

Telemedicine - the practice of medicine using electronic communication, information technology, or other means between a physician in one location, and a patient in another location, with or without an intervening health care professional

EHealth - the use of information and communication technologies (ICT) for health and health care

Live video (in the context of telehealth services) - may refer to a live stream, two-way interaction between a patient and a health care professional(s) where both parties are communicating from different locations

Real-time - the actual time during which a meeting, interaction, process, or event occurs; live

Store-and-forward - a type of telehealth which involves the transmission of recorded health information (e.g., an x-ray or prerecorded video) through electronic communication systems to a health care professional who evaluates the information and provides a healthcare-related service to a patient(s)

Remote patient monitoring - the use of telehealth-related technologies to collect individuals' healthcare-related data in one location and electronically transmit it to health care professionals in a different location for assessment and recommendations

Mobile health - the use of mobile communication devices (e.g., smartphones and tablets) to support health care, public health and education

Older adults - individuals 65 years or older

Section 3: Personal Reflection Question

How can health care professionals work to effectively employ health care communication-related tools in their daily practice?!

Section 4: Recommendations to Improve Communication

The last of the four key strategies or action points to improving communication within health care organizations is to follow related recommendations. This section of the course will review specific recommendations to improve communication. The information found in this section was derived from materials provided by the CDC, the Harvard Public Health Review, the Joint Commission, the U.S. Department of Health & Human Services, the U.S. Department of Justice, Work and the WHO (CDC, 2020;

Ratna, 2019; Joint Commission, 2020; U.S. Department of Health and Human Services, 2020; U.S. Department of Justice, 2020; Bergman et al., 2016; WHO, 2020).

Make communication a priority - first and foremost, health care professionals should make communication a priority when administering health care. As previously alluded to, communication is an essential aspect of health care. Thus, health care professionals should consistently work towards effective communication when administering health care. Health care professionals should note that effective communication occurs when information and messages are adequately transmitted, received, and understood.

Encourage communication - this recommendation may seem obvious, but the simple truth of the matter is that, often, individuals do not encourage communication. With that said, health care professionals can encourage communication by remaining professional, poised, calm, collected, level headed, respectful, receptive, approachable, engaging, objective, and by limiting bias and judgment. Health care professionals should note that effective communication often begins with encouragement and receptiveness.

Clarify ideas before engaging in communication - this recommendation may also seem obvious, but the reality is that, often, individuals do not clarify their ideas before engaging in communication. Clarifying ideas through the processes of reflection and/or inner thought can help increase the chances of obtaining meaning and a common understanding when communicating.

Simplify messages when engaging in communication - using concise, straightforward, and direct methods of communication can help health care professionals effectively and efficiently transmit information in order to obtain meaning and a common understanding. Health care professionals should note that this recommendation can be especially helpful when applied to patient communication.

Provide feedback when engaged in communication - as previously mentioned, feedback may refer to a receiver's response to a sender's message. Providing relevant feedback can foster effective two-way communication among individuals and/or parties.

Avoid gratuitous or excessive body language when communicating - simply put, gratuitous or excessive body language can be a distraction. Health care professionals should avoid gratuitous or excessive body language (e.g., arm-waving; hand gestures; dramatic eye-rolling; foot-stomping) when communicating with fellow health care professionals and patients to obtain meaning and a common understanding.

Avoid negative body language, when applicable - negative body language may refer to any body language that expresses an emotion or feeling associated with negative connotations such as anger, disdain, irritation, nervousness, and/or boredom. Examples of negative body language include: crossed arms, limited to now eye contact, body shifting from left to right, hand tapping, foot-tapping and neck rolling. Essentially, negative body language can send the "wrong message" to an individual or party and/or simply prevent effective communication. Health care professionals should note the following: health care professionals should make an extra effort to avoid negative body language when communicating with patients. Negative body language can put patients on edge as well as increase their agitation and/or anxiety levels, which in turn could impact their health care and overall health.

Avoid redirection when communicating - redirection, in the context of communication, may refer to the process or action of changing/altering the intended purpose of a communication exchange between individuals or parties. Redirection, typically, occurs when an individual or party changes the topic of communication. The following example highlights the concept of redirection. A meeting is scheduled by Health Care Professional A to discuss a relevant patient with Health Care Professional B. Both Health Care Professional A and Health Care Professional B agree to attend the meeting and show up at the desired location on time. The meeting begins and Health Care Professional A provides Health Care Professional B with information essential to a patient's care. At some point during the meeting, Health Care Professional B interrupts the flow of communication and begins to discuss a "retirement party" for a fellow health care professional. Eventually, time becomes an issue, and Health Care Professional A has to end the meeting without providing all of the necessary information about the patient to Health Care Professional B. Health Care Professional B leaves the meeting without receiving all of the essential patient information. In the previous example, Health Care Professional B intentionally or unintentionally redirected communication. The purpose or topic of the communication exchange between Health Care Professional A and Health Care Professional B was supposed to be patient information. However, due to Health Care Professional B's redirection, the communication exchange became centered around a "retirement party" for a fellow health care professional. Thus, Health Care Professional A was not able to effectively communicate all of the necessary patient information to Health Care Professional B, and important information, as well as an opportunity to obtain meaning and a common understanding, was lost. Health care professionals should note that redirection, as observed in the previous example, can prevent effective communication from taking place as well as limit opportunities to obtain meaning and a common understanding among fellow health care professionals and patients. Health care professionals should also note that redirection can indirectly and/or directly

impact patient care. Essentially, redirection can prevent health care professionals from transmitting and receiving information essential to safe and effective health care.

Take detailed notes, when applicable - detailed notes, whether in written or electronic form, can be an effective means to reference and/or verify essential health care information. Additionally, detailed notes can help health care professionals recall specific points of interest and share information with other health care professionals and patients. Health care professionals should note the following: when taking notes health care professionals may want to consider including times, dates, and any information vital to the administration of health care.

Health care professionals should engage in active listening - active listening may refer to the process of gathering information with the intent to obtain meaning and achieve a common understanding. That being said, there are several steps health care professionals can take to ensure they are effectively engaging in active listening when administering health care to patients and/or engaging in communication.

The first step health care professionals can take towards active listening is to give individuals or parties their full attention when communicating. Often when individuals engage in conversation, one individual speaks while the other individual simply waits for his or her turn to talk. Words are being heard, however, individuals are not focused on what is being said. Instead, they are often thinking about what they want to say next. The previous style of listening can be referred to as passive listening. Often when passive listening is employed, two people are engaged in conversation, however, neither one of them is focused on what the other person is saying. There is little to no intent to obtain meaning when two individuals are engaged in passive listening. Therefore, the first step towards active listening should always be to focus and concentrate on what the other individual is saying. Making a concerted effort to focus on what other individuals are saying, when engaged in a conversation, can increase the ability for both parties to reach a common understanding. It can also help both individuals improve their recall of the conversation. If an individual is focused on what another individual is saying, he or she is more likely to remember what is said. Health care professionals should always make an effort to avoid passive listening when engaged in communication.

The next step towards active listening is to make eye contact. Eye contact can let individuals know they are being listened to. Eye contact can also foster trust and encourage individuals to open up and fully articulate what they want to say.

The third step to active listening is to provide individuals with the opportunity to say what they would like to express. Limiting interruptions when fellow health care

professionals, patients, and/or other individuals are speaking and allowing for periods of silence can further open up the conversation to allow for a greater expression of ideas.

The next step to active listening is to respond to what is being said. From time to time during a communication exchange, health care professionals should respond to what other individuals are saying. Repeating what another individual says or paraphrasing individuals' words can reinforce that they are truly being heard and listened to, which can make them more likely to further engage in communication. After all, everyone likes to know they are being heard.

Making an effort to understand the emotions behind another individual's words can be another step towards active listening. For example, talking about one's health and overall well-being can be an emotional experience. It can open up the stress and horrors of past trauma and can leave patients feeling vulnerable. Being empathetic towards the difficult emotions behind the words can make patients feel at ease and allow them to continue to discuss their health-related needs and concerns.

Asking open-ended questions and clarifying what is said can also be steps to active listening. At times, health care professionals will need to ask their patients questions. Keeping questions open, as opposed to closed, can allow information to flow freely. Therefore, at times, it may be advantageous to avoid yes and no questions and focus on how, what, where, and why questions. Yes and no questions can limit the expression of ideas, while open-ended questions can expand the expression of ideas, which can be very helpful to health care professionals when they are trying to get their patients to open up about their symptoms (an example of an open-ended question is as follows: what type of symptoms are you experiencing?). In addition, health care professionals should not be afraid to clarify what is said during a healthcare-related conversation. Slowing down the conversation to clarify what is said can benefit both parties in the long run.

Lastly, to fully achieve active listening, health care professionals can provide words of encouragement. For example, talking about health care can be difficult for a patient. Using words of encouragement such as "you are being very brave" or "you have been courageous during this difficult situation" can go a long way to motivate patients to express themselves in regards to their individual health. Additionally, words of encouragement can bring a human aspect to the process of health care, which can help reinforce the idea to patients that they are being cared for by individuals dedicated to the improvement of their health and overall well-being.

Health care professionals should work to avoid or limit noise when transmitting relevant patient information to fellow health care professionals, patients and/or

other individuals - as previously mentioned, noise, in the context of communication, may refer to anything that distorts or disrupts a message and/or the process of communication. Specific types of noise include the following: physical noise, physiological noise, psychological noise, and semantic noise. Health care professionals should take steps to avoid and limit noise when applicable (e.g., find a quiet place to engage in communication with another individual; limit or avoid bias and/or assumptions; limit ambiguous sounds, words, gestures, facial expressions, tones of voice, eye contact methods, body language, postures and/or other means of communication when engaging in communication). Health care professionals should note that a failure to avoid or limit noise when administering health care could lead to miscommunication and/or a breakdown in communication (miscommunication may refer to the inadequate transmission of information or messages between two or more individuals or parties).

Health care professionals should work to avoid miscommunication when transmitting relevant patient information to fellow health care professionals, patients, and/or other individuals - when miscommunication occurs between individuals, the intended meaning may be lost. Miscommunication can be problematic in health care environments because it possesses the potential to lead to inadequate health care, which in turn could lead to increases in patient morbidity and mortality rates. Thus, health care professionals should work to prevent miscommunication whenever possible. Health care professionals may prevent miscommunication by removing physical barriers when communicating with other individuals, maintaining eye contact, remaining professional, allowing for a free flow of information between individuals, engaging in active listening, clarifying points of confusion, asking questions, maintaining emotional stability, allowing others to speak and by limiting interruptions and distractions.

Use auxiliary aids and services, when applicable - the term auxiliary aids and services may refer to any means that may be used to communicate with individuals who have communication disabilities. Health care professionals should note the following: auxiliary aids and services may be used by health care professionals to ensure effective communication takes place with individuals that possess vision, hearing, and/or speech disabilities. Health care professionals should also note the following: one of the major keys to using auxiliary aids and services is to consider the nature, length, complexity, and context of the communication and the person's normal method(s) of communication (e.g., individuals who are blind may give and receive information audibly rather than in writing; individuals who are deaf may give and receive information through sign language rather than through speech). Examples of how auxiliary aids and services may be applied to specific patient populations may be found below.

For individuals who are blind, have vision loss, or are deaf-blind, health care professionals may use the following types of auxiliary aids and services: audio recordings, Braille texts and/or qualified readers (the term qualified reader may refer to any individual who is able to read effectively, accurately, and impartially, using any necessary specialized vocabulary).

For individuals who are deaf, have hearing loss, or are deaf-blind, health care professionals may use the following types of auxiliary aids and services: printed materials, a qualified sign language interpreter and/or video remote interpreting (VRI)(VRI may refer to any service that uses video conferencing technology to access an off-site interpreter to provide real-time sign language or oral interpreting services for conversations between hearing people and people who are deaf or have hearing loss).

For individuals who have speech disabilities, health care professionals may use the following types of auxiliary aids and services: printed materials, text options and/or a qualified speech-to-speech transliterator (the term a qualified speech-to-speech transliterator may refer to an individual trained to recognize unclear speech and repeat it clearly).

Use language interpreters, when necessary - language barriers can prevent individuals from engaging in effective communication. Thus, health care professionals should work to remove language barriers, when engaging in communication with patients, by using interpreters or electronic interpreters. Health care professionals should note that a failure to remove language barriers when administering health care could lead to miscommunication and/or a breakdown in communication.

Health care professionals should be cognizant of local racial and ethnic groups' customs - to build on the previous recommendation, health care professionals should be cognizant of local racial and ethnic groups' customs to remove cultural barriers and foster effective communication with patients. When providing patients with information, education, and care, health care professionals should be cognizant of local racial and ethnic groups' customs, beliefs and religious ideologies regarding health care; health care professionals should customize their information and education regarding health care to fit an individual patient's customs, beliefs, and religious ideologies. Health care professionals should note that a failure to remove cultural barriers when administering health care could lead to miscommunication and/or a breakdown in communication. Health care professionals should also note that a failure to remove cultural barriers when administering health care could impact racial and ethnic disparities. The term racial and ethnic disparities, when applied to the health care system, may refer to differences in the quality of health

care among specific racial and ethnic groups; differences in health care which often lead to a lower quality of health care, negative health care outcomes, and higher patient morbidity and mortality rates among specific racial and ethnic groups.

Follow up with individuals or parties - at times it may be necessary for health care professionals to follow up communication exchanges to ensure meaning and a common understanding was obtained. When following up with fellow health care professionals or patients, health care professionals should work to ensure effective communication was achieved. To ensure effective communication was achieved, health care professionals should ask questions, answer questions, and/or simply reiterate important points of interest. Health care professionals should note that communication follow-ups may help prevent miscommunication.

Health care professionals should be familiar with internal channels or networks that may be used for both vertical and horizontal communication - as previously mentioned, vertical communication, within the context of organizational communication, may refer to the flow of communication between individuals associated with the same organization who are on different levels of the organization's hierarchy, while horizontal communication, within the context of organizational communication, may refer to the flow of communication between individuals and/or departments that are on the same level of a given organization. Health care professionals should be familiar with internal channels or networks, within their health care organizations, for both vertical and horizontal communication. Essentially, vertical/horizontal communication channels can be used by health care professionals to communicate vital information to fellow health care professionals and/or health care managers. For example, if a piece of health care equipment were to break down, health care professionals should know what channels may be used to report such information (i.e., health care professionals should know how to report such information).

Health care professionals should uphold the ethical principles of health care - health care professionals should ensure that they uphold the four major ethic principles of health care, which include: patient autonomy, beneficence, nonmaleficence, and justice. Working within the ethic parameters of health care can reinforce the need for effective communication as well as ensure the safe and effective administration of health care to patients.

Health care professionals should determine a patient's capacity when administering health care - it is important for health care professionals to assess a patient's capacity when administering health care. Patients should possess the capacity to understand what is happening to them as well as send and receive

information regarding their health care. Additionally, patients should be able to make their own individual decisions regarding their personal health care. Health care professionals should note that a failure to determine a patient's capacity when administering health care could lead to miscommunication and/or a breakdown in communication.

Health care professionals should identify patients that have special needs and/or requirements - some patients such as older adult patients or patients suffering from anxiety, depression, or attention-deficit/hyperactivity disorder (ADHD) may have special needs and/or requirements. Health care professionals should work to identify such patients to ensure they meet the needs and requirements of each individual patient. Health care professionals should note that a failure to identify patients with special needs and/or requirements when administering health care could lead to miscommunication and/or a breakdown in communication.

Health care professionals should obtain informed consent from a patient, when applicable - informed consent may refer to the process by which a health care professional obtains permission, from a patient, to conduct a health care intervention. In essence, informed consent is a form of communication. Informed consent must be obtained, from a patient, before a health care intervention is conducted. The major elements of informed consent include the following: an explanation of the nature of a health care intervention to a patient, an explanation of the health care intervention itself, and an explanation of the potential risks and benefits of the health care intervention in question. Informed consent is required for many aspects of health care including treatment and the dissemination of patient information. The process of obtaining informed consent should include: describing the proposed intervention, emphasizing the patient's role in decision-making, discussing the risks of the proposed intervention, and eliciting the patient's preference (typically by signature). Health care professionals should note that there are exceptions to informed consent such as life-threatening emergencies with inadequate time to obtain consent and voluntary waived consent.

Health care professionals should acknowledge a power of attorney, when applicable - power of attorney may refer to any written, legally binding authorization and/or authority that grants powers to an individual, which allows said individual, to act on another individual's behalf. Typically, a health care power of attorney grants, in writing, a particular agent the power to make health care decisions on another individual's behalf. Health care professionals should note that a failure to acknowledge a power of attorney when administering health care could lead to miscommunication and/or a breakdown in communication.

Health care professionals should always remember that HIPAA regulations prohibit the use of PHI on any form of social media - using social media or posting information on social media forums may be considered to be a form/method of communication. Thus, health care professionals should consider the application of healthcare-related information on social media forums. When considering the use of healthcare-related information on social media forums, health care professionals should always remember that HIPAA regulations prohibit the use of PHI on any form of social media (i.e., health care professionals should not use PHI on Facebook, Twitter, Snapchat or any other form of social media). Basically, this recommendation advises health care professionals to avoid using any individually identifiable health information, that may link an individual to the health care system in any way, on social media. Health care professionals should note the following: individually identifiable health information is information, including demographic data, that relates to the following - an individual's past, present or future physical or mental health or condition, the provision of health care to an individual, or the past, present, or future payment for the provision of health care to the individual, and that identifies the individual or for which there is a reasonable basis to believe it can be used to identify the individual; individually identifiable health information is information that may be used to identify an individual and their relationship to the health care system. Health care professionals should also note that examples of individually identifiable health information may include: patients' names, birth dates, home addresses, and Social Security Numbers.

Health care professionals should not use patient pictures on social media - as previously indicated, health care professionals should not use any information that may link an individual to the health care system - that includes pictures of patients. Individuals may be identified in pictures and then eventually linked to the health care system, thus, health care professionals should avoid using any patient pictures on social media.

Health care professionals should consider that information deleted on some social media channels may be saved in some capacity - essentially, just because information is deleted on some social media channels, it does not mean it is not saved in some capacity - meaning that once information is posted on some social media channels it may perpetually exist in some format even if it is "removed" or "deleted" from the social media channel. Health care professionals should consider the previous concept before they engage in healthcare-related communication and/or use healthcare-related information on any form of social media.

Health care professionals should consider the repercussions for violating HIPAA regulations before they use healthcare-related information on social media -

violations of HIPAA regulations could result in disciplinary actions for health care professionals. Disciplinary actions for HIPAA violations can range from formal reprimands to termination, to fines, and even jail time. Health care professionals should consider those possibilities before they use healthcare-related information on social media - doing so, could help prevent a health care professional from violating HIPAA regulations, and experiencing the negative repercussions that may follow such a violation. In essence, health care professionals should ask themselves the following question before using any form of social media: is the use of healthcare-related information on social media worth jeopardizing my career? If the answer to the previous question is no, then maybe health care professionals should not proceed to use such information on social media.

Health care professionals should make attempts to continue their health care education and remain up to date on relevant health care topics - finally, it has been argued that the foundation of effective communication, within the current health care climate, is up to date knowledge. Thus, health care professionals should make attempts to continue their health care education and remain up to date on relevant health care topics to improve communication and effectively communicate with both health care professionals and patients.

Section 4: Summary

Health care professionals can improve communication by adhering to the following recommendations: make communication a priority; encourage communication; clarify ideas before engaging in communication; simply messages when engaging in communication; provide feedback when engaged in communication; avoid gratuitous or excessive body language when communicating; avoid negative body language, when applicable; avoid redirection when communicating; take detailed notes, when applicable; health care professionals should engage in active listening; health care professionals should work to avoid or limit noise when transmitting relevant patient information to other health care professionals, patients, and patients' families; health care professionals should work to avoid miscommunication when transmitting relevant patient information to other health care professionals, patients, and patients' families; use auxiliary aids and services, when applicable, use language interpreters, when necessary; health care professionals should be cognizant of local racial and ethnic groups' customs; follow up with individuals or parties; health care professionals should be familiar with internal channels or networks that may be used for both vertical and horizontal communication; health care professionals should uphold the ethic principles of health care; health care professionals should determine a patient's capacity when administering health care; health care professionals should identify patients that have special needs and/or requirements; health care professionals

should obtain informed consent from a patient, when applicable; health care professionals should acknowledge a power of attorney; health care professionals should always remember that HIPAA regulations prohibit the use of PHI on any form of social media; health care professionals should not use patient pictures on social media; health care professionals should consider that information deleted on some social media channels may be saved in some capacity; health care professionals should consider the repercussions for violating HIPAA regulations before they use health care-related information on social media; health care professionals should make attempts to continue their health care education and remain up to date on relevant health care topics.

Section 4: Key Concepts

The last of the four key strategies or action points to improving communication within health care organizations is to follow related recommendations; health care professionals can improve communication by following related recommendations.

Section 4: Key Terms

Negative body language - any body language that expresses an emotion or feeling associated with negative connotations such as anger, disdain, irritation, nervousness and/or boredom

Redirection (in the context of communication) - the process or action of changing/altering the intended purpose of a communication exchange between individuals or parties

Active listening - the process of gathering information with the intent to obtain meaning and achieve a common understanding

Miscommunication - the inadequate transmission of information or messages between two or more individuals or parties

Auxiliary aids and services - any means that may be used to communicate with individuals who have communication disabilities

Qualified reader - any individual who is able to read effectively, accurately, and impartially, using any necessary specialized vocabulary

Video remote interpreting (VRI) - any service that uses video conferencing technology to access an off-site interpreter to provide real-time sign language or oral interpreting services for conversations between hearing people and people who are deaf or have hearing loss

Qualified speech-to-speech transliterator - an individual trained to recognize unclear speech and repeat it clearly

Racial and ethnic disparities (when applied to the health care system) - differences in the quality of health care among specific racial and ethnic groups; differences in health care which often lead to a lower quality of health care, negative health care outcomes and higher patient morbidity and mortality rates among specific racial and ethnic groups

Informed consent - the process by which a health care professional obtains permission, from a patient, to conduct a health care intervention on a patient

Power of attorney - any written, legally binding authorization and/or authority that grants powers to an individual, which allows said individual, to act on another individual's behalf

Section 4: Personal Reflection Question

How can health care professionals utilize the above recommendations in their daily practice to improve communication with their health care organization?

Case Study: Communication

A case study is presented below to review the concepts found in this course. A case study review will follow the case study. The case study review includes the types of questions health care professionals should ask themselves when considering communication and how it relates to the administration of health care. Additionally, reflection questions will be posted, within the case study review, to encourage further internal debate and consideration regarding the presented case study and communication. The information found within the case study and case study review was derived from materials provided by the CDC, the Harvard Public Health Review, the Joint Commission, the U.S. Department of Health & Human Services, the U.S. Department of Justice, Work and the WHO (CDC, 2020; Ratna, 2019; Joint Commission, 2020; U.S. Department of Health and Human Services, 2020; U.S. Department of Justice, 2020; Bergman et al., 2016; WHO, 2020).

Case Study

A 70-year-old male patient is admitted to a health care facility. Before the patient is transferred to his room, he reports to a health care professional that he is on several medications, including warfarin, and is allergic to non-steroidal anti-inflammatory

drugs (NSAIDs). The patient is initiated on warfarin 5 mg daily. A baseline INR is not taken and subsequent INR levels are not ordered for the patient.

Twenty-four hours after the patient is transferred to his room, he reports he is in pain. The patient is ordered ibuprofen, as needed, for pain. A dose of ibuprofen is administered to the patient. Upon taking the ibuprofen, the patient experiences an allergic reaction which impacts his ability to breathe and includes hives. The patient's symptoms are treated and the patient recovers from his allergic reaction. However, due to the incident, the patient loses confidence in his health care team and becomes highly agitated when members of his health care team attempt to administer care. Additionally, the patient becomes anxious every time medications are administered to him. Eventually, the patient's anxiety begins to extend to all aspects of his health care and the patient becomes very resistant to any form of therapy, making his treatment increasingly challenging. Over time, the patient's health begins to decline. Soon the patient begins to make the following comments: "I want to go to sleep and never wake up"; "I hope today is my last day"; "I want to end it all."

Case Study Review

What patient details may be relevant to communication?

The following patient details may be relevant to communication: the patient is 70-years old; the patient reports to a health care professional that he is on several medications, including warfarin, and is allergic to NSAIDs; the patient is initiated on warfarin 5 mg daily, a baseline INR is not taken and subsequent INR levels are not ordered for the patient; the patient reports that he is in pain; a dose of ibuprofen is administered to the patient; upon taking ibuprofen, the patient experiences an allergic reaction which impacts his ability to breathe and includes hives; due to the allergic reaction incident the patient loses confidence in his health care team and becomes highly agitated when members of his health care team attempt to administer care; the patient becomes anxious every time medications are administered to him; the patient's anxiety begins to extend to all aspects of his health care and the patient becomes very resistant to any form of therapy, making his treatment increasingly challenging; over time, the patient's health begins to decline; the patient makes the following comments: "I want to go to sleep and never wake up"; "I hope today is my last day"; "I want to end it all."

Are there any other patient details that may be relevant to communication; if so, what are they?

How are each of the aforementioned patient details relevant to communication?

Each of the previously highlighted patient details may be potentially relevant to communication. The potential relevance of each patient detail may be found below.

The patient is 70-years old - the previous patient detail may be relevant because it could have implications on effective communication. Due to the patient's age, the patient could have both physical and mental conditions that could impede effective communication (e.g., hearing loss; dementia). Health care professionals should be aware that specific patient populations, such as older adults, may have physical and/or mental conditions that could impact effective communication. When administering health care to patient populations that may have physical and/or mental conditions that could impact effective communication health care professionals should consider the following recommendations: make communication a priority; simplify messages when engaging in communication; health care professionals should engage in active listening (active listening may refer to the process of gathering information with the intent to obtain meaning and achieve a common understanding); health care professionals should work to avoid or limit noise when transmitting relevant patient information to fellow health care professionals, patients, and/or other individuals; health care professionals should work to avoid miscommunication when transmitting relevant patient information to fellow health care professionals, patients, and/or individuals; health care professionals should determine a patient's capacity when administering health care; health care professionals should identify patients that have special needs and/or requirements.

The patient reports to a health care professional that he is on several medications, including warfarin, and is allergic to NSAIDs - the previous patient detail may be relevant because it includes vital patient information that should be adequately addressed and effectively documented. Health care professionals should note the following: one of the most important health care communication-related tools that can be used by health care professionals to improve communication is health care documentation; health care documentation may refer to a digital or an analog record detailing the administration of health care to patients; if completed effectively, health care documentation can be used in daily practice by health care professionals to communicate vital patient information to other health care professionals in order to facilitate positive health care outcomes and to decrease the potential for negative health care outcomes, such as adverse events and patient mortalities; effective health care documentation may be used as a method to review patient cases and to ensure all aspects of an individual patient's health care are noted and evaluated to maximize therapeutic outcomes; in order for health care documentation to be considered effective, it must function as a viable form of communication, as well as a means to establish a detailed record of health care administration. Health care

professionals should also note the following Joint Commission national patient safety goal and related recommendations/guidelines:

Medication Information Goal: Maintain and Communicate Accurate Patient Medication Information

The rationale behind the goal - there is evidence that medication discrepancies can affect patient outcomes. Medication reconciliation is intended to identify and resolve discrepancies - it is a process of comparing the medications a patient is taking (and should be taking) with newly ordered medications. The comparison addresses duplications, omissions, and interactions, and the need to continue current medications. The types of information that clinicians use to reconcile medications include (among others) medication name, dose, frequency, route, and purpose. Organizations should identify the information that needs to be collected to reconcile current and newly ordered medications and to safely prescribe medications in the future.

Related recommendations - to achieve the medication information goal, health care professionals should follow the following recommendations.

- Obtain information on the medications the patient is currently taking when he or she is admitted to the hospital or is seen in an outpatient setting. This information is documented in a list or other format that is useful to those who manage medications (notes: current medications include those taken at scheduled times and those taken on an as-needed basis; a good faith effort to obtain this information from the patient and/or other sources will be considered as meeting the intent of the goal).
- Define the types of medication information to be collected in non-24-hour settings and different patient circumstances; examples of non-24-hour settings include: the emergency department, primary care, outpatient radiology, ambulatory surgery, and diagnostic settings; examples of medication information that may be collected include: name, dose, route, frequency, and purpose.
- Compare the medication information the patient brought to the hospital with the medications ordered for the patient by the hospital in order to identify and resolve discrepancies (note: discrepancies include omissions, duplications, contraindications, unclear information, and changes; a qualified individual, identified by the hospital, does the comparison).
- Provide the patient (or family as needed) with written information on the medications the patient should be taking when he or she is discharged from the hospital or at the end of an outpatient encounter (for example, name, dose,

route, frequency, purpose); when the only additional medications prescribed are for a short duration, the medication information the hospital provides may include only those medications.

- Explain the importance of managing medication information to the patient when he or she is discharged from the hospital or at the end of an outpatient encounter (note: examples include instructing the patient to give a list to his or her primary care physician; to update the information when medications are discontinued, doses are changed, or new medications, including over-the-counter products, are added; and to carry medication information at all times in the event of emergency situations).

The patient is initiated on warfarin 5 mg daily, a baseline INR is not taken and subsequent INR levels are not ordered for the patient - the previous detail may be relevant because it could be indicative of a communication breakdown. In other words, the fact that a baseline INR and subsequent INR levels were not ordered for the patient may indicate that the communication taking place between the members of the patient's health care team was not effective. Moreover, the previous detail may be relevant because it may represent a medical error. To prevent medical errors regarding anticoagulant therapy, health care professionals should consider the following related Joint Commission recommendation/guideline: before starting a patient on warfarin, assess the patient's baseline coagulation status; for all patients receiving warfarin therapy, use a current International Normalized Ratio (INR) to adjust this therapy; the baseline status and current INR are documented in the medical record (note: the patient's baseline coagulation status can be assessed in a number of ways, including through a laboratory test or by identifying risk factors such as age, weight, bleeding tendency, and genetic factors).

The patient reports that he is in pain - the aforementioned patient detail may be relevant because it represents patient information that should be adequately addressed and effectively documented. Health care professionals should note the following: to adequately address patient pain, health care professionals must first assess patient pain. To assess a patient's pain health care professionals may use one or more of the following pain assessment tools/scales: a simple numerical pain intensity scale, the WILDA approach assessment guide, the Wong/Baker faces rating scale, the Critical-Care Pain Observation Tool (CPOT), and the Pain Assessment in Advanced Dementia (PAINAD) scale.

A dose of ibuprofen is administered to the patient - the previous detail may be relevant because it could be indicative of a communication breakdown. In other words, the fact that a dose of ibuprofen was administered to the patient, with a

reported NSAID allergy, may indicate that the communication taking place between the members of the patient's health care team was not effective. Moreover, the previous detail may be relevant because it may represent a medical error.

Upon taking ibuprofen, the patient experiences an allergic reaction which impacts his ability to breathe and includes hives - the aforementioned patient detail is relevant because it may represent a result from a medical error related to ineffective communication.

Due to the allergic reaction incident, the patient loses confidence in his health care team and becomes highly agitated when members of his health care team attempt to administer care - the aforementioned patient detail is relevant because it may represent a result of a medical error related to ineffective communication.

The patient becomes anxious every time medications are administered to him - the aforementioned patient detail is relevant because it may represent a result of a medical error related to ineffective communication.

The patient's anxiety begins to extend to all aspects of his health care and the patient becomes very resistant to any form of therapy, making his treatment increasingly challenging - the aforementioned patient detail is relevant because it may represent a potential long-term effect of a medical error related to ineffective communication.

Over time, the patient's health begins to decline - the aforementioned patient detail is relevant because it may represent a potential long-term effect of a medical error related to ineffective communication.

The patient makes the following comments: "I want to go to sleep and never wake up"; "I hope today is my last day"; "I want to end it all" - the aforementioned patient detail is relevant because the patient's comments may be an indication of suicidal thoughts. Health care professionals should note the following Joint Commission national patient safety goal and related recommendations/guidelines:

Safety Risk Goal: The Health Care Organization Identifies Safety Risks Inherent in its Patient Population

The rationale behind the goal - the suicide of a patient while in a staffed, round-the-clock care setting is a frequently reported type of sentinel event (the term sentinel event may refer to an unanticipated event in a health care setting that results in death or serious physical or psychological injury to a patient(s), not related to the natural course of the patient's illness). Identification of individuals at risk for suicide while under the care of or following discharge from a health care organization is an important step in protecting these at-risk individuals.

Related recommendations - to help achieve this goal, health care professionals and health care organizations should follow the following recommendations.

- Identify patients at risk for suicide.
- Conduct a risk assessment that identifies specific patient characteristics and environmental features that may increase or decrease the risk for suicide.
- Address the patient's immediate safety needs and the most appropriate setting for treatment.
- When a patient at risk for suicide leaves the care of the hospital, provide suicide prevention information (such as a crisis hotline) to the patient and his or her family.

What other ways, if any, are the previous patient details relevant to communication?

Did communication impact the patient's care?

Yes, based on the information presented in the case study, it does appear communication, or more specifically ineffective communication, impacted the patient's care. Essentially, ineffective communication leads to potential medical errors, which, ultimately, negatively impacted the patient's care.

How can health care professionals work to prevent/limit medical errors related to ineffective communication?

How could patient outcomes differ if effective communication was used in the patient's care?

The patient's experience in the health care facility could have been very different if effective communication was used in his care (i.e., patient outcomes may have been different). An example of how the patient's care and related outcomes could have been different may be found below:

Effective communication was used in the patient's care - the patient is admitted into the health care facility; a health care professional conducts a medication reconciliation to determine what medications the patient is currently taking; the medication reconciliation reveals the patient is on several medications including warfarin 5 mg daily; warfarin 5 mg daily as well as the patient's other medications are ordered for the patient; an initial INR is ordered for the patient as well as subsequent INR levels to adequately monitor the patient; during the medication reconciliation the patient reports that he has an NSAID allergy; the patient's NSAID allergy is immediately documented by a health care professional; twenty-four hours after the

patient is transferred to his room, he reports he is in pain; a Wong/Baker faces rating scale is used to determine the patient's intensity or level of pain; due to the patient's identified intensity/level of pain, health care professionals would like to order pain medications for the patient, including ibuprofen; a health care professional reviews patient-related documentation and identifies the patient's NSAID allergy; ibuprofen is not included the patient's pain medication orders; the patient's pain is adequately treated; the patient's INR levels remain in the indicated therapeutic range (i.e., between 2 - 3); eventually, the patient becomes comfortable in his new environment and with the individual members of his health care team; health care professionals engage in two-way communication with the patient to review and determine courses of therapy; health care professionals actively listen to the patient; the patient provides feedback regarding his therapy and health care professionals make adjustments to his care; the patient's health, overall well-being and quality of life steadily improve; the health care professionals, and more importantly, the patient, are pleased with the health care outcomes thus far.

What is another example of how the patient's care/related outcomes could have been different if effective communication was used?

Conclusion

Communication is an essential element of health care, and effective communication can be used to promote safe and effective health care, reduce medical errors, and optimize patient care. Thus, health care professionals should work to improve communication within their health care organizations. Health care professionals can improve communication within their health care organization by incorporating the following four key strategies or action points into their daily practice: obtain and utilize insight into communication; adhere to and follow health care communication-related laws and guidelines; effectively utilize health care communication-related tools; follow related recommendations.

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