MISCOMMUNICATION IN THE MASS COMMUNICATION AGE

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OBJECTIVES

- Review the elements of a communication process
- Communication Failures & Implications
- Translational Communication Elements and Skills
- Put it to the test


...AND THAT IS WHY WE LIFT ON THREE...
COMMUNICATION
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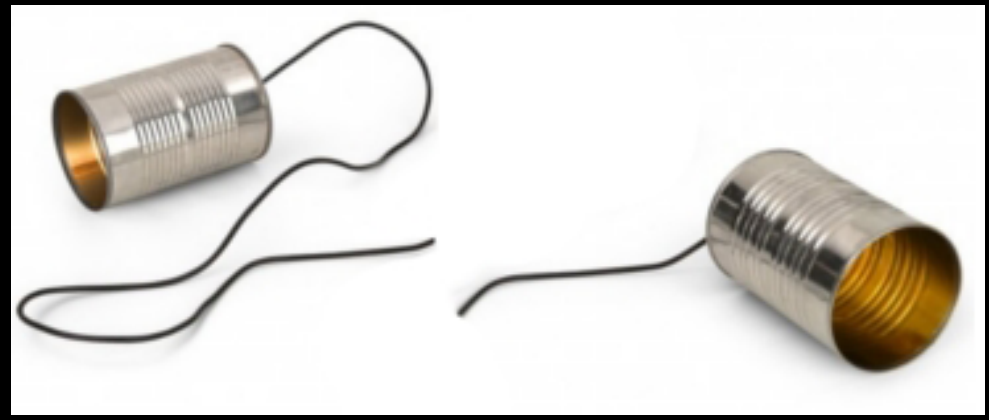
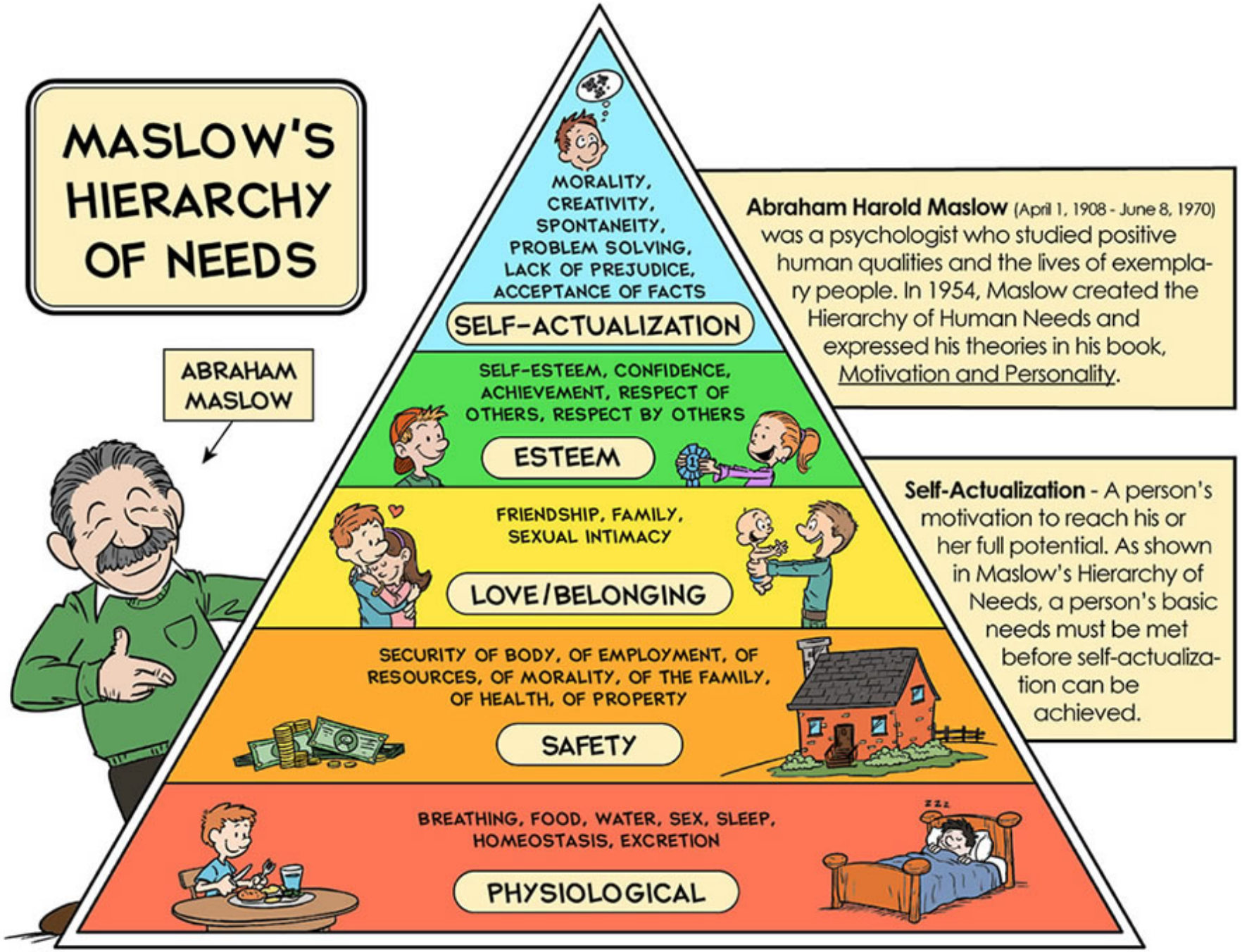
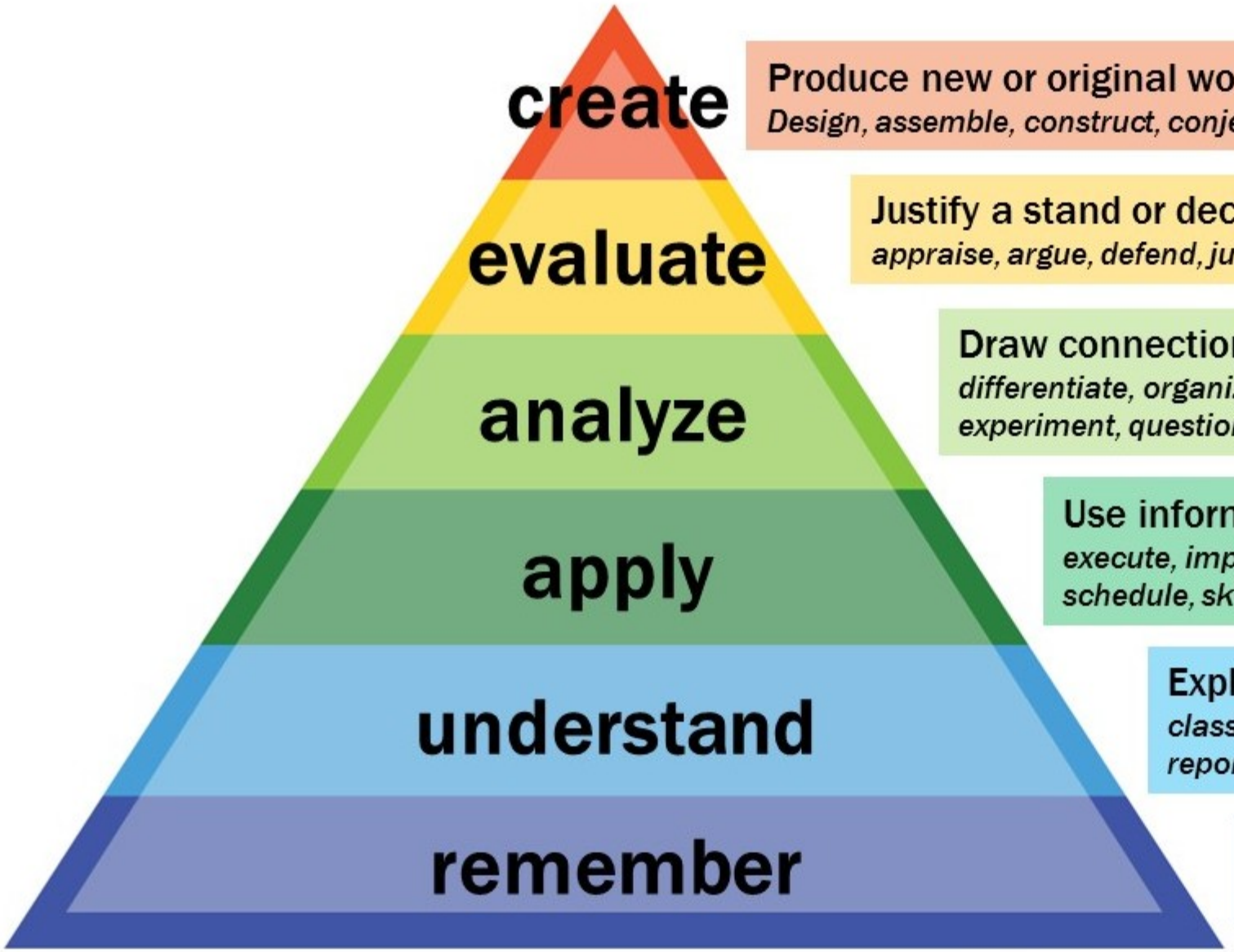



MASLOW'S HIERARCHY OF NEEDS
ABRAHAM MASLOW
MORALITY, CREATIVITY, SPONTANEITY, PROBLEM SOLVING, LACK OF PREJUDICE, ACCEPTANCE OF FACTS
SELF-ACTUALIZATION
SELF-ESTEEM, CONFIDENCE, ACHIEVEMENT, RESPECT OF OTHERS, RESPECT BY OTHERS
ESTEEM
FRIENDSHIP, FAMILY, SEXUAL INTIMACY
LOVE/BELONGING
SECURITY OF BODY, OF EMPLOYMENT, OF RESOURCES, OF MORALITY, OF THE FAMILY, OF HEALTH, OF PROPERTY
SAFETY
BREATHING, FOOD, WATER, SEX, SLEEP, HOMEOSTASIS, EXCRETION
PHYSIOLOGICAL
Abraham Harold Maslow (April 1, 1908 - June 8, 1970) was a psychologist who studied positive human qualities and the lives of exemplary people. In 1954, Maslow created the Hierarchy of Human Needs and expressed his theories in his book, Motivation and Personality.
Self-Actualization - A person's motivation to reach his or her full potential. As shown in Maslow's Hierarchy of Needs, a person's basic needs must be met before self-actualization can be achieved.

Bloom's Taxonomy



Produce new or original work
Design, assemble, construct, conjecture, develop, formulate, author, investigate

Justify a stand or decision
appraise, argue, defend, judge, select, support, value, critique, weigh

Draw connections among ideas
differentiate, organize, relate, compare, contrast, distinguish, examine, experiment, question, test

Use information in new situations
execute, implement, solve, use, demonstrate, interpret, operate, schedule, sketch

Explain ideas or concepts
classify, describe, discuss, explain, identify, locate, recognize, report, select, translate

Recall facts and basic concepts
define, duplicate, list, memorize, repeat, state

THE RELEVANCE

- 60% of Sentinel Events reports to TJC associated with communication failures
- Communication failures exceeded technical error by 2:1 among cause in 14,000 hospital deaths

THE RELEVANCE

- Multisite studies of ICU's, poor collaborative communication among providers contributed to 1.8 fold increase in risk adjusted mortality and length of stay.
- 421 OR communication events
  - 30% prevalence of failures
  - 1/3rd jeopardized patient safety

THE RELEVANCE

- Among 444 surgical malpractice causes resulting in harm to patients, 60 cases (13%) were associated with communication failure.
  - 73% were associated with verbal breakdowns
  - 64% involved only 2 individuals

LAUNCH SEQUENCE START
S-IC INTERTANK ARM RETRACTED
S-IC IGNITION
COMMIT
RANGE SAFE
LIFTOFF
S-IC INBOARD ENGINE CUTOFF
S-IC PROPELLANTS PRESSURIZED
S-IC OUTBOARD ENGINE CUTOFF
S/C READY
S-IC FORWARD ARM RETRACTED
TEST COUNTING
02:54
APOLLO 12 LAUNCH
SECONDS


Время доклада: 00:00:00
Огневое поражение наземных группировок противника и отражение массированного
ракетно-авиационного удара войсками Южного военного округа
рк «Дагестан»
ЗРК «Бук-М1»
ЗРПК «Панцирь-С»

GRICE'S MAXIMS OF COMMUNICATION

- Quantity
  - Make your contributions as informative as is required (for the purposes of the exchange)
  - Do not make your contribution more informative than is required
  - ***Season to flavor***
- Quality
  - Make your contribution one that is true
  - Do not say what you believe to be false
  - Do not say that for which you lack adequate evidence
  - ***Hear no evil, see no evil, speak no evil***

GRICE'S MAXIMS OF COMMUNICATION

- Relation
  - Be relevant
- Manner
  - Avoid obscurity of expression
  - Avoid ambiguity
  - Be brief
  - Be orderly
  - ***I said what I meant and I meant what I said***

FAILURE ANALYSIS

- Message
  - Language
  - Format
- Sender & Recipient
  - Prepared to communicate
- Conduit
  - Technology Interface
- Environment
  - Ambient noise
  - Stress changes EVERYHTING
- Timing
  - Context of events
- Sustainability

Dominance

Person places emphasis on accomplishing results, the bottom line, confidence

Behaviors

- Sees the big picture
- Can be blunt
- Accepts challenges
- Gets straight to the point

Learn more

Influence

Person places emphasis on influencing or persuading others, openness, relationships

Behaviors

- Shows enthusiasm
- Is optimistic
- Likes to collaborate
- Dislikes being ignored

Learn more

Steadiness

Person places emphasis on cooperation, sincerity, dependability

Behaviors

- Doesn't like to be rushed
- Calm manner
- Calm approach
- Supportive actions
- Humility

Learn more

Conscientiousness

Person places emphasis on quality and accuracy, expertise, competency

Behaviors

- Enjoys independence
- Objective reasoning
- Wants the details
- Fears being wrong

Learn more

CATEGORIES OF FAILURE

- Too late to be effective
- Exclusive of some relevant team members
- Incomplete/inaccurate content
- Did not convey clear and/or achievable goal

Lingard et al. Qal Saf Health Care 2004;13:330

CONDUIT FAILURE

- "Failure to communicate: Inside the army's doomed quest for the 'perfect' radio" by David Axe
  - $6 Billion in outlay, $11 Billion to buy replacements
  - $12 Billion to develop effective new radios
  - Begins in 1997; brought to 1000 veterans in 2010
  - *"JTRS' history is one of grand but naïve technological ambition colliding with the unbending laws of physics and the unforgiving exigencies of modern warfare."* *One size fits none!*

DYNAMIC BARRIERS

- Work is complex and unpredictable
- Variety of disciplines with individuals priorities and goals.
- Limited opportunity for synchronous interaction
- Hierarchical organization structure – Authority distance

Dingley, et al. Immproving Patient Safety Through Provider Communication Strategy Enhancements

COMMUNICATION IN CRISIS – THE GOOD

COMMUNICATION IN CRISIS – THE BAD

COMMUNICATION IN CRISIS

Nimitz and Halsey, 1943

The message that was sent to Halsey was:

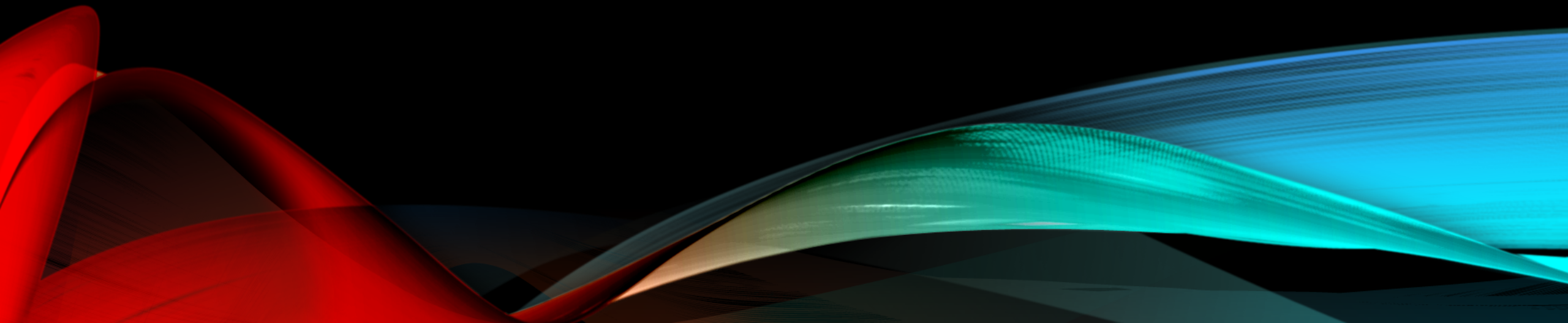
TURKEY TROTS TO WATER GG FROM CINCPAC ACTION COM THIRD FLEET INFO COMINCH CTF SEVENTY-SEVEN X WHERE IS RPT WHERE IS TASK FORCE THIRTY FOUR RR THE WORLD WONDERS

Since the padding at the end of the message, "the world wonders", made sense to Halsey's decoder he left it in. Admiral Halsey therefore received the message: *Where is, repeat, where is Task Force Thirty-Four? The world wonders.*

Halsey read this message, as a stinging rebuke from Nimitz, of Halsey's decision to pursue the decoy carriers and leave the landings unprotected. He later recounted that: "*I was stunned as if I had been struck in the face. The paper rattled in my hands. I snatched off my cap, threw it on the deck, and shouted something I am ashamed to remember. . . I was so mad I couldn't talk.*"

COMMUNICATION IN CRISIS

FEEDBACK



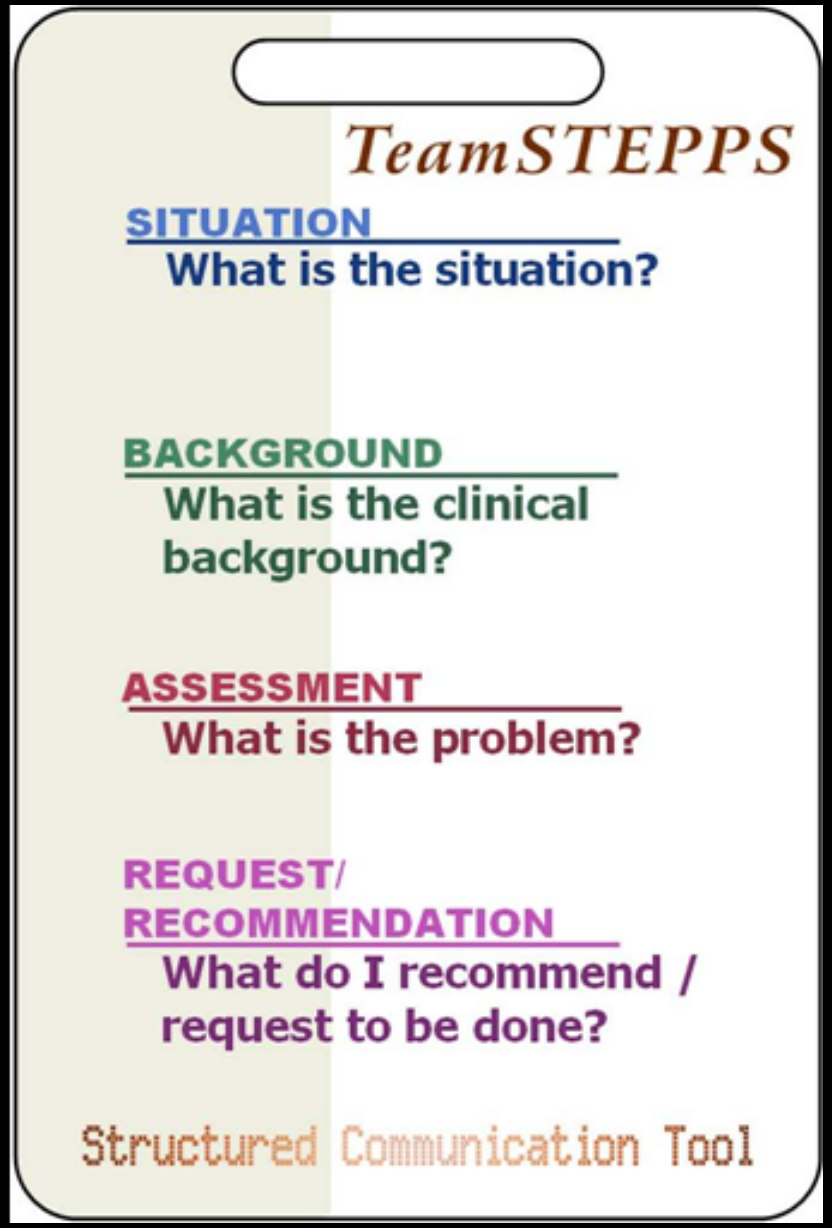
SBAR

- Situation
- Background
- Assessment
- Recommendations

SBAR COMMUNICATION

- Universally applicable
- Bridges communication styles
- Bridges communication tools
- Effective for vertical and horizontal communications
- A/R recognizes expertise of professionals
- Requires respect of professional opinions
- Endorsed by ACHE

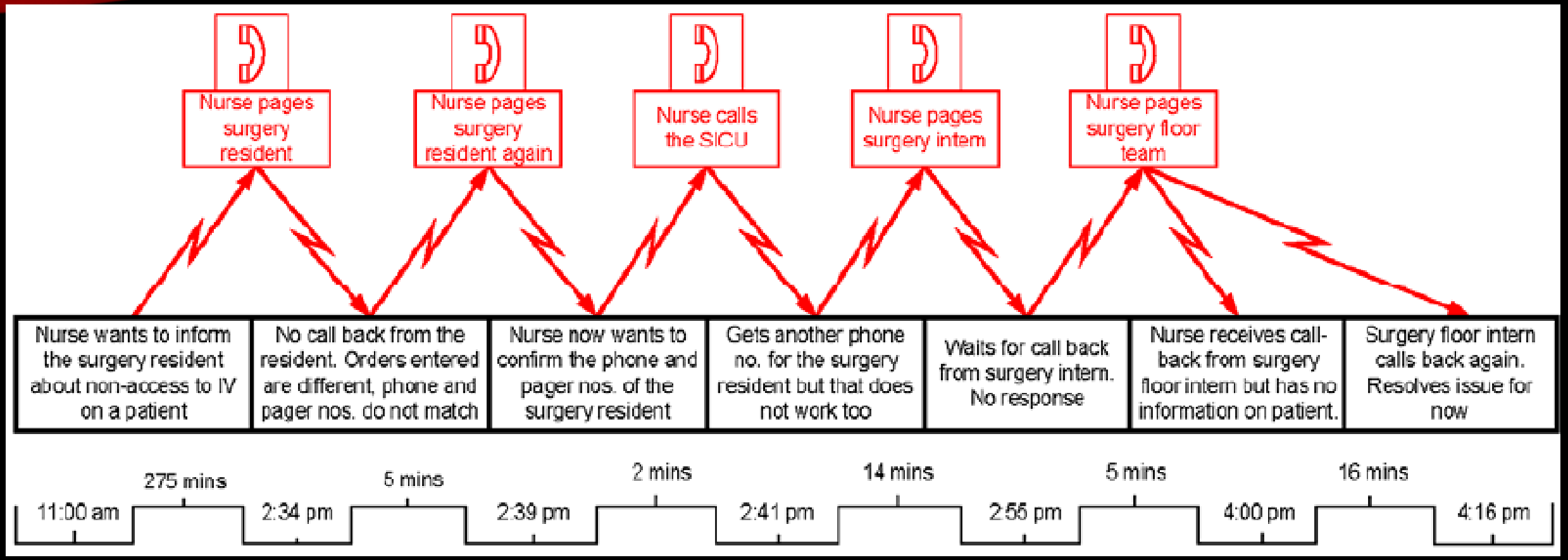

TeamSTEPPS
SITUATION
BACKGROUND
ASSESSMENT
REQUEST/
RECOMMENDATION
AHRQ
Agency for Healthcare Research and Quality
PATIENT SAFETY
TRICARE


TeamSTEPPS
SITUATION
What is the situation?
BACKGROUND
What is the clinical background?
ASSESSMENT
What is the problem?
REQUEST/
RECOMMENDATION
What do I recommend / request to be done?
Structured Communication Tool

ESCALATION PROCESS

- Ensure communicator satisfaction with outcome
- Ensure safe outcome
- Ensure institutional goals and standards are met
- Provide a ‘safety-valve’ outlet

- Failure to have standardized escalation process
  - Confusion in responsibility
  - Delay in definitive solutions
  - Provider frustration


Nurse pages surgery resident
Nurse pages surgery resident again
Nurse calls the SICU
Nurse pages surgery intern
Nurse pages surgery floor team
Nurse wants to inform the surgery resident about non-access to IV on a patient
No call back from the resident. Orders entered are different, phone and pager nos. do not match
Nurse now wants to confirm the phone and pager nos. of the surgery resident
Gets another phone no. for the surgery resident but that does not work too
Waits for call back from surgery intern. No response
Nurse receives call-back from surgery floor intern but has no information on patient.
Surgery floor intern calls back again. Resolves issue for now
11:00 am
275 mins
2:34 pm
5 mins
2:39 pm
2 mins
2:41 pm
14 mins
2:55 pm
5 mins
4:00 pm
16 mins
4:16 pm

TEAM HUDDLES

- Establish foundation upon which day or session is built
- Bring functional elements into alignment

- Standardize
  - Start time and Duration
  - Location
  - Structure
  - Agenda
  - Attendance

MDR & GOALS SHEET

ICU/IMC Daily Goals Checklist

Rounds Start Times: ICU/IMC 1000
Updated 9 11 2015

Attending: _____
MAJOR underlying comorbidities: _____
Admission diagnosis: _____
If transferred / discharged, briefly address major issues in the following areas: (1) clinical, (2) family, (3) disposition.

Systm	In detail	Initiative	M	T	W	Th	F	Sat	Sun
♡	Rhythm? Hemodynamic stability? Vasoactive drugs?	Cardiac							
Neuro	Pain control sufficient?	Pain							
	CAM-ICU positive or negative/ RASS score	Agitation							
	CIWA score (as appropriate)	Delirium							
	Results after sedation vacation?	SAT							
Pulmonary	Current oxygen / Hi Flow / CPAP / BiPAP / Vent settings?	Oxygenation							
	Outcome of AM weaning trial?	SBT							
	CLRT indicated/implemented?	CLRT							
	HOB up >30°? Oral care q 2-4 hr. (b.i.d. brushing)?	HOB/Oral							
	Lung protective ventilation or BiLevel/APRV if ARDS?	LPV							
M-S	Mobility *score*? PT / OT?	Activity							
ID	Lines: Can any lines be removed (central/art)?	Lines							
	Foley catheter: Can foley be removed?	Foley							
	Has duration of antibiotic been established? Is procalcitonin demonstrating a decrease? IV→PO Abx?	Abx Stewardship							
Fluids/GI/GU	Fluid balance? (+ or -)	Fluid Bal							
	Weight up or down (since yesterday? Since admit?)	Weight							
	Last BM _____ Diarrhea?	GI							
	Current diet / feeding / free water?	Diet							

Table 4. Results of communications process analysis

Time for resolution of communication/issue	Pre-intervention	Post-intervention	*P-value* (1-sided)[a]
MICU			
Time for communication (min)	(N = 112)	(N = 112)	
Mean	7.19	3.69	0.007
Range	1 - 312	1 - 51	
Adjusted mean	4.52	3.37	0.01
Adjusted range	1 - 55	1 - 51	
ACU			
Time for communication (min)	(N = 135)	(N = 136)	
Mean	8.29	6.51	0.27
Range	1 - 136	1 - 61	
Adjusted mean	6.63	5.27	0.31
Adjusted range	1 - 135	1 - 60	

Resolution and satisfaction MICU	Pre-intervention	Post-intervention	*P*-value (2-sided)[b]
Positive nurse responses (%)	(N = 99) 67.7	(N = 111) 80.2	0.04
Satisfied/very satisfied nurse responses (%)	(N = 103) 85.5	(N = 111) 92.8	0.08
ACU	(N = 135)	(N = 136)	
Positive nurse responses (%)	66.7	75	0.13
Satisfied/very satisfied nurse responses (%)	77.1	80.1	0.53

a t-test
b chi-square

COMMUNICATION UNDER STRESS

Variation in Communication Loads on Clinical Staff in the Emergency Department

Rosemary Spencer, BN, MA
Enrico Coiera, PhD, MBBS
Pamela Logan, RN, MSc

From the Centre for Health Informatics, University of New South Wales, Sydney, Australia.

Study objective: We determine whether there are differences in role-related communication patterns in the emergency department (ED).

Methods: This was an observational study of a metropolitan ED. Four medical officers and 4 nurses were observed for 19 hours and 52 minutes. Communication load was measured by proportion of observed time in communication, proportion of concurrent communication events, and proportion of interruptions.

Results: Eight hundred thirty-one communication events were identified, an average of 42 events per person per hour. Eighty-nine percent of clinicians' time was spent in communication. Synchronous communication channels, involving face-to-face or telephone conversations, were used in 84% of events. One third of communication events were classified as interruptions, averaging 15 interruptions per person per hour. Senior medical and nursing staff experienced higher rates of interruption than junior medical staff and registered nurses with an allocated patient load.

Conclusion: There was considerable variation in communication loads on clinical staff occupying different roles in the ED. Medical registrars had a high proportion of interruptions and spent the most time dealing with interruptions. These new data suggest some clinical roles may be at higher risk of communication overload than those of the general clinical population.

[*Ann Emerg Med.* 2004;44:268-273.]

COMMUNICATION UNDER STRESS

- Hypothesize that certain communications loads associated with specific work patterns
- Expect communication load to vary with clinical roles
- Identify which roles are at risk for high loads and thus, communication failures

COMMUNICATION UNDER STRESS

- 4 physicians and 4 nurses monitored for 20 hours in ED
- 831 distinct communication events
  - 42 events/person/hour
  - 1/3 of events classified as interruptions
  - 10% of time carrying out ≥ 2 overlapping conversations/tasks

Communication Systems in Healthcare

Enrico Coiera
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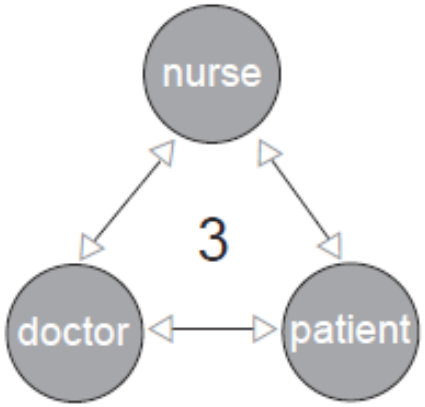
Abstract

The care of patients now almost inevitably seems to involve many different individuals, all needing to share patient information and discuss their management. As a consequence there is increasing interest in, and use of, information and communication technologies to support health services. Yet, while there is significant discussion of, and investment in, information technologies, communication systems receive much less attention and the clinical adoption of even simpler services like voice-mail or electronic mail is still not commonplace in many health services. There remain enormous gaps in our broad understanding of the role of communication services in health care delivery. Laboratory medicine is perhaps even more poorly studied than many other areas, such as the interface between primary care and hospital services. Given this lack of specific information about laboratory communication services, this paper will step back and generally review the components of a communication system, including the basic concepts of a communication channel, service, device and interaction mode. The review will then try and summarise some of what is known about specific communication problems that arise across health services in the main, including the community and hospital service delivery.



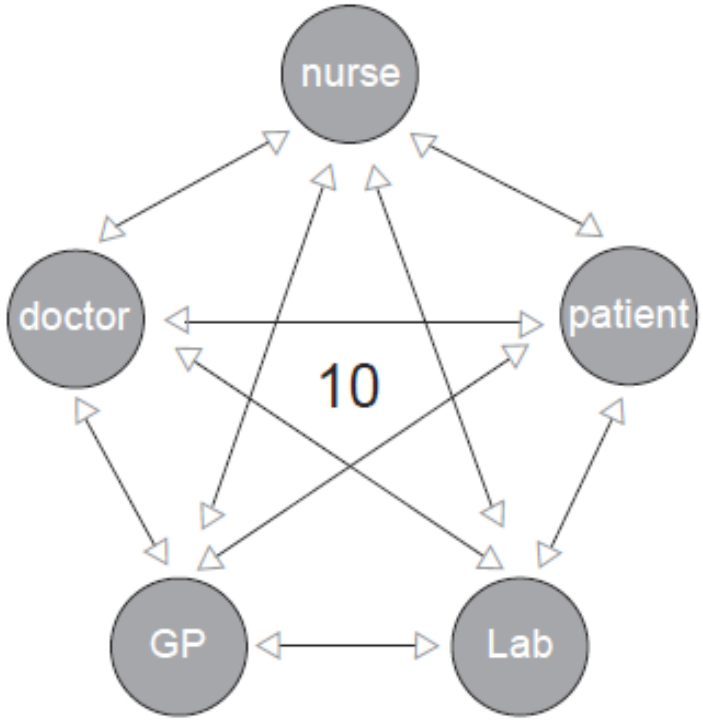
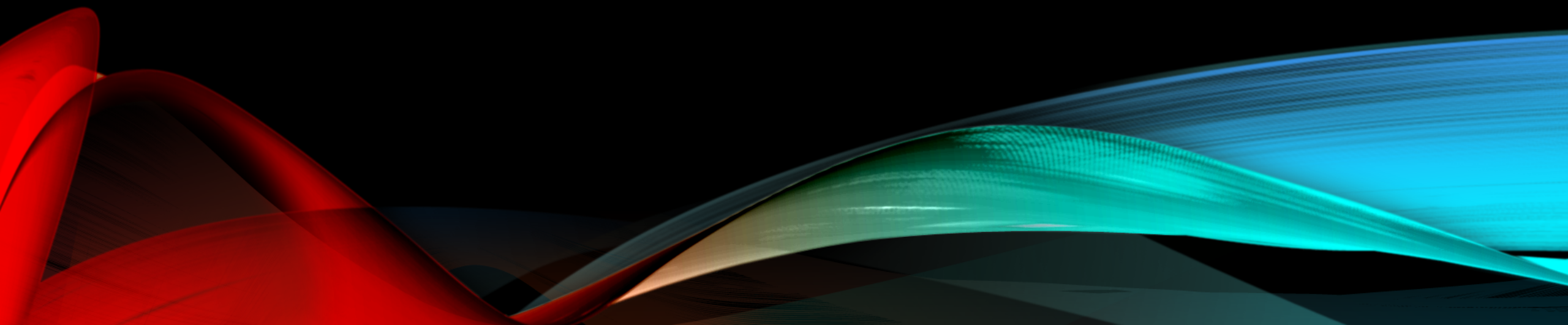


Figure 1. The number of possible conversations increases combinatorially with the number of individuals who need to communicate (after Lang and Dickie, 1978).[3]

$$\text{number of conversations} = n!/(r!(n-r)!$$

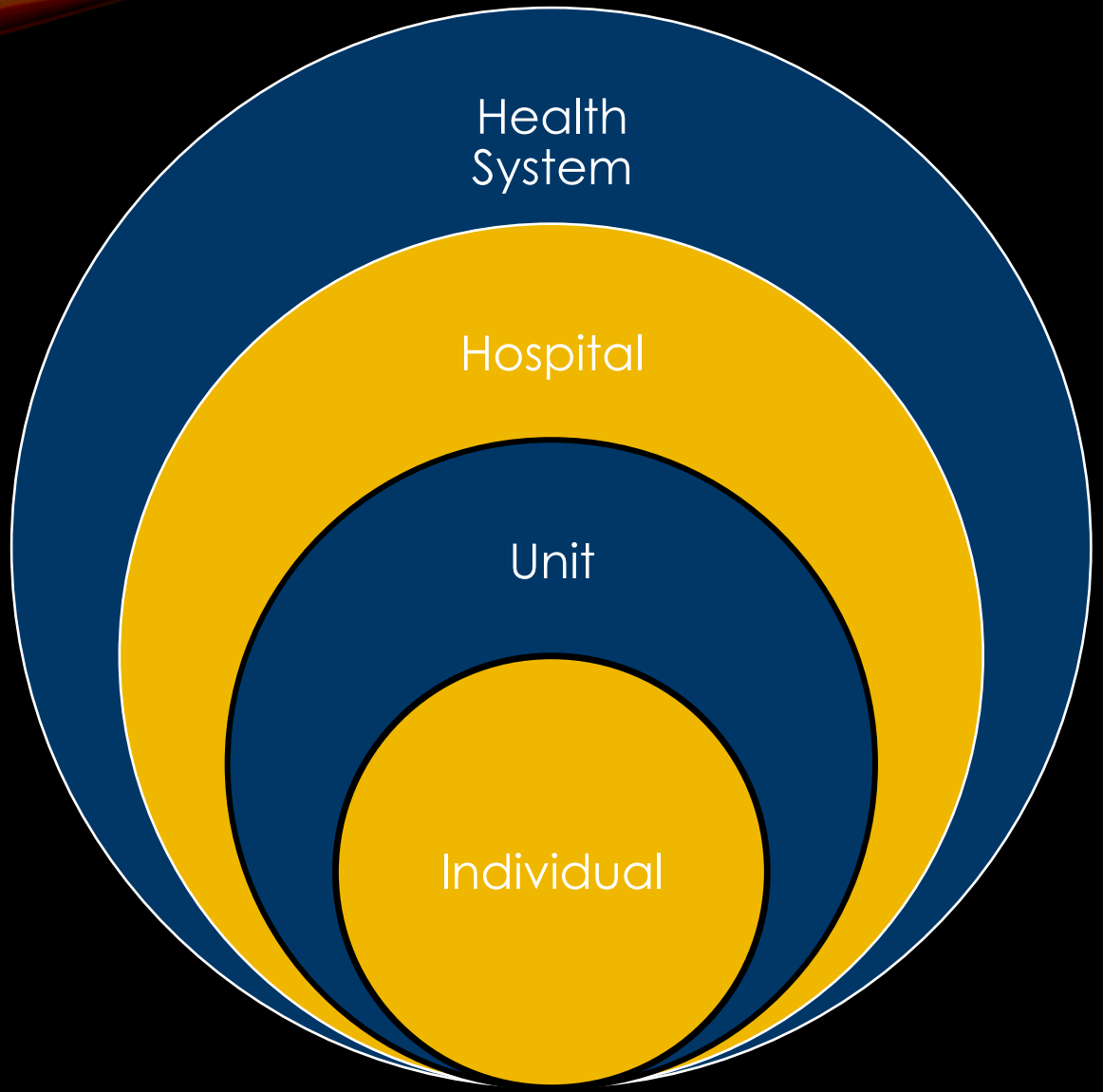
where n is the number of individuals, and r is the number of individuals involved in a single conversation.

INTERVENTIONS AT WVU



CONVEYING A MESSAGE

- Define the intended audience
  - Attention span
- Understand the media being utilized
- Account for barriers to understanding
  - Language
  - Profession
  - Priorities
  - Education


Health System
Hospital
Unit
Individual

BACKGROUND

- The Health Information Management Department has begun a process to improve the verbal order process throughout our hospital.
- Approximately **250,000** verbal orders are given annually in this institution.

SURVEY RESULTS

A survey recently completed among 8NE nurses indicated that:

- ✓ 32% of RNs were dissatisfied with the current verbal order policy.
- ✓ 45% found it difficult to identify the ordering provider.
- ✓ VO process was completed only 55% of the time.

VERBAL ORDER PROCESS

1. All verbal orders must be signed, dated and time stamped by the ordering practitioner within forty-eight (48) hours after order is given.
2. Deferred verbal orders are reviewed, managed and monitored by Nursing and Ancillary Services.
3. New verbal order reports have been developed to monitor compliance.

SER PROVIDER LOOKUP PROCESS

- Physicians and APP's will be asked by RN's for their SER (unique provider) number to ensure accurate identification of the person giving the order.
- Second identifier will ensure your name is selected correctly (i.e. a provider with the same/similar last name).

Epic

TIP TALKS

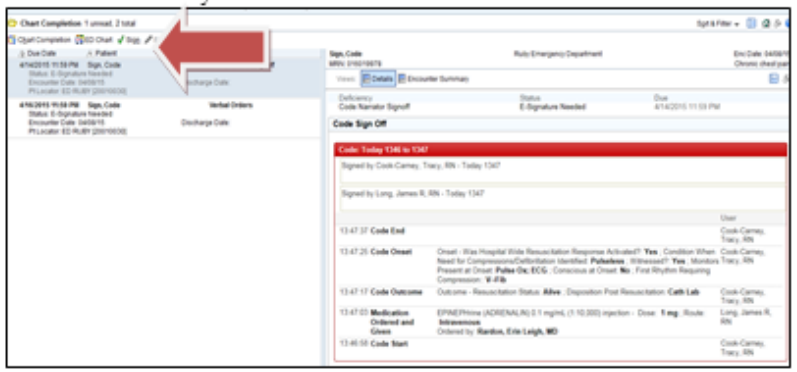
APPLICATION:	INPATIENT	ROLE:	PROVIDERS
AUTHOR:	TRACY COOK-CARNEY	EMAIL:	COOKCARNEYT@WVUHEALTHCARE.COM
DATE:	MAY 20, 2015	TOPIC:	CODE NARRATOR SIGN OFF

Beginning May 20, 2015 providers will now use the **New Sign Off** feature to sign Codes, Rapid Responses or RSI. This update will eliminate the need to sign the Code Documentation Note.

How to Sign-Off

There are two methods available for Sign Off – it is your choice which method you want to use:

Method 1: A reminder will automatically be sent to the provider's In Basket to sign when the end time has been entered by the Recorder.



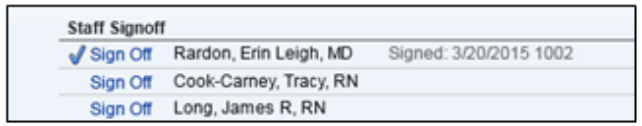
Click the Sign button, a comment box is available to enter text if you so choose. This text will appear with your Signed Name on the Code/Rapid Documentation Timeline report. You will be prompted to enter your password.

The Code and Rapid Response report will be available immediately after the event has ended from the provider's In Basket. The report will either display as Code Sign Off or Rapid Response Sign Off (Rapid Responses and RSI).

Method 2: - The provider can sign the Code, or Rapid Response prior to leaving the patient's room.

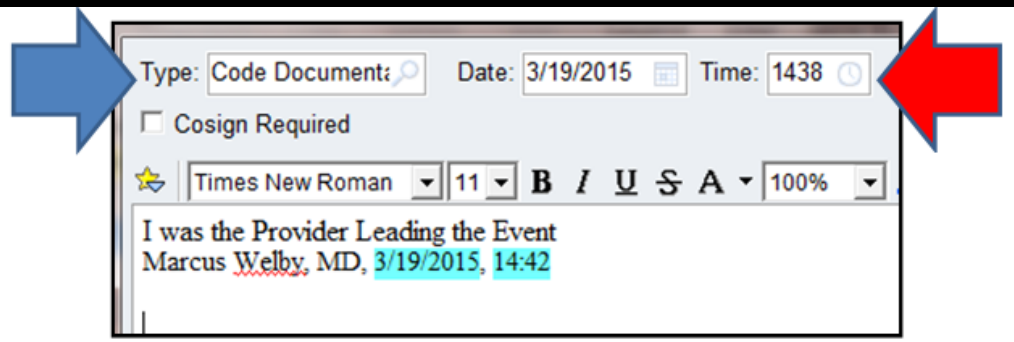
How to Sign Off with this method

1. Go to the Recorder's PC - immediately after the event has ended.
   Click the **Sign Off link** next to your name and enter your password, a comment section will be available from here also.



This is the view from the Recorder's PC in Code Narrator immediately after the Code and Rapid Response has ended.

With this method you are immediately finished with signing the Code or Rapid Response. The Recorder should remind the provider(s) to sign prior to leaving the patient's room. Any provider(s) whose name is linked to any order, or linked to any medication given during the event will receive an In Basket reminder to sign or **Sign Off link** next their name (see above screen shot for Sign Off hyperlink).



Physician **Code Blue** Documentation Specifics

- New Note Type: 'Code Documentation' in top left corner of note (**Blue** Arrow)
- Change note time (**Red** Arrow) to match time code event was completed (ask RN scribe or review event under Epic Patient Summary Tab and Code/Rapid Timeline screen under reports)
- Use **.codemd** to document your presence and supervision of code/rapid response.
- Necessary to link your presence and supervision for medications/procedures during code event.
- Contact Julie Nist with ?'s @ nistj@wvuhealthcare.com

PUTTING IT ALL TOGETHER

- Teach a simple skill
- Exchange communications inventory
- Teach a similar skill
- Feedback on effectiveness