Keeping Patients Safe: The Role of Competent Communication

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A 48-year-old female presenting for a laparoscopic gastrointestinal (GI) surgery has an unremarkable course of recovery on the medical/surgical floor, and is being discharged to her primary care physician to home.  

The discharge orders include homecare needs including transportable 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. 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, 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, because he has been at her bedside for most of her hospitalization and presumably observed her care. The discharge nurse does not ask the husband to explain his understanding of the instructions. The husband also does not ask the nurse for such an explanation.

At home, the patient becomes nauseous and fatigued. Several hours later, his wife becomes lethargic and experiences nausea and vomiting. She calls the on-call physician at the hospital. The physician asked 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 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 was recently discharged following gastrointestinal (GI) surgery. She has an unremarkable course of hospitalization and is discharged by her primary care physician to home. 1 The patient is discharged following a procedure for home enteral feeding placed during her hospital stay that requires ongoing care. The procedure included durable medical equipment (tube feeding pump) and the jejunal tube (j-tube) placed during her hospital stay that requires ongoing care. The discharge nurse reviews the written discharge instructions with the patient and his wife, 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. 7 The hospital determines that the patient is readmitted for observation. The medical team decides not to re-admit the patient, where the medical team determines that the patient is readmitted for observation. The patient is readmitted for observation. 8 The discharge nurse does not state the need to flush the j-tube with saline. 9

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 J-Tube (j-tube) placed during her hospital stay that requires daily flushes. The discharge nurse reviews the written discharge instructions and notes the patient is visibly overwhelmed with taking care of his wife at home, ② 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. ③ 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.
Discharge Ready?

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 ready to be discharged home. ① The discharge orders include feeding pump and supplies. The patient is discharged home that requires tube feedings followed by flushing the j-tube feeding. The patient’s husband shows the written discharge instructions with the patient’s husband, who appears 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.
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. 4 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. 5 The husband to demonstrate the j-tube feeding and flush. 5 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.
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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