




# *Communication in Healthcare: For Better Healing*

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  - ▶ President, Association of National Board Accredited Institutions
  - ▶ Board Member, National Accreditation Board for Hospitals and Healthcare Organisations (NABH)
  - ▶ Consultant, World Bank
  - ▶ Chairman, Karnataka Health Sector Skills Council
  - ▶ Member-Secretary, Task Force for Public Health Policy, Govt. of Karnataka
  - ▶ Chairman, NBE Uniform Resources Learning Committee
  - ▶ Chairman, Advisory Board, Accreditation of Government Hospitals, Govt. of Karnataka
  - ▶ Edited *Communicate. Care. Cure. A Guide to Healthcare Communication* (2014)
  - ▶ Co-edited the *Handbook of Quality and Patient Safety* with Dr. Gyani (2013)



# Global Scenario

- The risk of dying in a plane crash is 1:10,000,000 but the risk of dying of a hospital medical error is 1:300<sup>1</sup>
- 1 in 10 in-patients suffer some preventable harm<sup>2</sup>
- **11%** of all deaths in Australia are because of hospital medical error, i.e. **1 of every 9** deaths<sup>3</sup>

1. <http://www.hgdllawfirm.com/blog/2012/07/23/15-ways-patients-can-help-prevent-medical-errors>

2. Harvard School of Public Health

3. Harvard School of Public Health

# Quality in Healthcare The Need of the Hour

Indian Scenario:

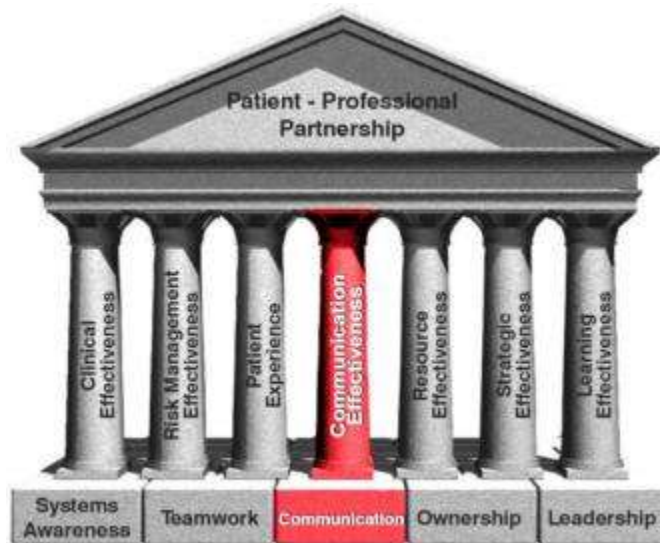
- ▶ “India records 5.2 million medical injuries a year”<sup>3</sup>



3. [http://articles.timesofindia.indiatimes.com/2013-09-21/india/42271923\\_1\\_clots-countries-medical-errors](http://articles.timesofindia.indiatimes.com/2013-09-21/india/42271923_1_clots-countries-medical-errors)

# Temple of Clinical Governance/Quality

*Efficient  
healthcare  
communication  
leads to increased*



- Diagnostic accuracy
- Patient safety
- Patient satisfaction

# Healthcare Communication and Medical Errors



- ▶ 60-70% of medical errors occurs as a result of poor communication
- ▶ Completely preventable

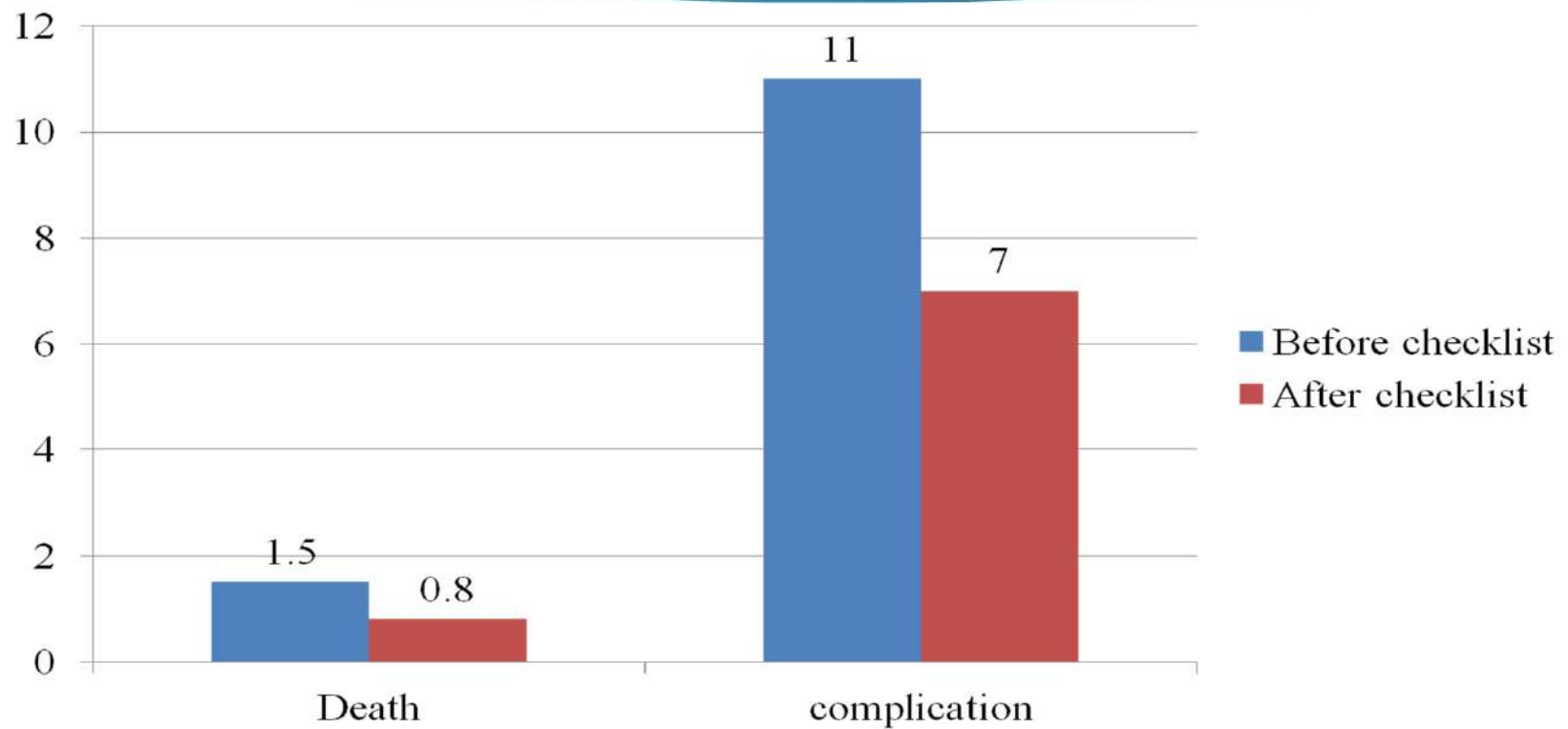


# AHRQ Report

(Agency for Healthcare Research and Quality)

- ▶ In hospitals with poor scores for patient-physician communication, there were 13% more patient safety incidents.
- ▶ In hospitals with poor patient-nurse communication scores, there were 27% more patient safety incidents.

# Checklists to Save Lives



Ref: N Engl J Med 2009; 360:491-499 January 29, 2009







# What do Patients Expect?

- ▶ Communication
  - ▶ Not just treatment
  - ▶ Information about diagnosis, condition, treatment
- ▶ Control and decision making
  - ▶ Patients' ideas, concerns and expectations are addressed
  - ▶ Professional-patient partnership

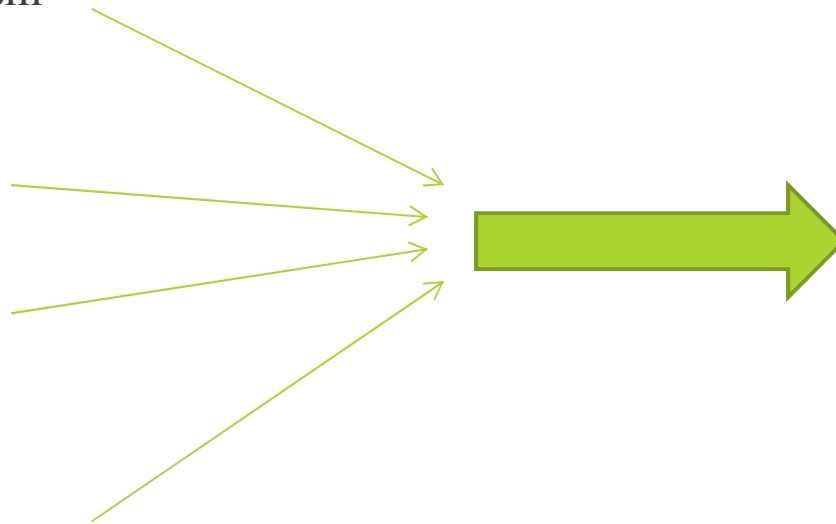
# What do Patients Expect?

► Professionalism

► Accuracy

► Courtesy

► Timeliness



**Quality  
and  
Patient  
Safety**

# Expectation to be “listened” to



- On average, physicians interrupted their patients **18 seconds** into the interview
- Given a chance, patient continued for **55 seconds**

Beckman HB, Frankel RM. The effect of physician behaviour on the collection of data. **Ann Int Med** 1984; **101**: 692-696.



**“45% of the patient complaints and 54% of the patient concerns are not addressed by doctors.”**

Stewart MA, McWhinney IR, Buck CW. The doctor-patient relationship and its effect upon outcome. J R Coll, Gen Pract 1979; 29: 77-82



## Time: An Important Determinant of Satisfaction

- ▶ Doctor-centred practice – 7.8 minutes.
- ▶ Patient-centred practice – 8.5 minutes (Mastered)
- ▶ Patient-centred practice – 11 minutes (Learning)

Stewart MA. Comparison of two methods of analysing doctor-patient communication. Paper presented at the **North American Primary Care Research Group, Seattle. 1985.**

# Challenges of Healthcare Communication

## ► Communicating across varying levels of knowledge

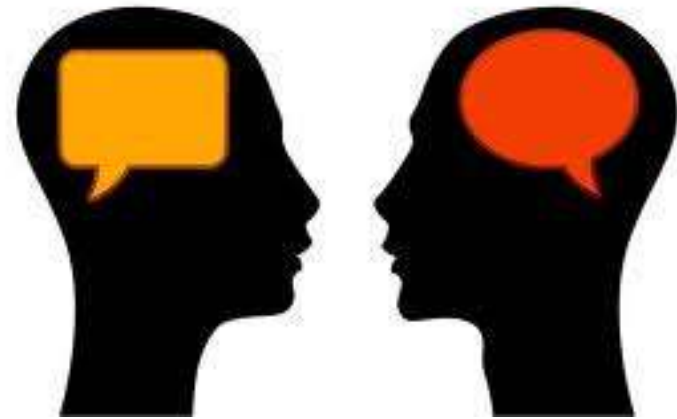
- *Doctors & Nurses*
- *Doctors & Patients*
- *Administrators & Doctors*
- *Medical & Non-medical Staff*
- *Non-medical Staff & Patients*



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# Common Impediments to Effective Communication

- ▶ Frequent interruption
- ▶ Traditional hierarchy
- ▶ Role unclear
- ▶ Too many hand-overs
- ▶ Lack of team approach







## Bermuda Triangle of Healthcare: Hand-over Communication

- ▶ Most important tangible cause for sentinel events
- ▶ 11% of 35,000 preventable deaths were due to ineffective communication, whereas 6% were due to inadequate knowledge
- ▶ No. 1 cause for malpractice cases

Ref: Joint commission centre for improving health care data

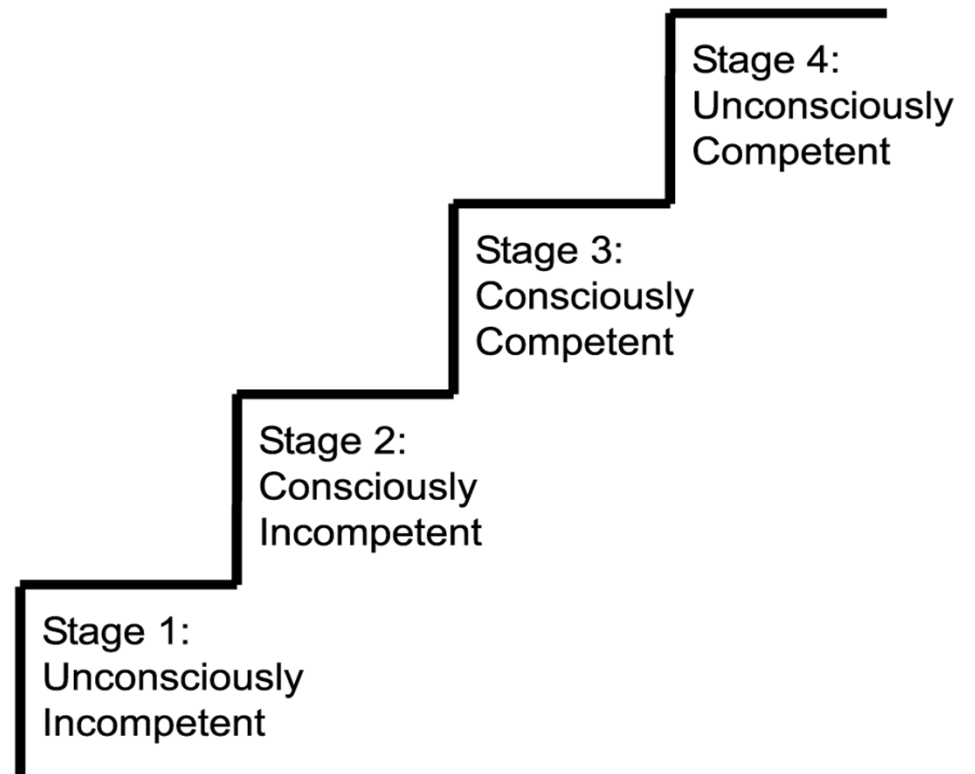
# Can Communication Skills be Taught?

- Learned skill or is it a personality trait?
  - ▶ It is a series of learned skills.
- Can it be taught?
  - ▶ Yes, it can be taught.
- At what level does it need to be taught?
  - ▶ Taught at all levels.
- Who can be a good communicator?
  - ▶ Anyone can be a good communicator.

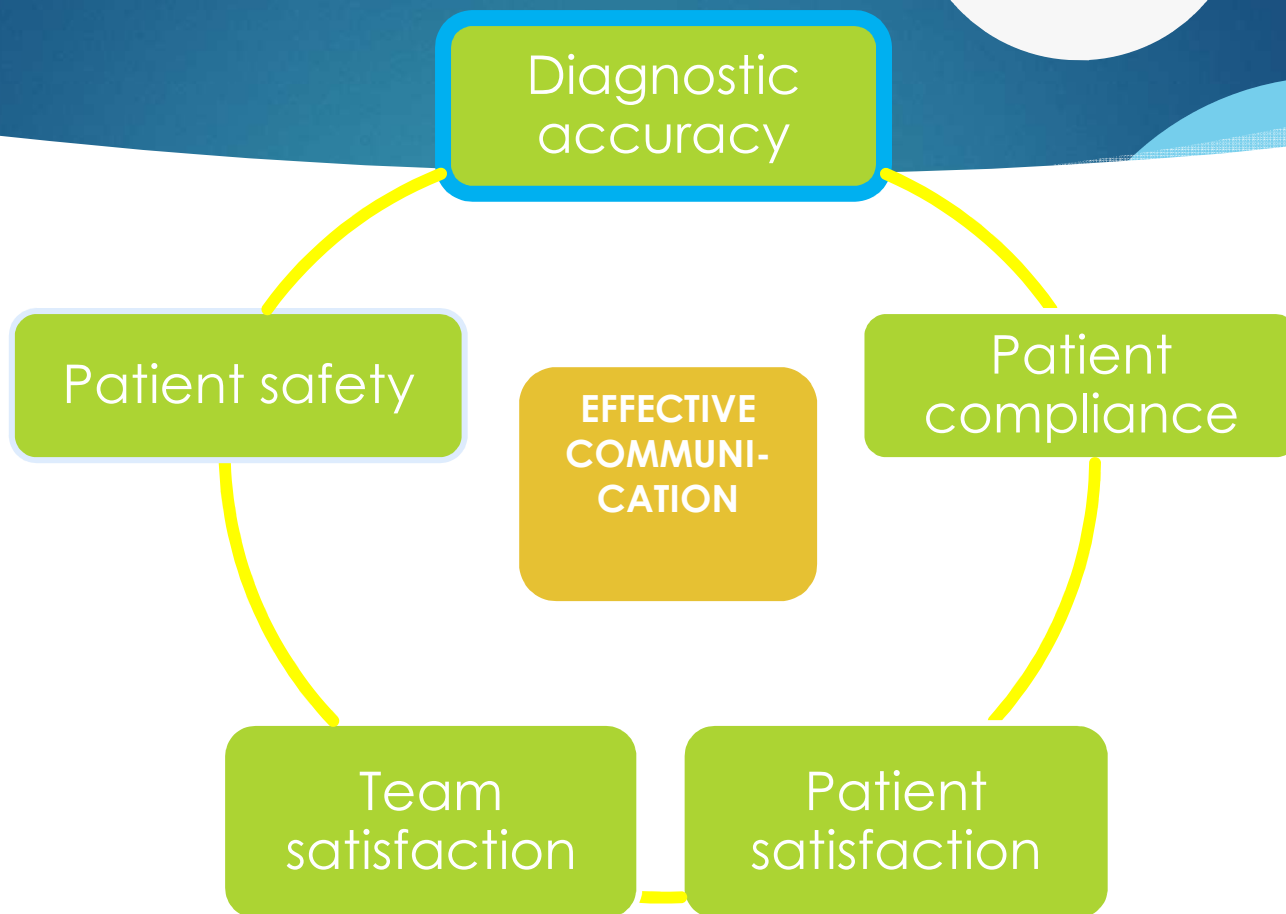
**Communication: a skill not an inborn trait**

# Communication Skills Can be Developed

## ► Stages of learning



# Benefits of Effective Communication



# Financial Outcomes of Inefficient Communication



- Agarwal et al, 2010 - Hospitals lose on an average **12.3 billion dollars** each year due to communication inefficiencies
- 1.97% of revenue

Agarwal R, Sands DZ, Schneider JD. Quantifying the Economic Impact of Communication Inefficiencies in US Hospitals.  
**J Health Management 2010. Jul-Aug; 55 (4): 265-81**



# Communication and Disease Outcomes

- ▶ Studies (HBA1c and diabetic outcome)
- Two groups of patients identified
- One group had consultation with doctors with communication training and the other without special communication training
- Significant difference between the groups ( $p < 0.05$ )

1. Ref: CMAJ 1995 :May 1(152(9)),1423-1433.
2. Stewart MA, McWhinney IR, Buck CW. The doctor-patient relationship and its effect upon outcome. J R Coll Gen Pract 1979;29:77-82



## Studies show that:

- ▶ Many inter-departmental and patient-related incidents are related to lack of proper communication
- ▶ Periodic soft skill training is expensive, ineffective and not sustainable
- ▶ Expertise in healthcare communication unavailable



## Baptist Hospital Experience

- ▶ Commitment from Management – Hospital policy – Making communication training mandatory
- ▶ Developed specific communication training modules for doctors, nurses, pharmacists, security, administrators, etc.
- ▶ Developed specific training materials IN-HOUSE
  - ▶ Videos (20 short movies were recorded with in-house actors with a handcam)
  - ▶ Role plays were designed using real-life scenarios
  - ▶ Role-modelling was designed addressing common problems

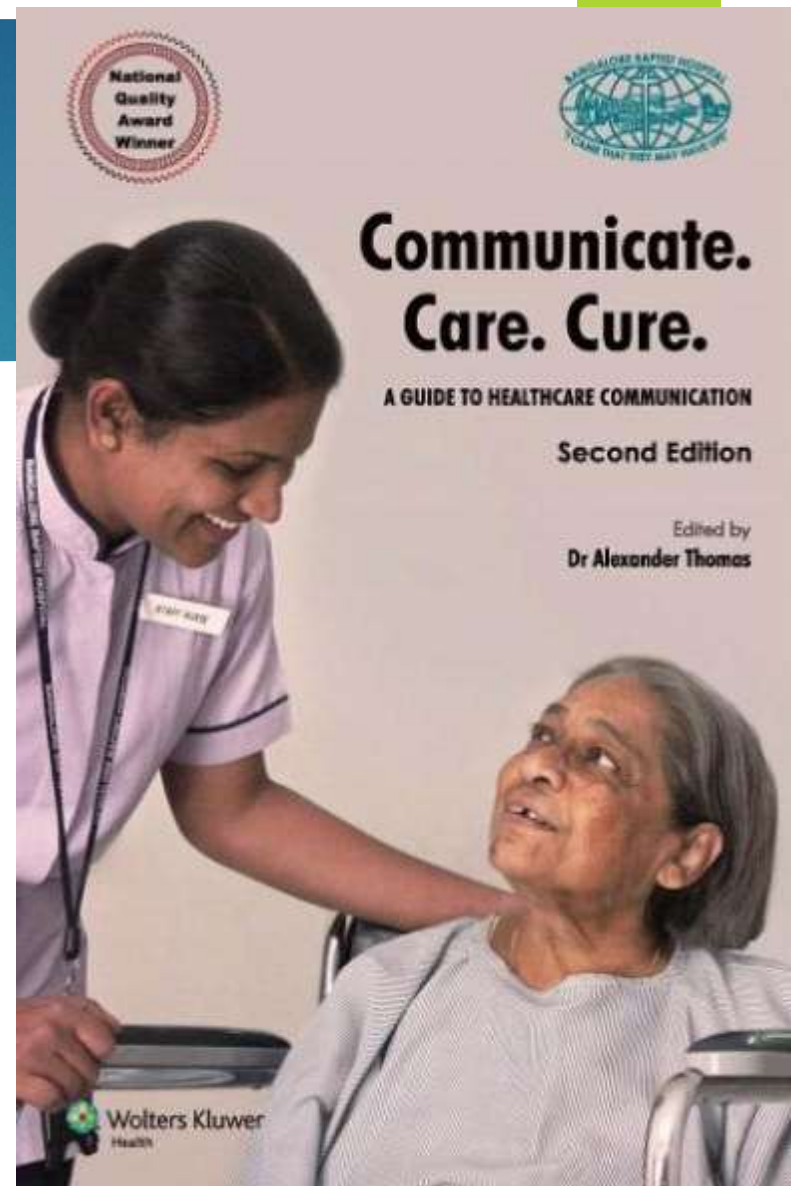




# Challenges

- ▶ Huge number to train
- ▶ Resistance to attend the workshop
- ▶ Culturally-relevant teaching material not available
- ▶ Sustainability
- ▶ No reference book on communication

# Book Release



# National Workshops



**Delhi**



**Bangalore**



**Kochi**

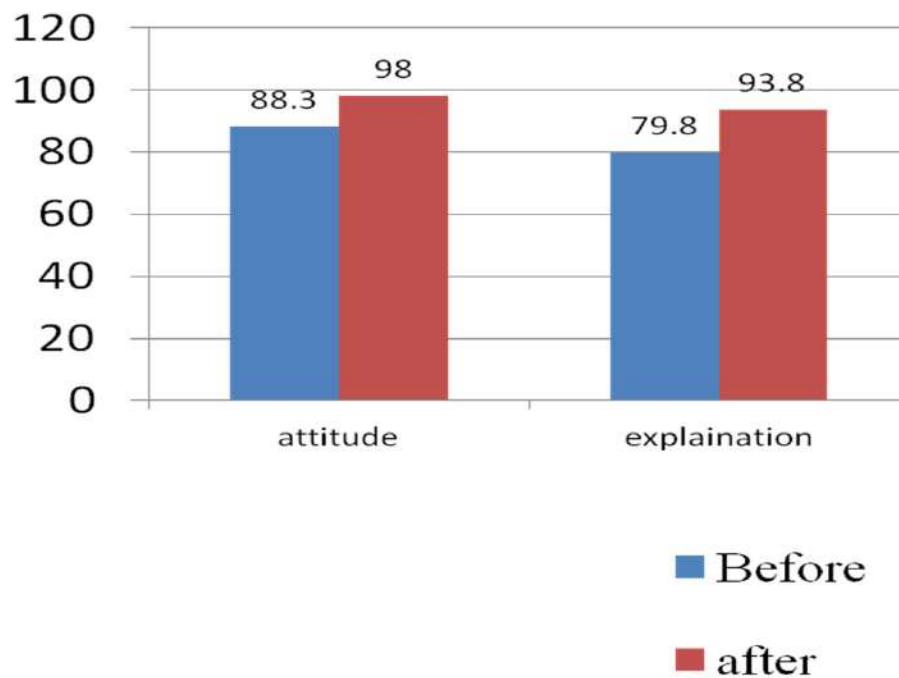
# Reach of the Workshops

## Outcome:

- ▶ Team of experts in healthcare communication have conducted national-level workshops across the country
- ▶ Endorsed by the NABH
- ▶ Faculty of National Board of Examinations have been trained
- ▶ The initiative won the D.L Shah Award for Quality (2014)
- ▶ Material has been developed into an e-learning module

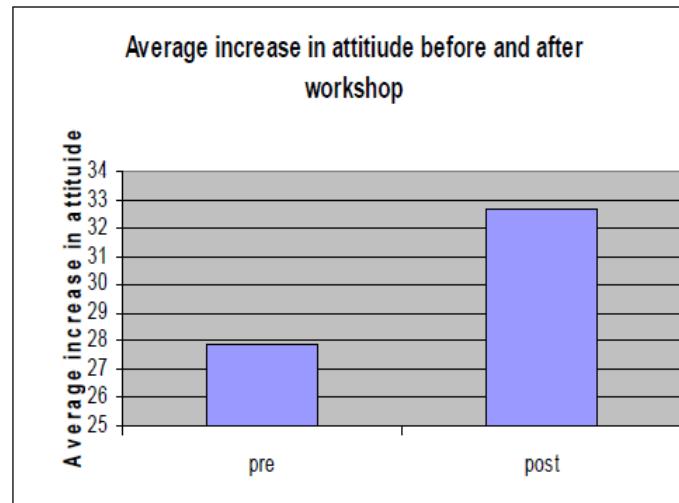
# Effect of Communication Workshop in ER, BBH

## Patient Satisfaction



# Change in the Attitude

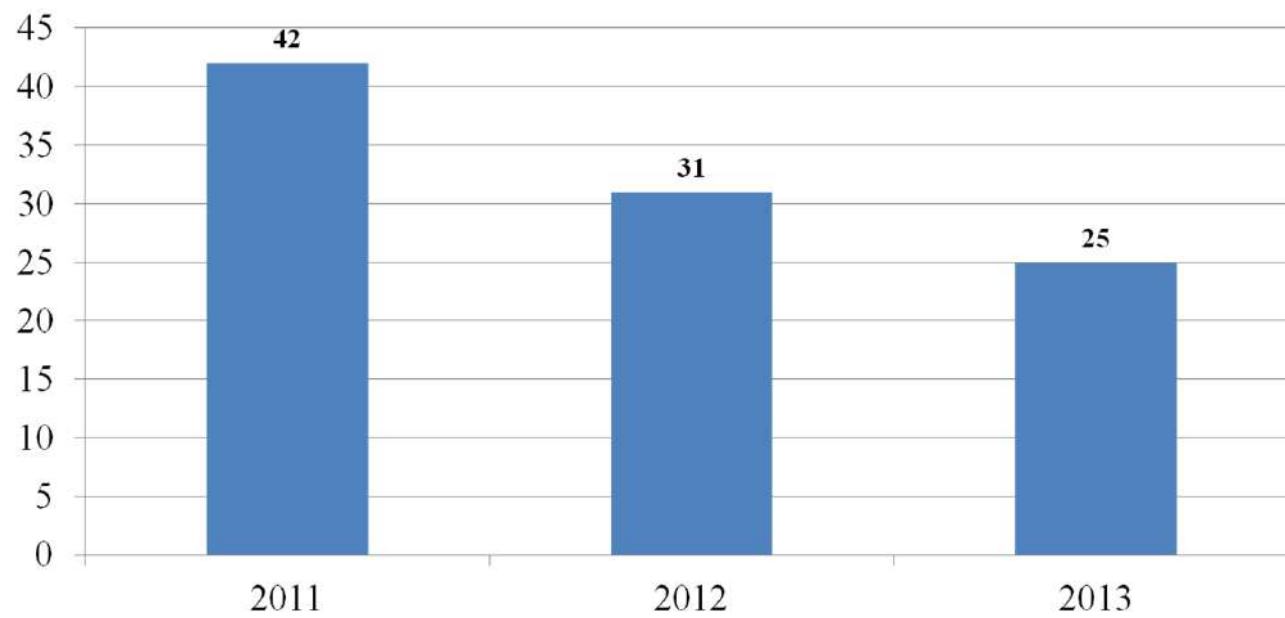
CSAS(communication skills attitude scale)score  
Pre and post workshop



Average 17%  
attitude change  
was evident

(CSAS) *Charlotte Rees, Charlotte Sheard & Susie Davies*)

## Decrease in Conflict Rate







## Impact

- ▶ Communication standards have been introduced in the 4<sup>th</sup> Edition of Accreditation Standards of NABH



# DL SHAH AWARD (2014) FOR QUALITY Bangalore Baptist Hospital





## Conclusion

There is an urgent need for

- ▶ Increased awareness of Healthcare Communication
- ▶ Capacity building in Healthcare Communication
- ▶ Research in Healthcare Communication

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# Develop a Good Communication Culture

- ▶ Identify training needs with regard to communication
  - ▶ Patient compliance
  - ▶ Incident reports
  - ▶ Patient/Employee Feedback
- ▶ Develop a “No-blame culture”
- ▶ Constant reinforcement
- ▶ Self-introspection questionnaire
- ▶ Clinical and nursing audits with respect to Communication

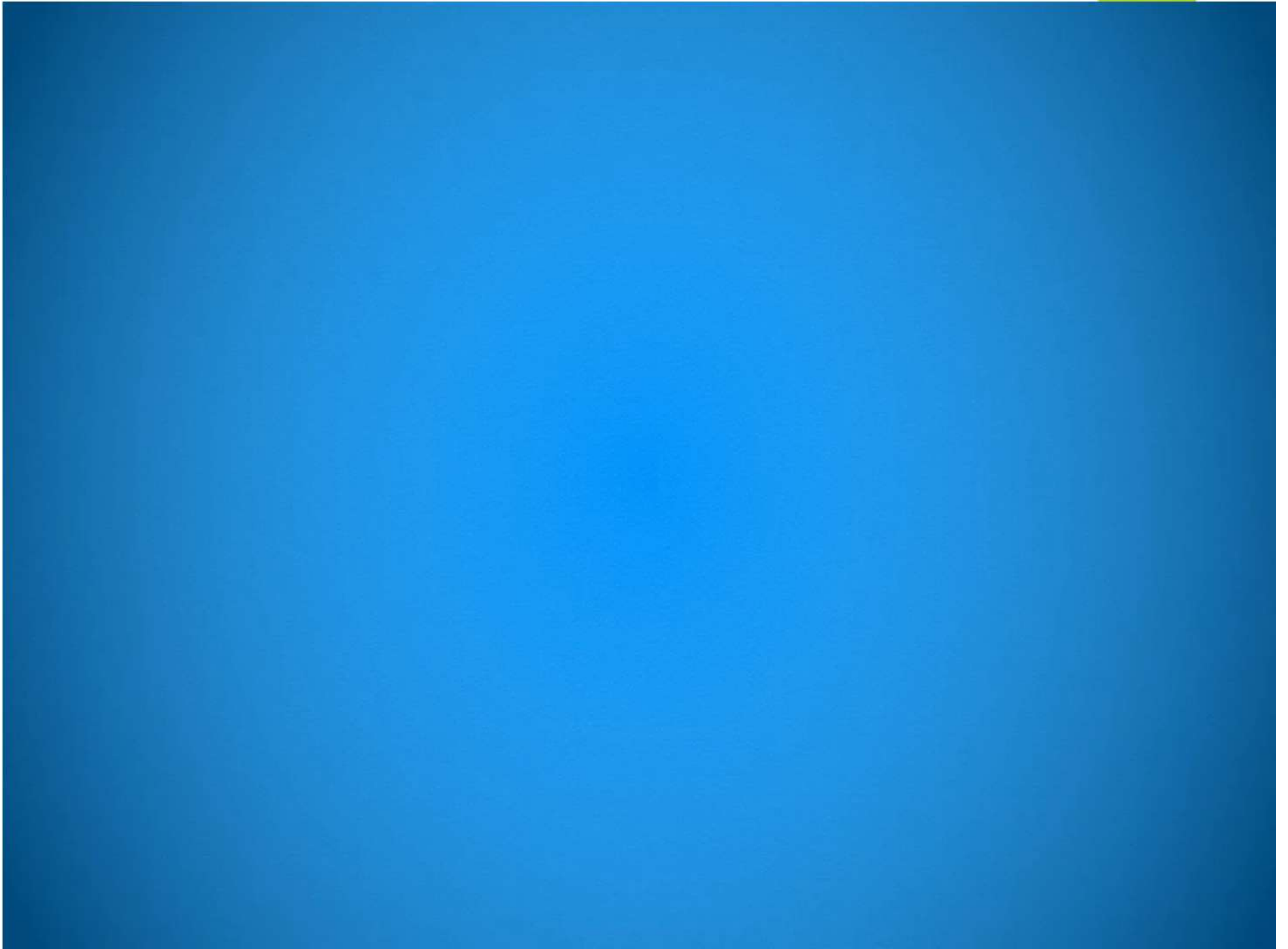


## The Way Forward

- Capacity-building of Healthcare Personnel
- Integration into the medical curriculum
- Inclusion of communication standards in accreditation standards
- Large-scale sensitization of Healthcare Institutions
- Distance-learning Certificate courses for self-improvement
- Multi-centered research and publication in communication



# E-learning Module - Video





THANK YOU