

How Open Communications Within the Health Care Facility Reduces Liability

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Health care delivery requires a plethora of communication among and between all facility staff, among and between families and facility staff, and among and between referral and transfer staff, to name a few. And the categories of communication varies widely, including telephone calls and consultations; electronic medical records (EMRs) or hard copy records that retain nurses notes, physician notes and orders; MARs; lab report results; and MRI results and impressions.

One of the most important aspects of health care communication is among and between all facility staff. Nursing must have immediate access to physician and other health care practitioner orders, to nursing information, assessments and patient care, and issues that family raise about the patient. In fact, one doctoral research study that focused on patient handoffs pointed out that “communication among nurses and other health care practitioners has been identified as a key factor in patient safety”. (1)

How, then, should your communication sound and look like when exchanging information with your fellow health care colleagues, patients and patient families?

Initially, policies and procedures put into place by your employer should be followed in order to ensure that no problems arise due to non-adherence to them. For example, if you need to contact a physician about a particular patient issue but cannot reach the doctor, the protocol for contacting the next person in the facility’s chain-of command (e.g., nurse manager) regulates your conduct from that point on, including the documentation of your communications pursuant to that protocol.

By the way, the adopted protocols should support your ability to communicate with any and all those facility employees who need to be contacted to get, in your judgment, what the patient needs. There should not be a “no-call” philosophy when contacting a physician, nurse practitioner or other authorized to provide orders is needed. This, of course, requires the physician or other health care provider to be open to being contacted about patient care issues, whenever that is necessary.

It is also essential that you share vital information necessary to share about the patient with the person with whom you are communicating. In the patient handoff study mentioned about, the researcher identified that as the incoming nurse (going on duty), you may need to be more responsible for using behavior that verifies the accuracy and understanding of the patient information you are receiving from your nurse colleague. Additionally, your display of behaviors that instill trust, caring and warmth are important. Clearly, the author states, the handoff should not be a one-way communication. Rather,

there should be an accurate dialogue between the two of you that allows for collaboration, the sharing of different perspectives about the patient and his/her needs, identifying areas of concern, and preventing patient care mistakes based on misinformation or inaccurate information.(2)

Civility and respect is another touchstone of open lines of communication. A 2008 *Nursing Management* survey showed that of 1400 nurse respondents, 75% experienced intimidation as the most frequent form of violence in the workplace. (3) There is no place for any form of violent behavior, including bullying, intimidation, verbal abuse, infighting, withholding information, or threats of physical harm, whether horizontal (among nurses in the same or similar position) or vertical (among a nurse in a higher position and one in a lower position in the facility hierarchy).

Working with the patient and his or her family is often not easy when it comes to open communication. Patients can be demanding and family members often times have unrealistic expectations of what can be done for their family member, are fearful if the patient will survive his diagnosis or treatment, and often want to control the care of their family member. Acknowledging the family's concerns, providing information about the family member's care on a timely basis, and informing the family of the health facility's policies and procedures can be extremely helpful in allaying some of the concerns family members have when a family member is hospitalized.

Also important for you to display is treating the family with dignity and respect, sometimes even more important than the "information" they want about their family member. Establishing rapport, utilizing "active listening", acknowledging feelings and concerns and responding to those concerns is essential. (4)

Although open communication may not result in a 100% reduction in the possibility of potential liability during the provision of your nursing care, especially if there is an injury or a death of a patient for whom you provide care, studies evaluating physician-patient dialogue and behavior have shown that open lines of communication may result in a lessening of the immediate reaction to "file a suit" when an adverse event occurs. (5)

Although nurses are generally much better at interpersonal communication skills than physicians and many other health care providers, it never hurts to revisit techniques of good communication with patients and others in your workplace. Reviewing the entire article cited in Footnote 5, below, though not written by a nurse, would be well worth your time.

FOOTNOTES

1. Anne Claiborne Ray Streeter (2010). *What Nurses Say: Communication Behavior Associated With The Competent Nursing Handoff*, 5 . Available at http://uknowledge.uky.edu/cgi/viewcontent.cgi?article=1057&context=gradschool_diss . Accessed July 14, 2012.
2. Id., at 68-69.

3. Richard Hader (2008). "Workplace Violence: Unsettling Findings," 39 (7) *Nursing Management*, 13-19.
4. Nancy J. Brent (2001), *Negligence: Prevention and Defense*, in *Nurses And The Law: A Guide To Principles And Applications*. Nancy J. Brent. Philadelphia, PA: W.B. Saunders Company, 80.
5. Lois Romans (no date given). *Patient Communication*. CEwebsource.com. Accessed July 14, 2012 (web CE course).

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