

Keeping Patients Safe: The Role of Competent Communication

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Discharge Ready?

Case written by Rhonda Malone Wyskiel, MSN, RN and Anne Wendt, PhD, MSN, RN

Transactional communication error of Accuracy

A 48-year-old female patient with a history of gastrointestinal (GI) surgery. She has an unremarkable course of hospitalization and is discharged by her primary care physician to home. **1** The discharge nurse reviews the written discharge instructions with the patient's husband, who is visibly overwhelmed with taking care of his wife at home, **3** but does not say anything to the nurse. **4** The discharge nurse assumes that the husband is familiar with caring for his wife's tube, because he has been at her bedside for most of her hospitalization and presumably observed her care. **5** The discharge nurse does not ask the husband to demonstrate the j-tube feeding and flush. **5** The husband also does not ask the nurse for such a demonstration.

At home, the patient's husband does not fully recall what the instructions were, but **6** he proceeds with what he remembers. Forty-eight hours later, his wife becomes lethargic and experiences nausea and vomiting, requiring the husband to phone the on-call physician at the hospital. The physician asked the husband to bring the patient back to the hospital where the medical team determines that the patient is not ready for discharge. The physician's discharge orders, the husband and the medical team agree that the husband needs to flush the j-tube with water. The husband does not flush the j-tube with water. The patient is readmitted for observation.

Transactional communication error of Accuracy

Discharge Ready?

Case written by Rhonda Malone Wyskiel, MSN, RN and Anne Wendt, PhD, MSN, RN

A 48-year-old female patient recently underwent gastrointestinal (GI) surgery. She has an unremarkable course of recovery on the medical/surgical floor, and is being discharged by her primary care physician to home. ① **The discharge orders** include homecare needs including durable medical equipment (tube feeding pump) and a nasogastric tube (j-tube) placed during her hospital stay. ② **The discharge nurse reviews the written orders and is visibly overwhelmed** with taking care of the patient. ③ **The husband is visibly overwhelmed** with taking care of the patient. ④ **The discharge nurse assumes that the husband is familiar with caring for his wife's j-tube**, because he has been at her bedside for most of her hospitalization and presumably observed her care. ⑤ **The discharge nurse does not ask the husband to demonstrate the j-tube feeding and flush.** ⑤ **The husband also does not ask the nurse for such a demonstration.**

Transactional communication error of Clarity

At home, the patient's husband does not fully recall what the instructions were, but ⑥ **he proceeds with what he remembers.** Forty-eight hours later, his wife becomes lethargic and experiences nausea and vomiting, requiring the husband to phone the on-call physician at the hospital. The physician asked the husband to bring the patient back to the hospital's Emergency Department (ED), where the medical team determines that the patient is dehydrated. While reviewing the previous stay's discharge orders, the husband and the medical team realize that ① **the patient's j-tube flush schedule does not state the need to flush the j-tube** with a bolus of 200 cc flush solution every 12 hours. The patient is readmitted for observation.

Discharge Ready?

Case written by Rhonda Malone Wyskiel, MSN, RN and Anne Wendt, PhD, MSN, RN

A 48-year-old female patient recently underwent gastrointestinal (GI) surgery. She has an unremarkable course of recovery on the medical/surgical home. **1 The discharge orders** include feeding pump and supplies). The patient has that requires tube feedings followed by flush. **2 The physician discusses the written discharge instructions with the patient's husband, who is visibly overwhelmed** with taking care of his wife at home, **3 but does not say anything to the nurse.** **4 The discharge nurse assumes that the husband is familiar with caring for his wife's j-tube**, because he has been at her bedside for most of her hospitalization and presumably observed her care. **5 The discharge nurse does not ask the husband to demonstrate** the j-tube feeding and flush. **5 The husband also does not ask the nurse** for such a demonstration.

At home, the patient's husband does not fully recall what the instructions were, but **6 he proceeds with what he remembers.** Forty-eight hours later, his wife becomes lethargic and experiences nausea and vomiting, requiring the husband to phone the on-call physician at the hospital. The physician asked the husband to bring the patient back to the hospital's Emergency Department (ED), where the medical team determines that the patient is dehydrated. While reviewing the previous stay's discharge orders, the husband and the medical team realize that **1 the patient's j-tube flush schedule does not state the need to flush the j-tube** with a bolus of 200 cc flush solution every 12 hours. The patient is readmitted for observation.

Communication encoding error
of Contextualization

Discharge Ready?

Case written by Rhonda Malone Wyskiel, MSN, RN and Anne Wendt, PhD, MSN, RN

A 48-year-old female patient recently underwent gastrointestinal (GI) surgery. She has an unremarkable course of recovery on the medical/surgical floor, and is being discharged by her primary care physician to home. ① **The discharge orders** include homecare needs including durable medical equipment (tube feeding pump and supplies). The patient had a jejunostomy tube (j-tube) placed during her hospital stay that requires tube feedings followed by flushes at home. ② **The discharge nurse reviews the written discharge instructions with the patient's husband, who is visibly overwhelmed** with taking care of his wife at home, ③ **but does not say anything to the nurse.** **The discharge nurse assumes that the husband is familiar with caring for his wife's j-tube** of her hospitalization and presumably observed her care. ④ **husband to demonstrate** the j-tube feeding and flush. ⑤ **for such a demonstration.**

**Transactional communication error
of Interpersonal Adaptation**

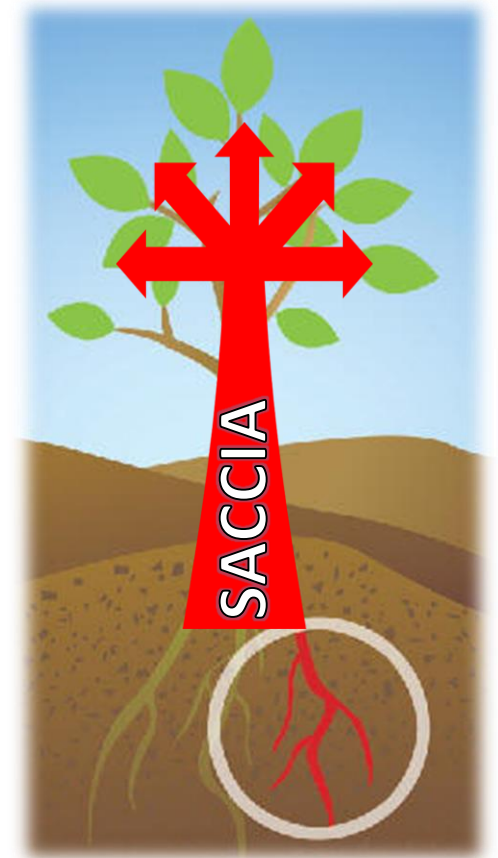
At home, the patient's husband does not fully recall what the instructions were, but ⑥ **he proceeds with what he remembers.** Forty-eight hours later, his wife becomes lethargic and experiences nausea and vomiting, requiring the husband to phone the on-call physician at the hospital. The physician asked the husband to bring the patient back to the hospital's Emergency Department (ED), where the medical team determines that the patient is dehydrated. While reviewing the previous stay's discharge orders, the husband and the medical team realize that ① **the patient's j-tube flush schedule does not state the need to flush the j-tube** with a bolus of 200 cc flush solution every 12 hours. The patient is readmitted for observation.

What is SAFE Communication?

Safe communication consists of all verbal and nonverbal behaviors that, through adequate *quantity* (i.e. sufficiency) and *quality* (i.e. clarity, accuracy, contextualization, interpersonal adaptation), optimize the likelihood of achieving the most appropriate and effective care outcomes.

„SACCIA“ Core Communication Skills for Patient Safety

1. **S**ufficiency
2. **A**ccuracy
3. **C**larity
4. **C**ontextualization
5. **I**nterpersonal **A**daptation





Thank you

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