



IMPORTANCE OF IMPROVING
INTERPERSONAL COMMUNICATION
SKILLS OF MEDICAL PERSONNEL IN
MINIMIZING MEDICAL LIABILITY CLAIMS
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Professions of doctor and dentist - Act of 5 December 1996.

- Article 1.
 - The Act defines the principles and conditions for the practice of medicine and dentistry.
- Article 2. 1.
 - The exercise of the medical profession is based on providing the person with the required qualifications, confirmed by relevant documents, health benefits, in particular:
 - study health,
 - diagnosis and prevention of diseases.
 - treatment and rehabilitation of patients,
 - giving medical advice,
 - issuing opinions and medical certificates

Patient vs Client

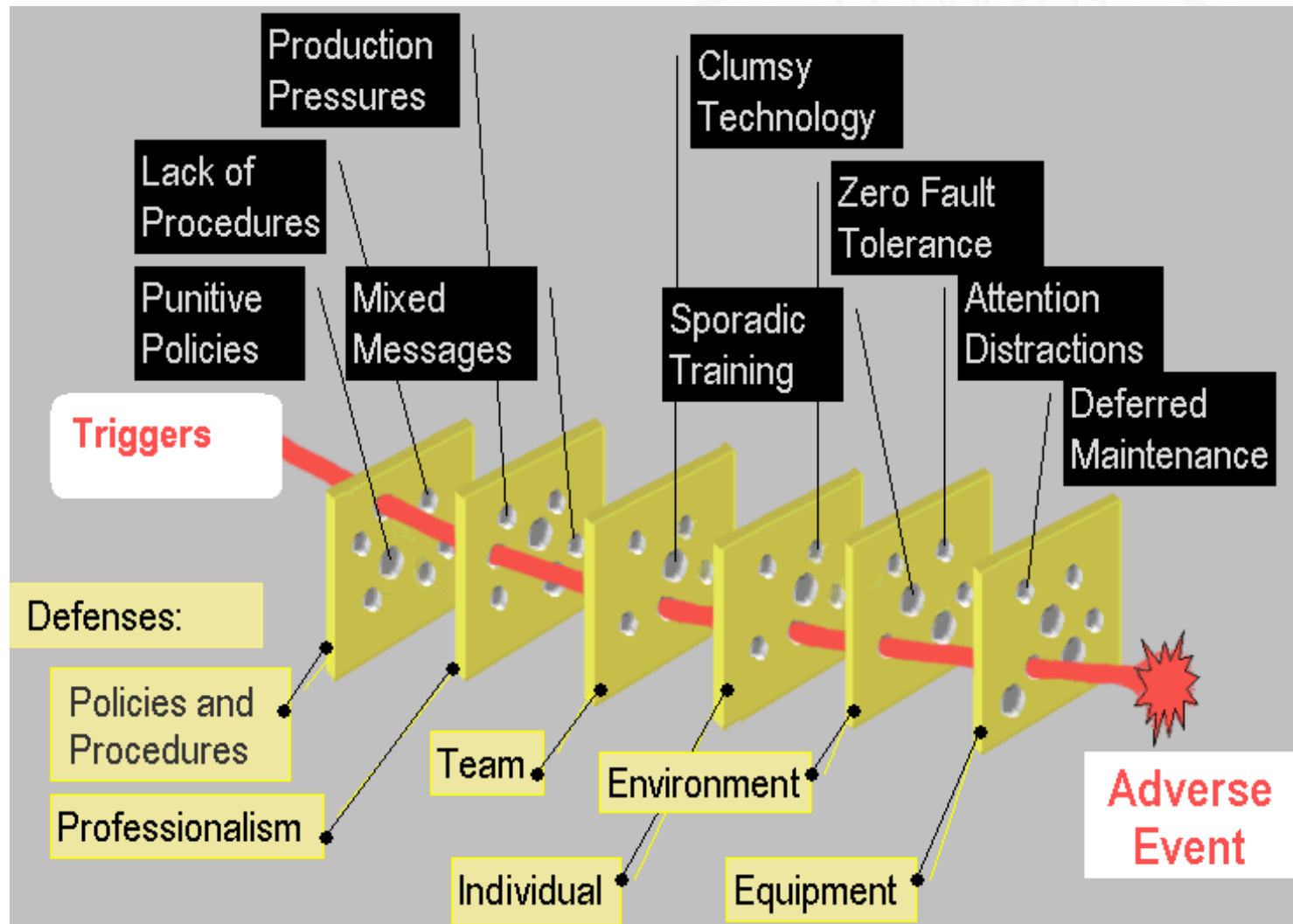
□ Patient

- Comes to the doctor for diagnosis / treatment of disease
- Physical or mental disorders
- Pain, irritability
- Restricting perception
- Doctor should explain the mechanisms of disease / the need of diagnosis and therapy
- In the case of medical errors - a negative impact on the health of the patient

□ Client

- Comes to the doctor for judgment on the state of health
- Tendency to exaggerating symptoms for obtaining a satisfactory medical report
- Reluctance to an objective presentation of the facts related injury / illness
- Often blaming perpetrator of the damage for poor health, a sense of annoyance
- Action of medical assesor generally do not affect the health of client

Reason 1991, Swiss cheese theory



Communication failures

- Communication problems have been identified as the **main cause of medical errors** and incidents life-threatening patient during treatment (including fatal outcome)
- Persons managing medical risk in the United States, Canada, United Kingdom state that approx. **80% of medical errors is due to lack of / inadequate communication**
- Joint Commission on Accreditation of Healthcare Organizations notes that "**physicians more often are accused of poor communication than for bad medical care**"
- In 2003, a study conducted by JCAHO has shown that about **60%** of cases the cause of medical errors **were errors in communication with patients**
- **75%** of these cases resulted in death of patient

Medical liability claims – Polish perspective

- **Result of improper provision of medical services:**
- **Professional error (diagnostic, therapeutic)**
- **Failure to use due diligence,**
- **Organizational mistake**
- **Infection or contagious disease,**

- **There are no objective data from the Polish market on the extent to which the ineffective communication between medical staff and patient / staff between them affect:**
- **The incidence of medical errors and failure to use due diligence**
- **The incidence of the insurance claims patients**

Complaint to the medical expert of the Social Insurance

GAZETA
Krakowska

Wiadomości

Wiadomości

ŚDM w Krakowie

Sport

Lekarz Małopolski

Magazyn



Pani Maria walczy z rakiem. Docinki lekarzy nie pomagają ©Michał Sikora

- Z czym tu pani przychodzi? Z rakiem piersi? Phi, rak piersi to dzisiaj nie problem! - to pierwsze słowa, które usłyszała od lekarki-orzecznika ZUS pani Maria Leżańska.

CRICO

- Risk Management Foundation of the Harvard Medical Institutions,
- It provides
 - ▣ evidence-based risk management,
 - ▣ loss prevention,
 - ▣ patient safety services
 - ▣ educational tools and decision support for the health care

CRICO study

- CRICO looked at over 23,000 medical malpractice lawsuits and claims where patients suffered some form of harm.
- Out of all these cases, it identified over 7,000 where the problem was directly caused by miscommunication of certain facts, figures and findings.

CRICO study (II)

- According to the report, communication errors don't just happen because someone doesn't fully understand what a doctor or nurse is saying. Errors occur because information is
 - ▣ unrecorded,
 - ▣ misdirected,
 - ▣ never received,
 - ▣ never retrieved
 - ▣ ignored

CRICO study (III)

- CRICO estimated these errors cost the healthcare system **\$1.7 billion**, including the price tag of hefty malpractice payouts for serious injury or death.
- The errors occurred in
 - ▣ the inpatient setting,
 - ▣ the outpatient setting
 - ▣ the emergency department.
- Injuries to the patient caused by these errors **were mostly of high and medium severity.**
- Out of all the **high-severity** injury cases reviewed, **37%** involved some sort of communication failure.
- Over a **quarter of malpractice cases involving surgery**, and **32% of all nursing cases**, were caused by a lack of thorough **communication** in some aspect of patient care.

The most common provider-to-provider communication breakdowns

- Miscommunication about the patient's condition
- Poor documentation,
- Failure to read the patient's medical record

Common provider-to-patient communication issues

- Inadequate informed consent
- Unsympathetic response to a patient's complaint
- Inadequate education (such as about medications)
- Incomplete follow-up instructions
- No or wrong information given to patient, and miscommunication due to language barrier.

Methods of improving communication

- Role playing and safety drills so providers can practice the communication skills they learned in training
- Direct observation of procedures by department chairs to identify and correct gaps in teamwork,
- Electronic Health Records updates that help doctors better document important details about the patient's condition.

The I – PASS Study

- Method during shift changes and other transitions of care.
- Began in January 2010 and ended in May 2013
- Was conducted in conjunction with the
 - Pediatric Research in Inpatient Settings (PRIS)
 - Network and the Initiative for Innovation in Pediatric Education (IIFE),
 - With funding from the Department of Health and Human Services.

Goals of the I-PASS Handoff Curriculum for Residents:

- Understand the context of medical errors associated with communication failures
- Introduce the TeamSTEPPS(TM) model of team training with an emphasis on leadership skills, training strategies, and communication skills in order to optimize team function
- Learn the global elements of effective verbal and printed handoffs
 - Know the elements of an effective verbal handoff
 - Know the elements of an effective printed handoff document
- Adopt the I-PASS mnemonic
 - Use high quality patient summaries to convey clinical information concisely and effectively in a handoff
 - Incorporate contingency planning in clinical care, especially in handoffs

I-PASS Mnemonic



I-PASS
BETTER HANDOFFS. SAFER CARE.

I	Illness Severity	<ul style="list-style-type: none">• Stable, “watcher,” unstable
P	Patient Summary	<ul style="list-style-type: none">• Summary statement• Events leading up to admission• Hospital course• Ongoing assessment• Plan
A	Action List	<ul style="list-style-type: none">• To do list• Time line and ownership
S	Situation Awareness and Contingency Planning	<ul style="list-style-type: none">• Know what’s going on• Plan for what might happen
S	Synthesis by Receiver	<ul style="list-style-type: none">• Receiver summarizes what was heard• Asks questions• Restates key action/to do items

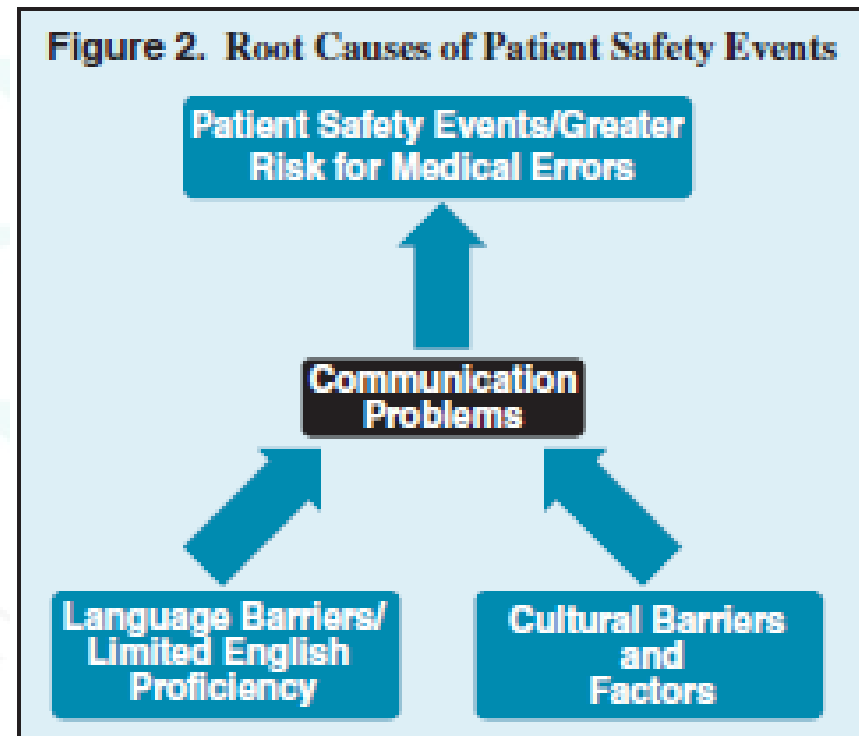
Polish experience

- Scientific co-operation between Polish Association of Insurance Medicine and WHO and Warsaw Medical University,
- Learning programs for students and post graduate doctors
- Risk management program for hospitals launched by Polish Mutual Insurance Company

Safety and Limited-English-Proficient Patients

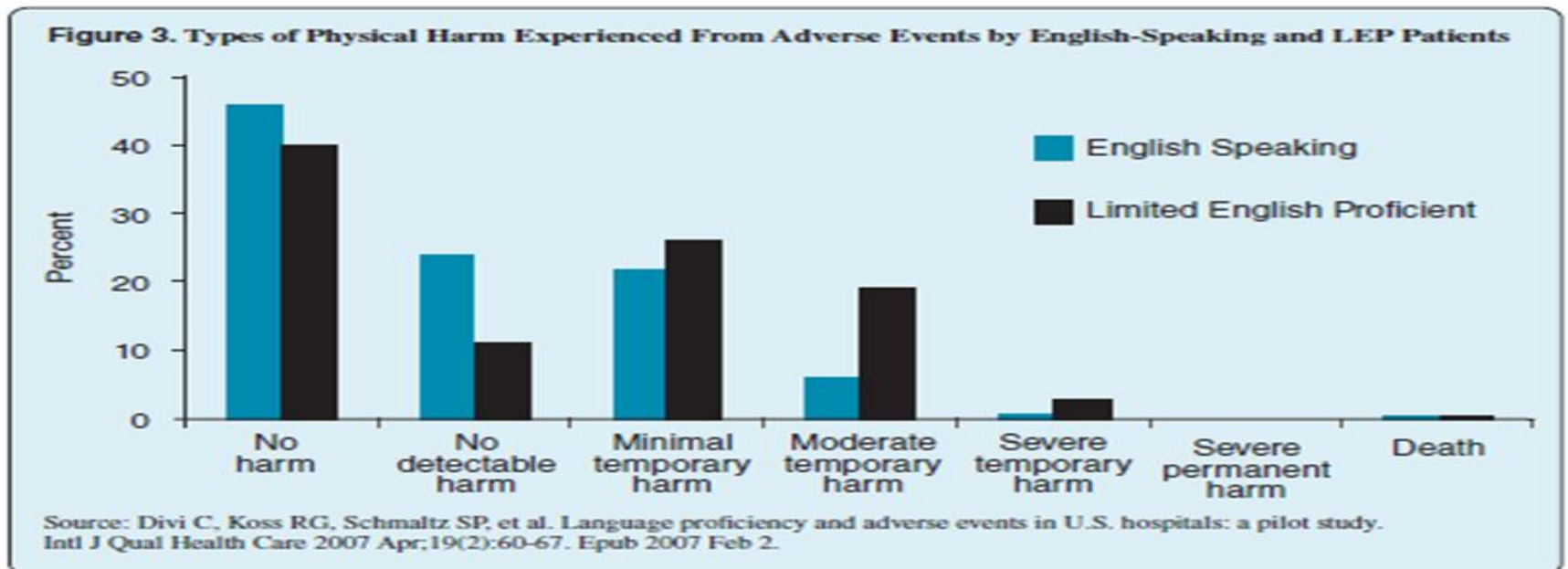
- Communication problems are the most frequent root cause of serious adverse events reported to the Joint Commission's Sentinel Event Database.
- The root causes of patient safety events for LEP patients are related to communication and lack of use of qualified medical interpreters (Figure 2).
- Research demonstrates that language barriers can have a significant impact on multiple aspects of health care and contribute to disparities in patient safety between English-speaking and LEP hospital patients

Figure 2. Root Causes of Patient Safety Events



What we know about Patient Safety and LEP

- Research demonstrates that language barriers can have a significant impact on multiple aspects of health care and contribute to disparities in patient safety between English - speaking and LEP patients
- Communication problems are the most frequent root cause of serious patient safety events reported to the Joint Commision`s Sentinel Event Database



Why focus on LEP and Patient Safety ?

- A large and Growing Population
 - Minority groups are the Nation`s fastest growing demographic group, accounting for one-third of U.S. population
 - Nearly 25 million (8.6%) of U.S. population are defined as LEP and therefore at risk for adverse events because of language barriers and culture

Why focus on LEP and Patient Safety ?

- Patient Safety, Quality and Cost Drivers
 - Greater risk of line infections, surgical infections, falls and pressure ulcers, due to LEP patients'. Longer hospital stays compared to English - speaking patients with the same clinical condition
 - Greater risk of surgical delays and readmission due to LEP patients, greater difficulty understanding instructions, including how to prepare for a procedure, manage their condition, take their condition, take their medications, and know which symptoms should prompt a return to care or when to follow up

Programme for the International Assessment of Adult Competencies (PIAAC)

- International Survey of Adult Competencies PIAAC (Programme for the International Assessment of Adult Competencies) was conducted in 2011-2012 in 24 countries.
- 166 000 people aged 16-65 years has been tested.
- The study was prepared by Organization for Economic Cooperation and Development (OECD).
- The aim of the PIAAC is to measure three skills:
 - reading comprehension,
 - mathematical reasoning
 - use of information and communication technologies (ICT).
- These skills were measured on a scale of 0 to 500 points.

Competence of Polish citizens

- The skill level of Poles aged **16-65 years** is **lower than the average level of skills of the residents of OECD** countries that participated in the study.
- Result of Polish citizens in the area of
 - reading comprehension - **6 points lower** as compared to the OECD average (267 pts. vs. 273 pts.)
 - mathematical reasoning - **9 points lower** as compared to the OECD average (260 pts. vs. 269 pts.).
 - ICT use are lower than in OECD countries:
 - Poland - 38% of adults have a low level of ability to use ICT (27% average in OECD countries)
 - High level of ability to use ICT - Poland 19%, 34% on average in OECD countries.

Summary of proficiency in key information-processing skills

Mean proficiency scores of 16-65 year-olds in literacy and numeracy, and the percentage of 16-65 year-olds scoring at Level 2 or 3 in problem solving in technology-rich environments

Significantly **above** the average
 Not significantly different from the average
 Significantly **below** the average

<i>OECD</i>	Literacy	Numeracy	Problem solving in technology-rich environments
	Mean score	Mean score	% at Level 2 or 3
National entities			
Australia	280	268	38
Austria	269	275	32
Canada	273	265	37
Czech Republic	274	276	33
Denmark	271	278	39
Estonia	276	273	28
Finland	288	282	42
France	262	254	m
Germany	270	272	36
Ireland	267	256	25
Italy	250	247	m
Japan	296	288	35
Korea	273	263	30
Netherlands	284	280	42
Norway	278	278	41
Poland	267	260	19
Slovak Republic	274	276	26
Spain	252	246	m
Sweden	279	279	44
United States	270	253	31
Sub-national entities			
Flanders (Belgium)	275	280	35
England/N. Ireland (UK)	272	262	35
Average	273	269	34
<i>Partners</i>			
Cyprus ¹	269	265	m

Competence of Polish citizens 1994 vs. 2011

- Comparison of the results PIAAC and IALS - research conducted in Poland in 1994. – Indicates a marked increase in the level of competence of Poles in the understanding of a text (35 points).
- Poland recorded the largest improvement among all the countries that took participation in both studies.
- While in 1994. More than 40% of adults aged 16-65 years, had very low levels ability to understand the text, in 2011. this percentage dropped to 19%.
- At the same time three times more currently it has a high skill level (3% to IALS PIAAC 10%).

Summary

- As medical professionals we should pay special attention to conducting communication with the suffering people, the elderly, insufficiently educated and not fully understanding the message given
- These are the same people, who need help and understanding
- Understanding this will facilitate the communication process and contribute to the reduction of claims of patients



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