requires good communication. Ineffective handover may lead to a failure to appreciate critical aspects of a patient’s condition or care, lead to delays in a patient’s treatment and result in adverse patient outcomes. Providing tools and solutions for effective clinical handover is a means of improving patient safety and quality care.
**Inside Pathways**, Intranet- access policies

**masonicpathway.com**- Education, Completed education report updated monthly, Education calendar, Companion Radio/Medscape access, & Schedules

**NewsNotes**- Published weekly with facility specific information in Residential and Nursing. Available outside cashier’s office & in public folders.
Environmental Services – Janitor always on pager for clean up needs. Page immediately & clean up bulk of spill while waiting for ES. ES will deep clean. With a potential odor or stain to carpet the likelihood of cleaning success depends upon quick access by the ES department.

Maintenance- Work order request

Materials management – Materials requisition/Inside pathways

Communication is key
Complete- It answers all questions asked to a level that is satisfactory to those involved in the exchange of information.

Concise- Wordy expressions are shortened or omitted. It includes only relevant statements and avoids unnecessary repetition.
Concrete- The words used mean what they say; they are specific and considered. Accurate facts and figures are given.

Clear Short, familiar, conversational words- are used to construct effective and understandable messages.

Accurate- The level of language is apt for the occasion; ambiguous jargon is avoided, as are discriminatory or patronizing expressions.
Investing to improve communication within the healthcare setting can lead to:

- Improved safety
- Improved quality of care and patient outcomes
- Decreased length of patient stay
- Improved patient and family satisfaction
- Enhanced staff morale and job satisfaction
“Ineffective communication is the most frequently cited category of root causes of sentinel events. Effective communication, which is timely, accurate, complete, clear, and understood by the recipient, reduces errors and results in improved patient safety”
The Joint Commission in America has reported that the primary root cause of over 70 percent of sentinel events was communication failure.

The Department of Veterans Affairs (VA) National Center for Patient Safety in America has identified communication failure in healthcare as the primary root cause of 75 per cent of more than 7,000 root cause analyses of adverse events and close calls.

A Sentinel Event is defined by The Joint Commission (TJC) as any unanticipated event in a healthcare setting resulting in death or serious physical or psychological injury to a patient or patients, not related to the natural course of the patient's illness.
Lack of communication between nurses and patients continues to be a major barrier to effective care. A busy nurse might misinterpret verbal or visual cues from a patient. Much of nursing work is task oriented and time spent talking is seen as wasted time. Changes in hearing and vision among the elderly also provide barriers to communication. A hearing-impaired patient may not answer questions appropriately simply because they did not hear the question. Overly task-oriented nurses may upset the patient, resulting in "uncooperative" behaviors.

Nurses can intimidate or confuse patients with the use of medical jargon. Use common terms with a patient to simplify the conversation. The chart entry may read "singultus"; the patient will understand "hiccups" more readily. Adding a simple "which is" explanation after a medical term can improve the patient's understanding: "I'm giving you an injection of hydromorphone hydrochloride, which is a medication the doctor ordered for your pain."

Also, a nurse's use of plural pronouns can create unintended barriers. "How are we feeling today?“ or "Did we eat our breakfast?“ Phrases such as these can alienate a patient rather than connecting with him. Save the plural pronouns for when they apply: "When you get back from therapy, we'll talk about your progress."
Communication includes both verbal and nonverbal messages...
How we say it is as important as what is said!

One of the most powerful influences on communication with older people is our general attitude toward elders and our beliefs about aging.

Smiling is communicating-
Smile a while and while you smile another smiles and soon there will be miles and miles of smiles!

Getting the facts: Effective Communication with the Elderly, Smith & Buckwalter
Effective communication can be supported by healthcare organizations who:

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 Fosters and promotes a work culture that values cooperation, teamwork, openness, collaboration, honesty and respect for each other and promotes open and effective communication.

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 Creates an atmosphere where team members feel safe to speak up about issues relating to patient care regardless of their position or rank.
Clearly links effective communication and teamwork to patient/resident safety.

Fosters a communication process that facilitates continuous improvement in patient/resident safety and quality of care.
