Communicating Quality and Safety in Health Care

As health services are becoming more complex, communication is critical to enable healthcare clinicians to provide safe and high-quality care. In response to the growing emphasis on clinicians’ capacity to practise effective communication, Communicating Quality and Safety in Health Care provides real-life communication scenarios and inter-professional case studies. The book engages healthcare trainees from across medicine, nursing and allied health services in a comprehensive and probing discussion of the communication demands that confront today’s healthcare teams.

This book explains the role of communication in mental health, emergency medicine, intensive care and a wide range of other health service and community care contexts. It emphasises the ways in which patients and clinicians communicate, and how clinicians communicate with one another. The case studies explain why and how communication is critical to good care and healing. Each chapter analyses real-life practice situations, encourages the learner to ask probing questions about these situations, and sets out the principal components and strategies of good communication.

Written by prominent and internationally renowned scholars, Communicating Quality and Safety in Health Care helps both learners and instructors contextualise the practical exemplars by identifying the connections to relevant accreditation and policy requirements.

Additional resources for instructors are available online at www.cambridge.edu.au/academic/qualitiesafety

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Communicating Quality and Safety in Health Care

Edited by
Rick Iedema  Donella Piper  Marie Manidis
Foreword

In my previous role as Director General of NSW Health and, more recently as Chief Executive Officer of the Australian Commission on Safety and Quality in Health Care, I have reviewed many serious adverse events. These events, leading to serious patient harm, were frequently precipitated by inadequate communication between clinicians, and between clinicians and their patients.

Over the years, I have listened to many patients and their families tell stories about their healthcare experiences. Whether their experiences were positive or not often depended on the quality of communication they received from clinicians. This included the type of information, how they received that information and the interactions they had with their clinicians.

We know that communication problems are a major contributing factor in serious adverse events. As a result, there has been a great deal of effort in Australia and internationally to understand the genesis of communication failures as a strategy to improve the effectiveness of communication, reduce preventable patient harm and increase patient satisfaction in their care.

Effective and respectful communication is critical to the quality and safe delivery of patient care. Achieving this is not a simple task, as the system in which health care is delivered is complex. Clinicians require highly developed communication skills to negotiate this complexity. Clinicians need to develop these skills from strong a evidence base, starting at undergraduate level.

This textbook, edited by three leaders and researchers in this field, provides an excellent evidence base for students to start developing their communication skills. Each chapter has been written by prominent and internationally renowned health educators, practitioners and scholars. The textbook presents theories, useful strategies and tools to assist clinicians to communicate effectively in various clinical scenarios and settings. Clinical scenarios are illustrated with real-life examples, contextualised to the Australian setting. These examples will have resonance with readers, providing both context and relevance to their own practice, thus enhancing their learning opportunities.

This textbook is an important foundational resource for undergraduate healthcare students to develop the knowledge and skills to communicate effectively across service sectors, clinical specialties and clinical situations. It highlights the importance of respect, ethical practice, honesty, openness and patient centredness as essential elements of effective communication. In addition, the textbook provides useful patient-centred communication strategies and tools about how to partner with patients in shared decision making, informed consent and open disclosure.

Understanding the needs of patients and providing patient-centred communication will not only increase satisfaction but minimise distress and potentially reduce patient harm.

Adjunct Professor Debora Picone AM
Chief Executive Officer
Australian Commission on Safety and Quality in Health Care
Foreword

Over the past decade, I have listened to the healthcare experiences of health consumers. Healthcare consumers, who come from all walks of life, who as patients, family members and carers of patients, trust that their healthcare professionals will act in their best interests at all times.

As a facilitator at forums, and as a healthcare consumer advocate, I have listened to people recount their healthcare experiences. I have listened to unsolicited personal accounts of healthcare experiences from people while waiting at bus stops, while sitting on airplanes, and in the supermarket checkout line. I have listened as healthcare experiences are relived. And, regretfully, people’s experiences had been less than optimal.

The experiences I hear about are those of people as patients being traumatised by the healthcare system. They, or the person they cared for, had experienced harm in the course of receiving their health care.

It is evident that, despite the differing healthcare settings and the specific healthcare needs of each person, there are commonalities across these experiences.

Many patients had alerted members of their healthcare team to their changing health status. Family members had informed healthcare staff of their family member deteriorating, before their very eyes. There were reports of ‘raising the alarm’ that ‘things were amiss’ or ‘just weren’t right’. All the expressed concerns were subsequently dismissed by the health professionals caring for them.

The most significant recurring theme was of not being listened to, not just once, but repeatedly. Not only did I recognise these themes, I myself had experienced them all too well when my son died in hospital twelve and a half years ago.

Regardless of their healthcare need or the setting health care is provided in, people come to health care as patients with a reciprocal expectation of trust. Trust is really the only lifebuoy that a patient has to hold on to in the tumultuous ocean of health care. Each interaction a healthcare provider has with a patient, no matter how brief, builds on that trust or erodes it. When patients are not listened to, or are objectified as just a body part, physical and/or psychological harm are the inevitable outcome.

I often hear it said that patients expect too much these days. Each one of us as a human being innately expects to be valued and treated with respect by another, whether that is in our daily lives, our workplace or within the interaction we have with our healthcare providers. A personal responsibility to valuing and respecting the patient as a person and authentically listening and hearing their voice enables the atmosphere for trust to grow.

It is widely accepted now that patients play a key role in their own safety and in the mitigation of harm and also in their own care and healing. Their insights can also inform improvements to both the safety and quality of overall healthcare provision.
Not only do patients bring a unique perspective, but they also provide the missing link to the improvements required to the overall safety and quality of health care. The progress of this improvement depends on optimising the communication between all healthcare professionals and the people that they care for.

This book makes a welcome and timely contribution, as a resource to attain the environment that enables healthcare providers to maximise their interactions with patients in ways that matter to patients and increase the safety and quality of the care they receive.

Stephanie Newell
Australia’s Patients for Patient Safety Representative
to the World Health Organization
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Contributors

About the editors

Rick Iedema manages the research portfolio at the New South Wales Ministry of Health's Agency of Clinical Innovation. He is also Professor of Healthcare Innovation at the University of Tasmania’s Faculty of Health. He has published across a wide range of journals about the organisational and communication dimensions of health care, including his most recent book, *Visualising healthcare improvement: Innovation from within* (Abingdon: Radcliffe Publishing, 2013, with Jessica Mesman and Katherine Carroll).

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Marie Manidis has worked in the private, public, vocational and higher education sectors for the past 30 years. In these sectors Marie has held numerous management and specialist positions working on state and national level projects. Marie’s current interests are in social, organisational and professional practices in the health sector. She is now a Postdoctoral Research Fellow at the University of Technology, Sydney.

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Aileen Collier is Lecturer in Palliative Care at Flinders University in Adelaide. She has a clinical background as a palliative care nurse in a diverse range of settings in the UK and Lao PDR as well as Australia. Aileen’s scholarly interests are focused on improving access to quality palliative and end-of-life care. Her PhD thesis was the winner of the 2013 International Institute of Qualitative Methods award and examined the links between where dying people are and the extent to which spaces enable or constrain their agency and contribute to the quality of the care they receive.

Sam Davis is a social gerontologist and experienced researcher. Dr Davis is Course Coordinator for the Applied Gerontology postgraduate program in the School of Health Sciences, Flinders University, South Australia. She is a core member of the Global Action on Personhood (GAP). Her current major project, funded by Department of Social Services, Aged Care Service Improvement and Healthy Ageing Grants Fund, focuses on dementia care education for Australian residential aged care staff.
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Gerard J. Fennessy is an intensive care specialist at Western Health, Melbourne, and specialist retrieval physician with Adult Retrieval Victoria. He has 15 years experience as a doctor, having worked in many hospitals in New Zealand and Australia. He has interests in both online and face-to-face education for medical students, trainee doctors, nursing staff, advanced trainees and fellows.

Cindy Gallois is Emeritus Professor of Psychology and Communication at the University of Queensland. She is a Fellow of the Academy of the Social Sciences in Australia, International Communication Association, Society of Experimental Social Psychology, International Association of Language and Social Psychology, and International Academy of Intercultural Relations. Her research focuses on intergroup communication in health, including the impact of communication on safety and quality of patient care. She has a special interest in communication accommodation in health.

Natalya Godbold is a Sessional Lecturer in Information Behaviour at the University of Technology, Sydney, with a focus on the everyday practices of living with chronic disease. She examines how people with chronic illnesses translate medical advice into everyday self-care practices and is interested in the dynamics of healthcare provision from the perspectives of patients and their families. Her PhD examined how people make sense of kidney failure in online discussion boards.

Jane Gray is Director of Research, Innovation and Partnerships for Hunter New England Local Health District in NSW, Jane joined Hunter New England Health as the Director of Innovation Support in November 2009. Before this, she led NSW Health’s Patient and Carer Experience Program for the Health Services Performance Improvement Branch from 2006 to 2009. She is passionate about understanding and improving staff, patient and carer experience of the public health system.

George Hayden is a Njaki Njaki man from the eastern Wheatbelt region of the Noongar Nation in the south-west of Western Australia. George has a vast history of working with his Mob throughout his career, be it in the public or private arena. For the past four years he has been a Cultural Consultant to the Building Mental Wealth team at Curtin University (School of Psychology and Speech Pathology). His current role, as an Associate Lecturer at the Centre for Aboriginal Studies at Curtin University of New Technology, requires him to provide members of the research team with appropriate cultural guidance.

Nick Hopwood is a Senior Research Fellow at the University of Technology, Sydney. He has been conducting research about learning and education for over a decade. Most recently
he has explored learning and pedagogy in relation to child and family health professional practices, and in medical and nursing clinical education. Nick is interested in investigating connections between learning and health.

Caris Jalla is a researcher who has worked at the University of Western Australia, Edith Cowan University and the Telethon Kids Institute and is currently working at the Centre for Cerebral Palsy. In her early career she was awarded the Faith Stewart Book Prize in Health Sciences at UWA. Her current research project focuses on the improvement of service delivery of disability supports and services for Aboriginal families in regional Western Australia.

Daryl Jones graduated from the University of Melbourne in 1996 and is an Intensive Care Specialist at Austin Health. Daryl is also an Adjunct Research Fellow at Monash University, an Adjunct Associate Professor at the University of Melbourne and an advisor to the Australian Commission on Safety and Quality in Health Care. He has completed a doctor of medicine in aspects of the rapid response team (RRT) and has recently completed a PhD on the RRT that assesses the characteristics and outcomes of patients who are reviewed by the RRT, and details of resource utilisation of the medical emergency team (MET) in ICU-equipped hospitals throughout Australia.

Christine Jorm is based at Sydney University. She has doctorates in neuropharmacology and sociology and worked as an anaesthetist for more than 15 years before moving to full time work in patient safety and quality. Her book, *Reconstructing medical practice: Engagement, professionalism and critical relationships in health care* (Aldershot: Gower Publishers, 2012) suggests that doctors’ delicate self-esteem, collegiate relationships and cherished connections with patients reduce their ability to admit to error or engage with the system. Christine’s range of publications reflects both the complexity inherent in safety and her enthusiasm for interdisciplinary collaboration. After four years assisting medical students to develop professionalism, her current work is focused on interprofessional and interdisciplinary education.

Benn Lancman is a specialist anaesthetist and human factors specialist. Benn served as a junior doctor representative with the Clinical Excellence Commission in NSW, and currently has an appointment at the University of Sydney in the Workforce Education and Development Group working on projects that impact trainee performance and the acquisition of expertise. Benn is also a passionate educator who instructs on EMST courses and runs workshops at clinical conferences, on issues of communication, incident investigation and clinical error. His current work is exploring how process redesign and the intelligent application of technology can develop safer, more efficient healthcare systems.

Bill Madden is an accredited specialist in personal injury law in practice at Slater and Gordon Sydney. He is Adjunct Professor at the Queensland University of Technology (Australian Centre for Health Law Research) and Adjunct Fellow at the University
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