

Improving Communication



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Introduction

It has been argued that communication is essential to health care. It has also been argued that effective communication can promote safe and effective health care, reduce medical errors, and optimize patient care. Therefore, health care professionals should work to improve communication within their health care organizations. This course reviews key strategies health care professionals can use to improve communication within their health care organization.

Section 1: Obtain and Utilize Insight into Communication

It is important for health care professionals to improve communication within their health care organizations. The question that remains is, how? How can health care professionals improve communication within their health care organizations? Surprisingly, the answer to the previously posed question is rather straightforward. Health care professionals can improve communication within their health care organization by incorporating four key strategies or action points into their daily practice. The first of the four key strategies or action points to improving communication is to obtain and utilize insight into communication. With that said, this section of the course will provide insight into communication. The information found in this section was derived from materials provided by the Centers for Disease Control and Prevention (CDC), the Harvard Public Health Review, the Joint Commission, the U.S. Department of Health & Human Services, Work and the World Health Organization (WHO) (Centers for Disease Control and Prevention, 2020; Ratna, 2019; Joint Commission, 2020; U.S. Department of Health and Human Services, 2020; Bergman et al., 2016; World Health Organization, 2020).

What is communication?

- Communication may refer to the process of transmitting information and messages from one individual or party to another individual or party in order to obtain meaning and a common understanding.
- Effective communication occurs when information and messages are adequately transmitted, received, and understood.
- Health care professionals should note that communication may be verbal or nonverbal. Verbal communication may refer to the use of sounds and/or words to transmit information/messages (e.g., one individual says "hello" to another individual; one individual says "yes" or "no" to another individual). Nonverbal

communication may refer to the use of gestures, facial expressions, tones of voice, eye contact, body language, posture and/or other means that do not involve sounds and/or words to transmit information/messages (e.g., one individual gives another individual the "thumbs up" to indicate satisfaction and/or approval). Health care professionals should also note that exchanges between individuals or parties may include both verbal and nonverbal communication.

What is the communication process?

The communication process may refer to the exchange of information and messages from a sender, through a selected channel, to a receiver.

What are the key elements of the communication process?

As previously alluded to, the key elements of the communication process include the following: sender, channel, and receiver. Additional elements of the communication process include: encoding, decoding, and feedback. Specific information regarding the aforementioned key elements of the process of communication may be found below:

Sender - the sender, in the context of the communication process, may refer to the individual or party who initiates communication by using sounds, words, gestures, facial expressions, tones of voice, eye contact, body language, posture and/or other means to transmit a message (i.e., the source that originates a message).

Channel - the channel, in the context of the communication process, may refer to the medium which is used to carry communication (e.g., verbal messages, nonverbal cues, written words or numbers, and symbols).

Receiver - the receiver, in the context of the communication process, may refer to the individual or party to whom a message is sent (i.e., the audience).

Encode - the process of selecting sounds, words, gestures, facial expressions, tones of voice, eye contact methods, body language, postures, and/or other means to generate a message.

Decode - the process of receiving, interpreting, and attempting to understand an encoded message in order to obtain meaningful information.

Feedback - a receiver's response to a sender's message (i.e., a receiver sends a message to a sender).

What are the essential steps involved in the communication process?

The essential steps involved in the communication process include the following:

1. A sender has a desire to convey an idea or concept via a message
2. A sender encodes an idea or concept into a message
3. A sender transmits a message via a channel
4. A receiver takes in the message sent by the sender
5. The receiver decodes the message
6. The receiver provides feedback to the sender

Health care professionals should note that noise may interfere with the previously highlighted steps and, ultimately with the communication process. Noise, in the context of communication, may refer to anything that distorts or disrupts a message and/or the communication process. Health care professionals should also note that noise can act as a barrier to effective communication. Specific types of noise include the following: physical noise, physiological noise, psychological noise, and semantic noise. Specific information regarding the aforementioned types of noise may be found below.

Physical noise - may refer to external or environmental stimulus that acts as a distraction (e.g., excessive talking, screaming and loud music).

Physiological noise - may refer to a distraction-related to physiological function (e.g., hunger, thirst and fatigue)

Psychological noise - may refer to preconceived notions (e.g., reputations, biases, and assumptions) that inter with the encoding and decoding process.

Semantic noise - may refer to a disturbance that occurs in the transmission of a message that interferes with the interpretation of a message due to the ambiguity of chosen sounds, words, gestures, facial expressions, tones of voice, eye contact methods, body language, postures and/or other means of communication.

What is interpersonal communication?

- Interpersonal communication may refer to an exchange of information and messages between two or more individuals or parties.

- Health care professionals should note that interpersonal communication may occur in both personal and professional settings.

How may communication flow during interpersonal communication?

During interpersonal communication, communication typically flows in one direction or in two directions. Specific information regarding the possible directions of communication may be found below:

One-way communication - one-way communication occurs when information/ messages are sent in only one direction, from sender to receiver. Health care professionals should note that, typically, one-way communication is used to inform, persuade or command.

Two-way communication - two-way communication occurs when information is transmitted and flows freely among individuals and parties (i.e., information/ messages is sent in a back and forth manner between individuals or parties). Health care professionals should note that two-way communication is essential to establishing a shared understanding among individuals or parties.

What is organizational communication?

Organizational communication, in the context of this course, may refer to the process of sending and receiving information/messages among interrelated individuals within a given organization such as a health care facility.

Examples of organizational communication within a health care facility may include the following: a health care professional manager gives instructions to a health care professional; two health care professionals discuss a patient's medications; a health care professional provides education to a group of health care professionals; a health care professional writes another health care professional a note regarding a patient; health care professionals exchange emails regarding specific interventions.

How does communication typically move or flow within an organization?

Communication typically moves or flows, within an organization, in a vertical and/or horizontal manner.

Vertical communication - vertical communication, within the context of organizational communication, may refer to the flow of communication between

individuals associated with the same organization who are on different levels of the organization's hierarchy. Health care professionals should note that vertical communication may flow in a downwards or upwards manner. Downward communication occurs when organizational leaders or managers share information with lower-level employees (e.g., a nurse manager gives a nurse instructions). Upward communication occurs when lower-level employees share information with organizational leaders or managers (e.g., a health care professional informs a manager of a safety hazard). Health care professionals should also note that vertical communication is essential to creating and maintaining a shared understanding between organizational leaders, managers, and employees.

Horizontal communication - horizontal communication, within the context of organizational communication, may refer to the flow of communication between individuals and/or departments that are on the same level of a given organization (e.g., a health care manager provides information to another health care manager; an intensive care nurse provides another intensive care nurse with relevant patient information). Health care professionals should note that horizontal communication, may be an essential element to effective teamwork within a given health care facility.

Health care professionals should note that communication may also flow into and out of an organization. For example, during a health care emergency, such as an infectious disease pandemic, (infectious disease may refer to an illness caused by bacteria, viruses, and/or fungi, which enters the human body, multiplies, and leads to infection; term pandemic may refer to a global or worldwide outbreak of disease; outbreak of disease over a large area) information may flow into a health care facility from government officials, while information about health care may flow out of a health care facility to specific government officials.

Why is effective communication important to organizations such as health care facilities?

Effective communication is important to organizations such as health care facilities for a variety of different reasons. including the ones found below.

Promotes safe and effective health care - first and foremost, effective communication can help health care professionals administer safe and effective health care. Essentially, effective communication can help health care professionals transmit and receive vital patient information essential to health care such as the following: patient vital signs, patient lab results, patient medication information, patient symptoms, and patient disease states.

Medical error prevention - the term medical error may refer to a preventable adverse effect of care that may or may not be evident or causes harm to a patient. In an ideal health care climate, medical errors would not occur - however, the simple truth of the matter is that they often do occur. That being the case, health care professionals should note that effective communication can help prevent medical errors from occurring. For example, proper medication labeling, adequate alarm systems, and patient education can be methods to communicate key information that can help prevent medical errors from occurring.

Creates the potential to optimize patient care - by helping to promote safe and effective health care and by reducing medical errors from occurring, effective communication can, ultimately, create the potential to optimize patient care.

Promotes effective teamwork - communication is an essential element of effective teamwork. Within the team setting, communication can be used to allow individuals to understand their roles, set goals, transmit and receive points of interest, provide status reports, share knowledge, make adjustments and, ultimately, achieve desired results. In essence, in a health care setting, effective communication can help health care professionals work as a cohesive unit to ensure patients receive the care they need.

Employee grievance resolution - a grievance, as it pertains to a professional setting, may refer to a matter of concern regarding a potential violation of work-related rights, which is formally submitted, without fear of retaliation, and requires a formal response. In a health care setting an employee may file a grievance for a variety of different reasons including the following: work-related rights violation, patient safety issue, and/or work hazard. That being said, independent of the reason behind a formal employee grievance, communication is paramount to the employee grievance resolution process. To highlight the importance of communication in the employee grievance resolution process, a model for resolving employee grievances is presented below. Health care professionals should note that a form of communication is involved in every step of the presented model.

Model for Resolving Grievances

Step 1: Encourage employees to share concerns and to seek grievance resolution - health care administrators should ensure that all health care facility staff and management encourage employees to share their concerns and to seek grievance resolution. Essentially, the first step towards resolving employee grievances begins well before a formal employee grievance is even submitted. In essence, the first step to resolving employee grievances is to make sure existing employee grievance policies and procedures help establish a professional culture where the voicing of

employee concerns and grievances is welcomed by the health care organization and resolved quickly to avoid grievance escalation.

Health care professionals should note that one of the best methods to promote a professional culture within a health care organization that fosters employee grievance resolution, without fear of retaliation, is to actively engage employees and their concerns and/or grievances. To do so, administrators and management should openly seek feedback from employees as well as initiate discussions with employees centered around their concerns, grievances, and methods to resolve any issues that may be present within the health care organization. By actively engaging employees and by, ultimately, prompting a professional culture centered around grievance resolution, without fear of retaliation, health care professionals can work towards ensuring employee grievance policies and procedures maintain their effectiveness within their health care organization.

Step 2: Designate an employee(s) to head or manage the grievance resolution process - every health care organization should have a designated employee(s) to head/manage the process of resolving formal employee grievances. Typically, the designated employee heads/manages the grievance resolution process from beginning to end (i.e., the designated employee handles the grievance resolution process from the time a formal employee grievance is submitted until the time the formal employee grievance is officially resolved). The designated employee may also serve as a contact individual for the employee who submitted the formal employee grievance. Establishing a contact individual for employees during the grievance resolution process can help foster effective communication, which is often essential to the grievance resolution process.

Step 3: Acknowledge the receipt of a formal employee grievance - if a formal employee grievance is submitted, the health care organization should acknowledge, in some fashion, that the formal employee grievance was received. Doing so can inform the employee, who submitted the formal employee grievance, that the formal employee grievance resolution process has been initiated. Additionally, it can indirectly or directly inform the employee that his or her formal employee grievance, in some way, has been heard. The simple truth of the matter is, that when individuals have a concern or grievance they want to be heard by those in a position to resolve or elevate the concern or grievance. By letting the employee know his or her formal employee grievance was received, it can let the employee know he or she is being heard by those who can work to resolve the grievance. Furthermore, acknowledging the receipt of a formal employee grievance can potentially help avoid or prevent grievance escalation. Often, when individuals feel like their concerns or grievances are not listened to

or heard, they escalate the process of voicing their concerns or grievances until they are heard. When individuals escalate the process of voicing their concerns or grievances until they are heard, negative results can occur such as additional grievances, disruptions, disturbances, and intense arguments, all of which should be avoided in the health care setting due to their potential to negatively impact patient care. Thus, by acknowledging the receipt of a formal employee grievance, health care organizations can let their employees know they are being heard and potentially avoid grievance escalation.

Step 4: Gather information - once the receipt of a formal employee grievance is acknowledged, those responsible for managing the employee grievance resolution process should begin gathering relevant information. Information regarding a grievance may come from many different sources including the employees involved in the grievance, other employees not directly involved in the grievance, additional witnesses, organizations' policies as well as state and federal laws. With that said, health care professionals should note that objectivity is necessary when gathering information.

Step 5: Document the process of employee grievance resolution - the employee grievance resolution process should be documented (i.e., the formal grievance, any employee statements, any information relating to grievance resolution or the grievance decision as well as the health care organization's formal decision regarding a submitted grievance should be officially documented). Documentation can provide information to employees regarding the grievance resolution process and the health care organization's formal decision. Documentation can also prove to be valuable if any state, federal, or attorney intervention, regarding a grievance, occurs.

Step 6: Formulate a decision - once all relevant information has been gathered and documented, a formal decision regarding an employee grievance must, eventually, be made. Health care professionals should note that formal decisions regarding an employee grievance must be made within the designated timeline specified in their organization's employee grievance policies and procedures (e.g., if an organization's employee grievance policies and procedures specify that an official decision regarding an employee grievance must be reached 15 - 30 days after the formal submission of the employee grievance then the decision should be reached within the aforementioned time period).

Step 7: Follow up with the employee(s) involved in a grievance - once an organization reaches an official decision regarding a grievance, the organization should formally follow up with the employee who submitted the grievance and any

employees involved in the grievance (i.e., an organization should provide the employee(s) involved in a grievance with documentation).

Proper allocation of resources - effective communication can help health care professionals adequately allocate health care resources to patients. In times of emergency or crisis, health care resources may be in short supply. When health care resources are in short supply, effective communication can help health care professionals transmit and receive information regarding resources to help prevent waste and to help ensure all patients have equal access to the resources that are available.

Health care professional and patient satisfaction - lastly, effective communication between fellow health care professionals and among health care professionals and patients can lead to the formation of personal and professional relationships that possess the potential to bring both health care professionals and patients satisfaction regarding their health care settings.

Section 1: Summary

Communication may refer to the process of transmitting information and messages from one individual or party to another individual or party in order to obtain meaning and a common understanding. Effective communication occurs when information and messages are adequately transmitted, received, and understood. The key elements involved in the communication process include: sender, channel, receiver, encoding, decoding, and feedback.

Interpersonal communication may refer to an exchange of information and messages between two or more individuals or parties. Interpersonal communication may occur in both personal and professional settings. During interpersonal communication, communication may flow in one direction or in two directions. One-way communication occurs when information is sent in only one direction, from sender to receiver. Two-way communication occurs when information is transmitted and flows freely among individuals and parties (i.e., information is sent in a back and forth manner between individuals or parties).

Organizational communication may refer to the process of sending and receiving information/messages among interrelated individuals within a given organization such as a health care facility. Typically, communication moves or flows, within an organization, in either a vertical or horizontal manner. Examples of organizational communication within a health care facility may include the following: a health care professional manager gives instructions to a fellow health care professional; two health care professionals discuss a patient's medications; a health care professional

provides education to a group of health care professionals; a health care professional writes another health care professional a note regarding a patient; health care professionals exchange emails regarding specific interventions.

Finally, health care professionals should note that effective communication is important to health care organizations for a variety of different reasons including the following: promotes safe and effective health care, plays a key role in medical error prevention, creates the potential to optimize patient care, promotes effective teamwork, fosters employee grievance resolution, assists in the proper allocation of resources and helps establish personal and professional relationships that possess the potential to bring both health care professionals and patients satisfaction regarding their health care settings.

Section 1: Key Concepts

- The first of the four key strategies or action points to improving communication is to obtain and utilize insight into communication.
- Effective communication occurs when information and messages are adequately transmitted, received, and understood.
- Communication may be verbal and/or nonverbal.
- The key elements of the communication process include: sender, channel, receiver, encoding, decoding, and feedback.
- The essential steps of the communication process include the following: a sender has a desire to convey an idea or concept via a message; a sender encodes an idea or concept into a message; a sender transmits a message via a channel; a receiver takes in the message sent by the sender; the receiver decodes the message; the receiver provides feedback to the sender.
- Noise may interfere with the communication process.
- One-way communication occurs when information is sent in only one direction, from sender to receiver.
- Two-way communication occurs when information is transmitted and flows freely among individuals and parties.
- Communication typically moves or flows, within an organization, in a vertical and/or horizontal manner.
- Communication may also flow into and out of an organization.

- Effective communication is important to health care organizations for a variety of different reasons including the following: promotes safe and effective health care, plays a key role in medical error prevention, creates the potential to optimize patient care, promotes effective teamwork, fosters employee grievance resolution, assists in the proper allocation of resources and helps establish personal and professional relationships that possess the potential to bring both health care professionals and patients satisfaction regarding their health care settings.

Section 1: Key Terms

Communication - The process of transmitting information and messages from one individual or party to another individual or party in order to obtain meaning and a common understanding

Verbal communication - The use of sounds and/or words to transmit information/ messages

Nonverbal communication - The use of gestures, facial expressions, tones of voice, eye contact, body language, posture and/or other means that do not involve sounds and/or words to transmit information/messages

Communication process - The exchange of information and messages from a sender, through a selected channel, to a receiver

Sender (in the context of the communication process) - The individual or party who initiates communication by using sounds, words, gestures, facial expressions, tones of voice, eye contact, body language, posture or other means to transmit a message; the source that originates a message

Channel (in the context of the communication process) - The medium which is used to carry communication

Receiver (in the context of the communication process) - The individual or party to whom a message is sent; the audience

Encode - The process of selecting sounds, words, gestures, facial expressions, tones of voice, eye contact methods, body language, postures and/or other means to generate a message

Decode - The process of receiving, interpreting and attempting to understand an encoded message in order to obtain meaningful information

Feedback - A receiver's response to a sender's message

Noise (in the context of communication) - Anything that distorts or disrupts a message and/or the communication process

Physical noise - External or environmental stimulus that acts as a distraction

Physiological noise - A distraction related to physiological function

Psychological noise - preconceived notions

Semantic noise - a disturbance that occurs in the transmission of a message that interferes with the interpretation of a message due to the ambiguity of chosen sounds, words, gestures, facial expressions, tones of voice, eye contact methods, body language, postures and/or other means of communication

Interpersonal communication - An exchange of information and messages between two or more individuals or parties

Organizational communication (in the context of this course) - The process of sending and receiving information/messages among interrelated individuals within a given organization such as a health care facility

Vertical communication (within the context of organizational communication) - The flow of communication between individuals associated with the same organization who are on different levels of the organization's hierarchy

Horizontal communication (within the context of organizational communication) - The flow of communication between individuals and/or departments that are on the same level of a given organization

Infectious disease - An illness caused by bacteria, viruses, and/or fungi, which enters the human body, multiplies, and leads to infection

Pandemic - A global or worldwide outbreak of disease; the outbreak of disease over a large area

Medical error prevention - A preventable adverse effect of care that may or may not be evident or causes harm to a patient

Grievance (as it pertains to a professional setting) - A matter of concern regarding a potential violation of work-related rights, which is formally submitted, without fear of retaliation, and requires a formal response

Section 1: Personal Reflection Question

How can health care professionals apply insight into communication to patient care?

Section 2: Health Care Communication-Related Laws and Guidelines

The second of the four key strategies or action points to improving communication within health care organizations is to adhere to and follow health care communication-related laws and guidelines. Due to the importance of communication within the current health care system, several laws and guidelines have been developed by the federal government and other organizations to facilitate effective communication. This section of the course will highlight such laws and guidelines. The information found in this section was derived from materials provided by the CDC, the Joint Commission, the U.S. Department of Health & Human Services, the WHO and the American Nurses Association (ANA) (CDC, 2020; Joint Commission, 2020; U.S. Department of Health and Human Services; WHO, 2020; American Nurses Association, 2020).

The Health Insurance Portability and Accountability Act of 1996 (HIPAA)

- One of the first laws that may come to mind when considering laws and guidelines related to effective health care communication is the Health Insurance Portability and Accountability Act of 1996 (HIPAA). The Health Insurance Portability and Accountability Act of 1996 (HIPAA) may refer to the specific federal regulations or laws which provide provisions for safeguarding medical information. HIPAA was enacted by the 104th United States Congress and signed into action by President Clinton in 1996. Since that time, HIPAA has been used by health care professionals to guide their communication regarding patient information. Health care professionals should possess insight into HIPAA to effectively communicate patient information. Specific information regarding HIPAA may be found below.
- One of the major goals of the HIPAA is to assure that individuals' health information is adequately protected while allowing the flow of health information needed to provide and promote high-quality health care. Another major goal of the HIPAA is to protect the public's health and well being.
- The HIPAA's Privacy Rule applies to the following entities:

Health plans - in the context of this course, a health plan may refer to any plan which covers the cost of health care. Health plans that may be affected by the stipulations of the Privacy Rule include: health, dental, vision, and prescription drug insurers, health maintenance organizations ("HMOs"), Medicare, Medicaid, Medicare+Choice and Medicare supplement insurers, and long-term care insurers

(excluding nursing home fixed-indemnity policies). Additional health plans that may be affected by the stipulations of the Privacy Rule include: employer-sponsored group health plans, government, and church-sponsored health plans, and multi-employer health plans.

Health care providers - essentially, every health care provider, regardless of size, who electronically transmits health information in connection with certain transactions may be considered a covered entity.

Health care clearinghouses - in the context of this course, a health care clearinghouses may refer to any entity that processes nonstandard information from another entity into a standard format. Examples of health care clearinghouses include: billing services, repricing companies, and community health management information systems.

Business associate - in the context of this course, a business associate may refer to a person or organization, other than a member of a covered entity's workforce, that performs certain functions or activities on behalf of, or to, a covered entity that involve the use or disclosure of individually identifiable health information.

- HIPAA's Privacy Rule safeguards protected health information (PHI). PHI may refer to any information about health status, provision of health care, or payment for health care that is created or collected by a covered entity; individually identifiable health information. In essence, the Privacy Rule protects all individually identifiable health information held or transmitted by a covered entity or its business associate(s), in any form or media, whether electronic, paper, or oral.
- Health care professionals should note that individually identifiable health information is information, including demographic data, that relates to the following: an individual's past, present or future physical or mental health or condition, the provision of health care to an individual, or the past, present, or future payment for the provision of health care to the individual, and that identifies the individual or for which there is a reasonable basis to believe it can be used to identify the individual (i.e., individually identifiable health information is information that may be used to identify an individual and his or her relationship to the health care system). Health care professionals should also note that examples of individually identifiable health information includes patients: names, birth dates, home addresses, and Social Security Numbers (however, the Privacy Rule excludes from protected health information employment records that a covered entity maintains in its capacity as an employer and certain other records indicated by law).

- HIPAA's Privacy Rule indicates that there are no restrictions on the use or disclosure of de-identified health information. De-identified health information may refer to information that neither identifies nor provides a reasonable basis to identify an individual (i.e., information that cannot, necessarily, link an individual to the health care system). Health care professionals should note the following two ways information may be de-identified: a formal determination by a qualified statistician may de-identify information; the removal of specified identifiers of the individual and of the individual's relatives, household members, and employers is completed and is adequate only if the covered entity has no actual knowledge that the remaining information could be used to identify the individual.
- The Privacy Rule stipulates the following: a covered entity may not use or disclose protected health information, except as the Privacy Rule permits or requires; or as the individual who is the subject of the information (or the individual's personal representative) authorizes in writing. Fundamentally, the Privacy Rule determines how PHI may be used and/or disclosed to protect individuals' privacy.
- The Privacy Rule indicates that a covered entity may use and disclose protected health information for its own treatment, payment, and health care operations activities.
- The Privacy Rule indicates the following: informal permission, regarding the use of PHI, may be obtained by asking an individual outright, or by circumstances that clearly give an individual the opportunity to agree, acquiesce, or object; when an individual is incapacitated (e.g., in an emergency situation) or not available, covered entities generally may make such uses and disclosures, if, in the exercise of their professional judgment, the use or disclosure is determined to be in the best interests of an individual.
- The Privacy Rule does not require that every risk of an incidental use or disclosure of PHI be eliminated.
- The Privacy Rule indicates the following: covered entities may use and disclose PHI without individual authorization as required by law.
- The Privacy Rule indicates the following: covered entities may disclose PHI to public health authorities authorized by law to collect or receive such information for preventing or controlling disease, injury, or disability and to public health or other government authorities authorized to receive reports of child abuse and neglect.
- The Privacy Rule indicates the following: covered entities may disclose PHI to entities subject to the United States Food and Drug Administration's (FDA) regulations regarding FDA regulated products or activities for purposes such as

adverse event reporting, tracking of products, product recalls, and post-marketing surveillance.

- The Privacy Rule indicates the following: covered entities may disclose PHI to individuals who may have contracted or been exposed to a communicable disease when notification is authorized by law.
- The Privacy Rule indicates the following: covered entities may disclose PHI to employers, regarding employees, when requested by employers, for information concerning a work-related illness or injury or workplace-related medical surveillance, because such information is needed by the employer to comply with organizations such as the Occupational Safety and Health Administration (OSHA).
- The Privacy Rule indicates that in certain circumstances, covered entities may disclose PHI to appropriate government authorities regarding victims of abuse, neglect, or domestic violence.
- The Privacy Rule indicates that covered entities may use or disclose PHI to facilitate the donation and transplantation of cadaveric organs, eyes, and/or tissue.
- The Privacy Rule indicates that most uses and disclosures of psychotherapy notes for treatment, payment, and health care operations purposes require an authorization.
- Health care professionals should note the following: a central aspect of the Privacy Rule is the principle of “minimum necessary” use and disclosure. A covered entity must make reasonable efforts to use, disclose, and request only the minimum amount of PHI needed to accomplish the intended purpose of the use, disclosure, or request. Essentially, the minimum necessary principle/rule can help prevent the disclosure of any unnecessary PHI. Health care professionals should always keep the minimum necessary principle/rule in mind when disclosing PHI.
- The Privacy Rule indicates the following: typically, parents are the personal representatives for their minor children (the term minor child may refer to any individual under a specific age, typically under the age of 18). Therefore, in most cases, parents can exercise individual rights, such as access to medical records, on behalf of their minor children.
- HIPAA's Security Rule addresses the technical and non-technical safeguards that covered entities must put in place to secure individuals' electronic protected health information (e-PHI).

- Health care professionals should note the following: the Security Rule applies to health plans, health care clearinghouses, and to any health care provider who transmits health information in electronic form.
- Health care professionals should note the following: the Security Rule protects a subset of information covered by the Privacy Rule, which is all individually identifiable health information a covered entity creates, receives, maintains, or transmits in electronic form; the Security Rule pertains to electronic health information.
- The Security Rule requires that covered entities ensure the confidentiality, integrity, and availability of all e-PHI they create, receive, maintain or transmit; covered entities identify and protect against reasonably anticipated threats to the security or integrity of the information; covered entities protect against reasonably anticipated, impermissible uses or disclosures; covered entities ensure compliance by their workforce (i.e., health care organizations must make sure health care professionals adhere to the stipulations put forth by the Security Rule).
- Health care professionals should apply the minimum necessary principle/rule to e-PHI. The minimum necessary rule can help prevent the disclosure of any unnecessary e-PHI. Health care professionals should always keep the minimum necessary rule in mind when disclosing e-PHI.
- Patients may ask for a copy of their electronic medical record in electronic form.
- HIPAA's Omnibus Rule indicates that PHI may no longer be used in most marketing activities without patient authorization if the covered entity is compensated for making the communication by a third party (e.g., a pharmaceutical company) that is promoting its own product; the Omnibus Rule requires authorization for all treatment and communications where the covered entity receives financial remuneration for making the communications from a third party whose product or service is being marketed. Health care professionals should note the aforementioned changes were made to strengthen the protection of PHI.
- The Omnibus Rule allows covered entities to disclose the immunization records of students or prospective students to a school if state law requires the school to have proof of immunization and the covered entity obtains and documents the agreement of the parent or guardian.
- The Omnibus Rule incorporates genetic information into the definition of PHI, which extends HIPAA's privacy protections to individuals' genetic information.

- The Omnibus Rule indicates the following: research studies involving PHI that have been required to use multiple consent forms may use a single form. The aforementioned stipulation was made to limit patient confusion regarding consent forms.
- The Omnibus Rule indicates the following: decedents' PHI is under HIPAA protection for 50 years after death.

Title 42 of the Code of Federal Regulations, Part 2

- Another law that might come to mind when considering laws and guidelines related to effective health care communication is Title 42 of the Code of Federal Regulations, Part 2, otherwise referred to as 42 CFR Part 2. 42 CFR Part 2 protects patients seeking treatment for substance use disorders (a substance use disorder may refer to a medical condition characterized by a cluster of symptoms that do not allow an individual to stop using legal or illegal substances such as alcohol, marijuana, cocaine, and/or opioids). The goal of 42 CFR Part 2 is to safeguard patients' rights and privacy. Additional information regarding 42 CFR Part 2 may be found below.
- 42 CFR Part 2 was established to encourage individuals to seek substance abuse treatment by removing the potential fear of privacy violations and the subsequent legal and social ramifications that could follow a privacy violation.
- 42 CFR Part 2 heightens the restrictions, even beyond those of HIPAA, on an individual's protected health information related to addiction treatment.
- 42 CFR Part 2 protects the confidentiality of records containing the identity, diagnosis, prognosis, or treatment of any patient maintained in connection with the performance of any federally assisted program or activity relating to substance use disorder education, prevention, training, treatment, rehabilitation, or research.
- 42 CFR Part 2 indicates the following: health care professionals may not disclose information that identifies individuals as having, having had, or referred for a substance use disorder without the patient's consent, unless a 42 CFR Part 2 exception applies.
- 42 CFR Part 2 indicates the following: health care professionals may not acknowledge that a person is a patient in a substance use program.
- Health care professionals should note that 42 CFR Part 2 permits the disclosure of health-related information under certain circumstances without consent such as a medical emergency.

- Health care professionals should note that when a disclosure is made in connection with a medical emergency, the 42 CFR Part 2 program must document in the patient's record the name and affiliation of the recipient of the information, the name of the individual making the disclosure, the date and time of the disclosure, and the nature of the emergency.
- 42 CFR Part 2 indicates that individuals may not use 42 CFR Part 2 program information to initiate or substantiate criminal charges against a patient.
- Health care professionals should note that they must limit the disclosure of substance use disorder/ substance use disorder treatment-related information to the minimum amount of information necessary for the permitted purpose of the disclosure.
- 42 CFR Part 2 indicates the following: if a minor patient acting alone has the legal capacity under the applicable state law to apply for and obtain substance use disorder treatment, any written consent for disclosure may be given only by the minor patient.
- 42 CFR Part 2 indicates the following: no person may require any patient to carry in their immediate possession while away from the part 2 program premises any card or other object which would identify the patient as having a substance use disorder.
- 42 CFR Part 2 indicates the following: if a part 2 program discontinues operations or is taken over or acquired by another program, it must remove patient identifying information from its records or destroy its records, including sanitizing any associated hard copy or electronic media, to render the patient identifying information non-retrievable.
- 42 CFR Part 2 indicates the following: 42 CFR Part 2 regulations do not prohibit a part 2 program from giving a patient access to their own records, including the opportunity to inspect and copy any records that the part 2 program maintains about the patient.
- 42 CFR Part 2 indicates the following: if a patient consents to a disclosure of their records, a part 2 program may disclose those records in accordance with that consent to any person or category of persons identified or generally designated in the consent, except that disclosures to central registries and in connection with criminal justice referrals.
- 42 CFR Part 2 indicates the following: patient identifying information may be disclosed to medical personnel to the extent necessary to meet a bona fide medical emergency in which the patient's prior informed consent cannot be obtained.

- 42 CFR Part 2 indicates the following: patient identifying information may be disclosed to medical personnel of the FDA who assert a reason to believe that the health of any individual may be threatened by an error in the manufacture, labeling, or sale of a product under FDA jurisdiction, and that the information will be used for the exclusive purpose of notifying patients or their physicians of potential dangers.
- 42 CFR Part 2 indicates the following: an order authorizing the disclosure of patient records for purposes other than criminal investigation or prosecution may be applied for by any person having a legally recognized interest in the disclosure which is sought.

Scope of Practice

- In addition to the aforementioned laws health care professionals should follow the guidelines outlined in their related scope of practice.
- The term scope of practice may refer to a description of services qualified health care professionals are deemed competent to perform and permitted to undertake under the terms of their professional license. In other words, a scope of practice is a legal guide that highlights a health care professional's responsibilities and limitations, including those centered around communication. Essentially, scopes of practice can provide health care professionals with insight on how to adequately communicate and administer health care. It is essential that health care professionals adhere to their related scopes of practice. Health care professionals should note that specific scopes of practice may vary by state. A health care professional should be familiar with his or her particular state(s) of licensure's scope of practice.

Standards of Practice

- Health care professionals may also find communication-related guidelines within their related standards of practice.
- The term standards of practice may refer to the authoritative statements of duties that all health care professionals, regardless of role, population, or specialty are expected to perform competently.
- Professional organizations, like the American Nurses Association (ANA), have developed specific standards of practice for health care professionals. Standards of practice were established by the ANA and other professional organizations to

provide a means for the consistent administration of health care across the various health care settings found in the current landscape of health care.

- It is highly recommended that all health care professionals follow the standards of practice set for by their related professional organization in every aspect of health care administration, including communication, to ensure they are in accordance with the necessary requirements for safe and effective health care.

The Joint Commission's Recommendations/Guidelines

As previously mentioned, the term medical error may refer to a preventable adverse effect of care that may or may not be evident or causes harm to a patient. In an ideal health care climate, medical errors would not occur - however, the simple truth of the matter is that they often do occur. Because medical errors do occur, organizations such as the Joint Commission have developed national patient safety goals and recommendations/guidelines to help health care professionals prevent medical errors from occurring. Health care professionals should note that many of the Joint Commission's national patient safety goals and recommendations/guidelines center around effective communication. Health care professionals should also note that they can use the Joint Commission's national patient safety goals and recommendations/guidelines related to communication to improve communication within their health care organization, foster effective communication, and, ultimately, prevent medical errors from occurring. Specific information regarding the Joint Commission's national patient safety goals and recommendations/guidelines related to effective communication may be found below. Each of the Joint Commission's national patient safety goals will be presented below followed by related recommendations/guidelines.

Patient Identification Goal: Improve the Accuracy of Patient Identification

The rationale behind the goal - patient errors occur in virtually all stages of diagnosis and treatment. The intent for this goal is two-fold: first, to reliably identify the individual as the person for whom the service or treatment is intended; second, to match the service or treatment to that individual. Acceptable identifiers may be the individual's name, an assigned identification number, telephone number, or other person-specific identifiers.

Newborns are at higher risk of misidentification due to their inability to speak and lack of distinguishable features. In addition to well-known misidentification errors such as wrong patient/wrong procedure, misidentification has also resulted in feeding a mother's expressed breast milk to the wrong newborn, which poses a risk of passing

bodily fluids and potential pathogens to the newborn. A reliable identification system among all providers is necessary to prevent errors. Essentially, the reason the aforementioned goal was established was to make sure the right patient receives the right treatment/health care.

Related recommendations - to ensure the right patient receives the right treatment/health care, health care professionals should follow the following recommendations.

- Use at least two patient identifiers when providing care, treatment, or services.
- Use at least two patient identifiers when administering medications, blood, or blood components; when collecting blood samples and other specimens for clinical testing; and when providing treatments or procedures. The patient's room number or physical location is not used as an identifier.
- Label containers used for blood and other specimens in the presence of the patient.
- Use distinct methods of identification for newborn patients. Examples of methods to prevent misidentification may include the following: distinct naming systems could include using the mother's first and last names and the newborn's gender (for example, "Smith, Judy Girl" or "Smith, Judy Girl A" and "Smith, Judy Girl B" for multiples); standardized practices for identification banding (for example, using two body sites and/or barcoding for identification); establish communication tools among staff (for example, visually alerting staff with signage noting newborns with similar names).

Communication Goal: Improve the Effectiveness of Communication Among Caregivers

The rationale behind the goal - critical results of tests and diagnostic procedures fall significantly outside the normal range and may indicate a life-threatening situation. The objective is to provide the responsible licensed caregiver these results within an established time frame so that the patient can be promptly treated. In essence, this goal was established to ensure health care professionals receive vital patient information in a timely manner.

Related recommendations - to ensure health care professionals receive vital patient information in a timely manner, health care professionals/health care organizations should adhere to the following recommendations.

- Develop written procedures for managing the critical results of tests and diagnostic procedures that address the following: the definition of critical results

of tests and diagnostic procedures; by whom and to whom critical results of tests and diagnostic procedures are reported; the acceptable length of time between the availability and reporting of critical results of tests and diagnostic procedures.

- Implement the procedures for managing the critical results of tests and diagnostic procedures.
- Evaluate the timeliness of reporting the critical results of tests and diagnostic procedures.

Medication Goal: Improve the Safety of Using Medications

The rationale behind the goal - medications or other solutions in unlabeled containers are unidentifiable. Errors, sometimes tragic, have resulted from medications and other solutions removed from their original containers and placed into unlabeled containers. This unsafe practice neglects the basic principles of safe medication management, yet it is routine in many organizations. The labeling of all medications, medication containers, and other solutions is a risk-reduction activity consistent with safe medication management. This practice addresses a recognized risk point in the administration of medications in perioperative and other procedural settings (note: medication containers include syringes, medicine cups, and basins). In other words, this goal was established to ensure the right patient receives the right medication.

Related recommendations - to ensure the right patient receives the right medication, health care professionals should follow the following recommendations.

- Label all medications, medication containers, and other solutions on and off the sterile field in perioperative and other procedural settings.
- In perioperative and other procedural settings both on and off the sterile field, label medications and solutions that are not immediately administered. This applies even if there is only one medication being used (note: an immediately administered medication is one that an authorized staff member prepares or obtains, takes directly to a patient, and administers to that patient without any break in the process).
- In perioperative and other procedural settings both on and off the sterile field, labeling occurs when any medication or solution is transferred from the original packaging to another container.

- In perioperative and other procedural settings both on and off the sterile field, medication or solution labels include the following: medication or solution name; strength; the amount of medication or solution containing medication (if not apparent from the container); diluent name and volume (if not apparent from the container); expiration date when not used within 24 hours; expiration time when expiration occurs in less than 24 hours (note: the date and time are not necessary for short procedures, as defined by the hospital).
- Verify all medication or solution labels both verbally and visually. Verification is done by two individuals qualified to participate in the procedure whenever the person preparing the medication or solution is not the person who will be administering it.
- Label each medication or solution as soon as it is prepared, unless it is immediately administered. (note: an immediately administered medication is one that an authorized staff member prepares or obtains, takes directly to a patient, and administers to that patient without any break in the process).
- Immediately discard any medication or solution found unlabeled.
- Remove all labeled containers on the sterile field and discard their contents at the conclusion of the procedure (note: this does not apply to multiuse vials that are handled according to infection control practices).
- All medications and solutions both on and off the sterile field and their labels are reviewed by entering and exiting staff responsible for the management of medications.

Anticoagulant Therapy Goal: Reduce the Likelihood of Patient Harm Associated with the Use of Anticoagulant Therapy

The rationale behind the goal - anticoagulation therapy can be used as a therapeutic treatment for a number of conditions, the most common of which are atrial fibrillation, deep vein thrombosis, pulmonary embolism, and mechanical heart valve implant. However, it is important to note that anticoagulation medications are more likely than others to cause harm due to complex dosing, insufficient monitoring, and inconsistent patient compliance. This National Patient Safety Goal has great potential to positively impact the safety of patients on this class of medications and result in better outcomes.

To achieve better patient outcomes, patient education is a vital component of an anticoagulation therapy program. Effective anticoagulation patient education includes face-to-face interaction with a trained professional who works closely with patients to

be sure that they understand the risks involved with anticoagulation therapy, the precautions they need to take, and the need for regular International Normalized Ratio (INR) monitoring. The use of standardized practices for anticoagulation therapy that include patient involvement can reduce the risk of adverse drug events associated with heparin (unfractionated), low molecular weight heparin, and warfarin. Essentially, the aforementioned goal was developed to help patients receiving anticoagulation therapy avoid adverse events related to their anticoagulation therapy (note: this requirement applies only to hospitals that provide anticoagulant therapy and/or long-term anticoagulation prophylaxis (for example, atrial fibrillation) where the clinical expectation is that the patient's laboratory values for coagulation will remain outside normal values. This requirement does not apply to routine situations in which short term prophylactic anticoagulation is used for venous thromboembolism prevention (for example, related to procedures or hospitalization) and the clinical expectation is that the patient's laboratory values for coagulation will remain within, or close to, normal values).

Related recommendations - to reduce the likelihood of patient harm associated with the use of anticoagulant therapy, health care professionals should follow the following recommendations.

- Use only oral unit-dose products, prefilled syringes, or premixed infusion bags when these types of products are available (note: for pediatric patients, prefilled syringe products should be used only if specifically designed for children).
- Use approved protocols for the initiation and maintenance of anticoagulant therapy.
- Before starting a patient on warfarin, assess the patient's baseline coagulation status; for all patients receiving warfarin therapy, use a current International Normalized Ratio (INR) to adjust this therapy. The baseline status and current INR are documented in the medical record (note: the patient's baseline coagulation status can be assessed in a number of ways, including through a laboratory test or by identifying risk factors such as age, weight, bleeding tendency, and genetic factors).
- Use authoritative resources to manage potential food and drug interactions for patients receiving warfarin.
- When heparin is administered intravenously and continuously, use programmable pumps in order to provide consistent and accurate dosing.

- A written policy addresses baseline and ongoing laboratory tests that are required for anticoagulants.
- Provide education regarding anticoagulant therapy to prescribers, staff, patients, and families. Patient/family education includes the following: the importance of follow-up monitoring; compliance; drug-food interactions; the potential for adverse drug reactions and interactions.
- Evaluate anticoagulation safety practices, take action to improve practices, and measure the effectiveness of those actions in a time frame determined by the organization.

Medication Information Goal: Maintain and Communicate Accurate Patient Medication Information

The rationale behind the goal - there is evidence that medication discrepancies can affect patient outcomes. Medication reconciliation is intended to identify and resolve discrepancies - it is a process of comparing the medications a patient is taking (and should be taking) with newly ordered medications. The comparison addresses duplications, omissions, and interactions, and the need to continue current medications. The types of information that clinicians use to reconcile medications include (among others) medication name, dose, frequency, route, and purpose. Organizations should identify the information that needs to be collected to reconcile current and newly ordered medications and to safely prescribe medications in the future.

Related recommendations - to achieve the medication information goal, health care professionals should follow the following recommendations.

- Obtain information on the medications the patient is currently taking when he or she is admitted to the hospital or is seen in an outpatient setting. This information is documented in a list or other format that is useful to those who manage medications (notes: current medications include those taken at scheduled times and those taken on an as-needed basis; a good faith effort to obtain this information from the patient and/or other sources will be considered as meeting the intent of the goal).
- Define the types of medication information to be collected in non-24-hour settings and different patient circumstances; examples of non-24-hour settings include the emergency department, primary care, outpatient radiology, ambulatory surgery, and diagnostic settings; examples of medication information that may be collected include name, dose, route, frequency, and purpose.

- Compare the medication information the patient brought to the hospital with the medications ordered for the patient by the hospital in order to identify and resolve discrepancies (note: discrepancies include omissions, duplications, contraindications, unclear information, and changes; a qualified individual, identified by the hospital, does the comparison).
- Provide the patient (or family as needed) with written information on the medications the patient should be taking when he or she is discharged from the hospital or at the end of an outpatient encounter (for example, name, dose, route, frequency, purpose); when the only additional medications prescribed are for a short duration, the medication information the hospital provides may include only those medications.
- Explain the importance of managing medication information to the patient when he or she is discharged from the hospital or at the end of an outpatient encounter (note: examples include instructing the patient to give a list to his or her primary care physician; to update the information when medications are discontinued, doses are changed, or new medications (including over-the-counter products) are added; and to carry medication information at all times in the event of emergency situations).

Alarm Systems Goal: Reduce the Harm Associated with Clinical Alarm Systems

The rationale behind the goal - a clinical alarm is a means for communication; clinical alarm systems are intended to alert caregivers of potential patient problems, but if they are not properly managed, they can compromise patient safety. This is a multifaceted problem. In some situations, individual alarm signals are difficult to detect. At the same time, many patient care areas have numerous alarm signals, and the resulting noise and displayed information tends to desensitize staff and cause them to miss or ignore alarm signals or even disable them. Other issues associated with effective clinical alarm system management include too many devices with alarms, default settings that are not at an actionable level, and alarm limits that are too narrow. These issues vary greatly among hospitals and even within different units in a single hospital.

There is general agreement that this is an important safety issue. Universal solutions have yet to be identified, but it is important for a hospital to understand its own situation and to develop a systematic, coordinated approach to clinical alarm system management. Standardization contributes to safe alarm system management, but it is recognized that solutions may have to be customized for specific clinical units, groups of patients, or individual patients.

Related recommendations - to help achieve this goal, health care professionals and health care organizations should follow the following recommendations.

- Improve the safety of clinical alarm systems.
- Leaders establish alarm system safety as a hospital priority.
- Identify the most important alarm signals to manage based on the following: input from the medical staff and clinical departments; risk to patients if the alarm signal is not attended to or if it malfunctions; whether specific alarm signals are needed or unnecessarily contribute to alarm noise and alarm fatigue; potential for patient harm based on internal incident history; published best practices and guidelines.
- Establish policies and procedures for managing alarms, at a minimum, address the following: clinically appropriate settings for alarm signals; when alarm signals can be disabled; when alarm parameters can be changed; who in the organization has the authority to set alarm parameters; who in the organization has the authority to change alarm parameters; who in the organization has the authority to set alarm parameters to “off”; monitoring and responding to alarm signals; checking individual alarm signals for accurate settings, proper operation, and detectability.
- Educate staff and licensed independent practitioners about the purpose and proper operation of alarm systems for which they are responsible.

Safety Risk Goal: The Health Care Organization Identifies Safety Risks Inherent in its Patient Population

The rationale behind the goal - the suicide of a patient while in a staffed, round-the-clock care setting is a frequently reported type of sentinel event (the term sentinel event may refer to an unanticipated event in a health care setting that results in death or serious physical or psychological injury to a patient(s), not related to the natural course of the patient's illness). Identification of individuals at risk for suicide while under the care of or following discharge from a health care organization is an important step in protecting these at-risk individuals.

Related recommendations - to help achieve this goal, health care professionals and health care organizations should follow the following recommendations.

- Identify patients at risk for suicide.

- Conduct a risk assessment that identifies specific patient characteristics and environmental features that may increase or decrease the risk for suicide.
- Address the patient's immediate safety needs and the most appropriate setting for treatment.
- When a patient at risk for suicide leaves the care of the hospital, provide suicide prevention information (such as a crisis hotline) to the patient and his or her family.

Surgery Goal: Wrong Site Surgery Should Never Happen

The rationale behind the goal - wrong-site surgery should never happen - yet, it is an ongoing problem in health care that compromises patient safety. Marking the procedure site is a form of communication that can protect patients; patient safety is enhanced when a consistent marking process is used throughout the hospital. Site marking is done to prevent errors when there is more than one possible location for a procedure. Examples include different limbs, fingers and toes, lesions, levels of the spine, and organs. In cases where bilateral structures are removed (such as tonsils or ovaries), the site does not need to be marked.

Related recommendations - to help achieve the aforementioned goal, health care professionals and health care organizations should follow the following recommendations.

- Mark the procedure site.
- Identify those procedures that require marking of the incision or insertion site. At a minimum, sites are marked when there is more than one possible location for the procedure and when performing the procedure in a different location would negatively affect quality or safety (note: for spinal procedures, in addition to preoperative skin marking of the general spinal region, special intraoperative imaging techniques may be used for locating and marking the exact vertebral level).
- The procedure site is marked by a licensed independent practitioner who is ultimately accountable for the procedure and will be present when the procedure is performed. In limited circumstances, the licensed independent practitioner may delegate site marking to an individual who is permitted by the organization to participate in the procedure and has the following qualifications: an individual in a medical postgraduate education program who is being supervised by the licensed independent practitioner performing the procedure, who is familiar with the patient, and who will be present when the procedure is

performed; a licensed individual who performs duties requiring a collaborative agreement or supervisory agreement with the licensed independent practitioner performing the procedure (that is, an advanced practice registered nurse [APRN] or physician assistant [PA]), who is familiar with the patient, and who will be present when the procedure is performed (note: the hospital's leaders define the limited circumstances, if any, in which site marking may be delegated to an individual meeting these qualifications).

- The method of marking the site and the type of mark is unambiguous and is used consistently throughout the hospital (note: the mark is made at or near the procedure site and is sufficiently permanent to be visible after skin preparation and draping; adhesive markers are not the sole means of marking the site).
- A written, alternative process is in place for patients who refuse site marking or when it is technically or anatomically impossible or impractical to mark the site (for example, mucosal surfaces or perineum). Examples of other situations that involve alternative processes include: minimal access procedures treating a lateralized internal organ, whether percutaneous or through a natural orifice; teeth; premature infants, for whom the mark may cause a permanent tattoo.

Time Out Goal: A Time-Out is Performed Before the Procedure

The rationale behind the goal - the purpose of the time-out is to conduct a final assessment that the correct patient, site, and procedure are identified. This requirement focuses on those minimum features of the time-out. Some believe that it is important to conduct the time-out before anesthesia for several reasons, including the involvement of the patient. A hospital may conduct the time-out before anesthesia or may add another time-out at that time. During a time-out, activities are suspended to the extent possible so that team members can focus on active confirmation of the patient, site, and procedure.

A designated member of the team initiates the time-out and it includes active communication among all relevant members of the procedure team. The procedure is not started until all questions or concerns are resolved. The timeout is most effective when it is conducted consistently across the hospital. In essence, time-outs are necessary to help establish that the right patient is undergoing the right procedure.

Related recommendations - to help achieve the aforementioned goal, health care professionals and health care organizations should follow the following recommendations.

- Conduct a time-out immediately before starting the invasive procedure or making the incision.
- The time-out has the following characteristics: it is standardized, as defined by the hospital; it is initiated by a designated member of the team; it involves the immediate members of the procedure team, including the individual performing the procedure, the anesthesia providers, the circulating nurse, the operating room technician, and other active participants who will be participating in the procedure from the beginning.

Health Care Organization Policies and Procedures

Finally, health care professionals can utilize their specific health care organizations' policies and procedures as a guide to improve communication and foster effective communication within their health care facility. Health care organizations should have policies and procedures related to communication in place. For example, health care organizations may have specific policies and procedures related to employee grievance resolution and/or the use of social media (social media may refer to any electronically driven application that enables individuals to create and share content for the purposes of virtual communication). Health care professionals should be familiar with their specific health care organization's policies and procedures regarding communication. If no such policies exist within a health care organization, health care professionals should consider developing such policies to help improve communication within their specific health care organization.

Section 2: Summary



Health care professionals can improve communication within their health care organization by adhering to and following health care communication-related laws and guidelines. Such laws and guidelines include: HIPAA, 42 CFR Part 2, the Joint Commission's national patient safety goals and recommendations/guidelines, and specific health care organizations' policies and procedures. Health care professionals should work to integrate the key aspects of each of the aforementioned laws/guidelines into their daily practice to foster effective communication within their health care organization and, untimely, to ensure the safe and effective administration of health care to patients.

Section 2: Key Concepts

- The second of the four key strategies or action points to improving communication within health care organizations is to adhere to and follow health care communication-related laws and guidelines.
- Health care professionals can improve communication within their health care organization by adhering to and following health care communication-related laws and guidelines.
- HIPAA laws can be used by health care professionals to guide their communication regarding patient information; health care professionals should possess insight into HIPAA to effectively communicate patient information.
- HIPAA laws safeguard protected health information (PHI).
- 42 CFR Part 2 protects patients seeking treatment for substance use disorders; 42 CFR Part 2 protects the confidentiality of records containing the identity, diagnosis, prognosis, or treatment of any patient maintained in connection with the performance of any federally assisted program or activity relating to substance use disorder education, prevention, training, treatment, rehabilitation, or research.
- 42 CFR Part 2 indicates the following: health care professionals may not disclose information that identifies individuals as having, having had, or referred for a substance use disorder without the patient's consent unless a 42 CFR Part 2 exception applies.
- Scopes of practice can provide health care professionals with insight on how to adequately communicate and administer health care; it is essential that health care professionals adhere to their related scopes of practice; health care professionals should note that specific scopes of practice may vary by state.
- Professional organizations, like the ANA, have developed specific standards of practice for health care professionals; health care professionals should follow the standards of practice set for by their related professional organization in every aspect of health care administration, including communication, to ensure they are in accordance with the necessary requirements for safe and effective health care.
- The Joint Commission has developed national patient safety goals and recommendations/guidelines to help health care professionals prevent medical errors from occurring; many of the Joint Commission's national patient safety goals and recommendations/guidelines center around effective communication; health care professionals can use the Joint Commission's national patient safety goals and

recommendations/guidelines related to communication to improve communication within their health care organization, foster effective communication and prevent medical errors from occurring.

- Health care professionals can utilize their specific health care organizations' policies and procedures as a guide to improve communication and foster effective communication within their health care facility; health care professionals should be familiar with their specific health care organization's policies and procedures regarding communication.

Section 2: Key Terms

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) - the specific federal regulations or laws which provide provisions for safeguarding medical information

Health plans (in the context of this course) - a health plan may refer to any plan which covers the cost of health care

Health care clearinghouses (in the context of this course) - any entity that processes nonstandard information from another entity into a standard format

Business associate (in the context of this course) - a person or organization, other than a member of a covered entity's workforce, that performs certain functions or activities on behalf of, or to, a covered entity that involve the use or disclosure of individually identifiable health information

Protected health information (PHI) - any information about health status, provision of health care, or payment for health care that is created or collected by a covered entity; individually identifiable health information

Individually identifiable health information - information, including demographic data, that relates to the following: an individual's past, present or future physical or mental health or condition, the provision of health care to an individual, or the past, present, or future payment for the provision of health care to the individual, and that identifies the individual or for which there is a reasonable basis to believe it can be used to identify the individual; information that may be used to identify an individual and his or her relationship to the health care system

De-identified health information - information that neither identifies nor provides a reasonable basis to identify an individual; information that cannot, necessarily, link an individual to the health care system

Minor child - any individual under a specific age, typically under the age of 18

Substance use disorder - a medical condition characterized by a cluster of symptoms that do not allow an individual to stop using legal or illegal substances such as alcohol, marijuana, cocaine, and/or opioids

Scope of practice - a description of services qualified health care professionals are deemed competent to perform and permitted to undertake under the terms of their professional license

Standards of practice - the authoritative statements of duties that all health care professionals, regardless of role, population or specialty are expected to perform competently

Medication reconciliation - a process of comparing the medications a patient is taking (and should be taking) with newly ordered medications

Discrepancies (in the context of medication reconciliation) - omissions, duplications, contraindications, unclear information, and changes

Sentinel event - an unanticipated event in a health care setting that results in death or serious physical or psychological injury to a patient(s), not related to the natural course of the patient's illness

Social media - any electronically driven application that enables individuals to create and share content for the purposes of virtual communication

Section 2: Personal Reflection Question

How can health care professionals apply health care communication-related laws and guidelines to patient care?

Section 3: Health Care Communication-Related Tools

The third of the four key strategies or action points to improving communication within health care organizations is to effectively utilize health care communication-related tools. In the context of this course, the term health care communication-related tool may refer to any application, device or aid that is designed and intended to transmit healthcare-related information and/or messages. This section of the course will highlight the effective use of health care communication-related tools within health care organizations. The information found in this section was derived from materials provided by the CDC, the U.S. Department of Health & Human

Services, and the WHO (CDC, 2020; U.S. Department of Health and Human Services, 2020; WHO, 2020).

Health Care Documentation

One of the most important health care communication-related tools that can be used by health care professionals to improve communication is health care documentation. Health care documentation may refer to a digital or an analog record detailing the administration of health care to patients. If completed effectively, health care documentation can be used in daily practice by health care professionals to communicate vital patient information to other health care professionals in order to facilitate positive health care outcomes and to decrease the potential for negative health care outcomes, such as adverse events and patient mortalities. Effective health care documentation may be used as a method to review patient cases and to ensure all aspects of an individual patient's health care are noted and evaluated to maximize therapeutic outcomes.

In order for health care documentation to be considered effective, it must function as a viable form of communication, as well as a means to establish a detailed record of health care administration. There are many different forms of health care documentation - however, if health care professionals include specific characteristics in their documentation, they can ensure their documentation will be effective.

The first characteristics of effective documentation are objectivity and accuracy. Health care documentation should include objective information free of subjective judgment, bias, or opinion. Health care documentation should also be accurate - meaning it should include information that can be measured or verified by another individual.

Additional characteristics of effective health care documentation include clarity and completeness. Clarity, as it relates to health care documentation, may refer to a quality which enables multiple health care professionals to obtain meaning from recorded data and/or information relating to health care. Completeness, as it relates to health care documentation, may refer to a state where all of the necessary components and/or parts are present. Only when clarity and completeness are achieved can health care documentation be considered effective.

Finally, the information found within health care documentation should be readily accessible and available to all those who require it. Thus, health care professionals must include accurate times and dates of health care administration when completing their health care documentation to further its effectiveness. Health care professionals should note that completing effective health care documentation can help health care

professionals foster effective communication and ensure patients receive the care they require.

Health Care Posters and Signs

Health care posters and signs may seem trivial, however, they are often considered to be an invaluable means to improving communication within health care organizations. Typically, health care posters and signs are strategically placed in and around health care settings to provide both health care professionals and patients with essential information. For example, hand hygiene posters may be placed in restrooms and around sinks to communicate vital hand hygiene information (hand hygiene may refer to the process of cleaning hands in order to prevent contamination and/or infections). When developing or selecting health care posters and signs, health care professionals should include or select posters with relevant information. For example, when developing or selecting hand hygiene posters and/or signs, health care professionals should include or select posters and/or signs with the type of information found below.

Hand Hygiene Procedure with Soap and Water

1. Wet your hands with water and note the duration of the entire handwashing procedure with soap and water should last between 40 - 60 seconds.
2. Apply enough soap to cover all hand surfaces.
3. Rub your hands palm to palm.
4. Rub the right palm over the back of your left hand with interlaced fingers and vice versa.
5. Rub your hands palm to palm with fingers interlaced.
6. Rub the backs of fingers to opposing palms with fingers interlocked.
7. Engage in rotational rubbing of the left thumb clasped in the right palm and vice versa.
8. Engage in rotational rubbing, backward and forward with the clasped fingers of the right hand in the left palm and vice versa.
9. Rinse your hands with water.
10. Dry your hands thoroughly with a single-use towel.
11. Finally, use a towel to turn off the faucet.

Pain Assessment Tools and Scales

Pain therapy has become a major part of health care in recent years. Thus, health care professionals must be able to effectively communicate information regarding pain to other health care professionals and patients (pain may refer to an unpleasant sensory and emotional experience arising from actual or potential tissue damage). That being said, pain assessment tools and scales may be utilized by health care professionals to improve communication regarding pain. Some of the most widely used pain assessment tools and scales include the following: a simple numerical pain intensity scale, the WILDA approach assessment guide, the Wong/Baker faces rating scale, the Pain Assessment in Advanced Dementia (PAINAD) scale and the Critical-Care Pain Observation Tool (CPOT). Specific information regarding each of the aforementioned pain assessment tools may be found below.

A simple numerical pain intensity scale - in the context of this course, a simple numerical pain intensity scale, when applied to pain assessment, may refer to a numerically based method, which may be used by health care professionals to help patients rate their pain from 0 - 10, with 0 meaning no pain and 10 meaning severe pain or worst possible pain. A simple numerical pain intensity scale may be relatively uncomplicated and/or straightforward, however, it may be the most efficient way for health care professionals to obtain pain-related information from a patient. Health care professionals should note that simple numerical pain intensity scales may be incorporated into other pain assessment guides, scales, and tools.

The WILDA approach assessment guide - A WILDA approach assessment guide may refer to a pocket-sized template, which may be used by health care professionals as a guide to effectively assess patients' pain. The WILDA approach assessment guide outlines the following five key components to an effective patient assessment: **Words** to describe pain/a pain description, **Intensity** rating, **Location** identification/pain location, **Duration**, and **Aggravate/alleviate** (i.e., a patient indication of what factors aggravate or alleviate pain). Evidence suggests that effective patient pain assessments include all of the aforementioned key points. Thus, by following the WILDA approach assessment guide, health care professionals can ensure they cover essential key points to a pain assessment. Health care professionals should note the following: the WILDA approach assessment guide is a guide; every patient possesses the potential to be unique and different, thus, health care professionals may have to implement different strategies and techniques, along with the WILDA approach assessment guide, to effectively assess patients' pain.

The Wong/Baker faces rating scale - the Wong/Baker faces rating scale may refer to a pain assessment tool that may be utilized by health care professionals to determine

patients' intensity or level of pain. The Wong/Baker faces rating scale is comprised of faces that typically possess different simplified facial expressions, which are correlated with a numerical pain intensity scale ranging from 0 - 10 (i.e., each face of the Wong/Baker faces rating scale is associated with a numerical value and an expression of pain). To use the scale efficiently, a health care professional only has to show the scale to patients and ask them to select a face that best represents how their experience of pain is making them feel. By simply pointing to an easy to understand picture of a face in pain, patients can provide health care professionals with a pain rating from 0 - 10 as well as valuable insight into their individual experience of pain. Health care professionals should note that the Wong/Baker faces rating scale may be ideal for older adult patients, patients with language barriers, and patients that simply have trouble associating a numerical value with their experience of pain.

The Pain Assessment in Advanced Dementia (PAINAD) scale - the PAINAD scale may refer to a pain assessment tool that can be used by health care professionals to assess pain in patients/older adult patients with advanced dementia (dementia may refer to a cluster of symptoms centered around an inability to remember, think clearly, and/or make decisions). The PAINAD scale is divided into the following five categories: breathing independent of vocalization, negative vocalization, facial expression, body language, and consolability. Each of the previous categories have specific criteria that are associated with numerical values. To use the scale effectively, health care professionals should observe patients and score the previous categories accordingly. Once each category has been scored, health care professionals may then tabulate the category scores to arrive at a total pain-associated value. Health care professionals should note that the PAINAD scale total pain-associated value should be between 0 - 10, with 0 meaning no pain and 10 meaning severe pain or worst possible pain.

The Critical-Care Pain Observation Tool (CPOT) - the CPOT may refer to a pain scale that relies on the observations of health care professionals to assess critically ill patients and/or older adult patients that may have difficulties communicating relevant pain information. The CPOT rates/scores pain on a scale from 0 - 8 and is broken down into the following four categories: facial expression, body movements, compliance with a ventilator for intubated patients or vocalization for extubated patients, and, finally, muscle tension. To use the scale effectively health care professionals should observe patients and score the previous categories accordingly. After the completion of each category, category scores can then be added up to provide a patient's final pain rating/score. Health care professionals should note the following: when utilizing the CPOT, patient muscle tension should be evaluated by passive flexion and extension of upper extremities.

Telehealth

- An emerging health care communication-related tool that may be used to improve communication between health care professionals and patients is telehealth. Specific information regarding telehealth may be found below.
- Telehealth may refer to the use of electronic information and telecommunication technologies to support and promote long-distance clinical health care, patient and professional health-related education, public health, and health administration.
- A term that is often associated with telehealth is telemedicine. Telemedicine may refer to the practice of medicine using electronic communication, information technology, or other means between a physician in one location, and a patient in another location, with or without an intervening health care professional. Health care professionals should note that telemedicine is a subset of telehealth, which specifically involves a clinician providing medical services via telehealth technology.
- Another term that is often associated with telehealth is eHealth. The term eHealth may refer to the use of information and communication technologies (ICT) for health and health care. Health care professionals should note that eHealth is also a subset of telehealth.
- A range of technologies may be used to support the delivery of telehealth including the following: text messaging, smartphone apps for mobile phones, websites and computers, standard and wireless telephones, live and asynchronous video, virtual reality, and/or artificial intelligence (AI).
- The different categories or types of telehealth include the following:
 - Live video** - live video, in the context of telehealth services, may refer to a live stream, two-way interaction between a patient and a health care professional(s) where both parties are communicating from different locations. Health care professionals should note that live video telehealth services, typically, occur in real-time (real-time may refer to the actual time during which a meeting, interaction, process, or event occurs; live).
 - Store-and-forward** - store-and-forward may refer to a type of telehealth that involves the transmission of recorded health information (e.g., an x-ray or prerecorded video) through electronic communication systems to a health care professional who evaluates the information and provides a healthcare-related service to a patient(s). Health care professionals should note that store-and-forward telehealth services do not, typically, occur in real-time.

Remote patient monitoring - remote patient monitoring may refer to the use of telehealth-related technologies to collect individuals' healthcare-related data in one location and electronically transmit it to health care professionals in a different location for assessment and recommendations.

Mobile health - mobile health may refer to the use of mobile communication devices (e.g., smartphones and tablets) to support health care, public health, and education. Health care professionals should note that mobile health applications can help individuals manage chronic conditions, track sleep patterns or fitness, schedule health care appointments, and/or send public health alerts via text message.

- The potential benefits of telehealth include the following:

Telehealth has the potential to reach more individuals compared to the traditional in-person programs - telehealth is less restricted by distance, geography, and time barriers - potentially creating greater accessibility to individuals seeking health care.

Patient convenience - as previously alluded to, telehealth may be more convenient for patients. Essentially, telehealth can help patients avoid traveling to health care facilities, transportation costs associated with traditional in-person health care, any anxiety typically associated with traditional in-person health care and long wait times. Additionally, telehealth offers patients the option to receive access to health care in locations where they are most comfortable.

May be used to help prevent patient exposure to infectious diseases - telehealth possesses the potential to help prevent patient exposure to infectious diseases. In essence, telehealth-related technologies can be a means to provide health care services to patients while keeping them separated, quarantined, and/or simply away from situations that may expose them to infectious agents. Health care professionals should note the following: the application of telehealth may be beneficial in times of infectious disease outbreaks and/or pandemics; in the context of infectious disease prevention, the application of telehealth may be beneficial to specific patient populations such as older adults (individuals 65 years or older) and individuals with compromised immune systems.

Timely access to locally unavailable health care services - telehealth can potentially offer individuals timely access to vital health care services that may not be, otherwise, available in their local vicinity or area of residence. In other words, telehealth can potentially provide patients with increased access to health

care specialists, health care services, and health care programs which may not be available and/or offered to them in the traditional in-person health care capacity.

Increased communication - telehealth-related technologies, such as specific mobile health applications, can allow patients and health care professionals the option to communicate health care information in a timely, effortless manner not offered in the traditional in-person health care capacity.

Allows for real-time interactions between patients and health care

professionals - live video telehealth services can provide patients and health care professionals the opportunity to communicate in real-time in order to simulate and achieve the goals of traditional in-person health care interactions as well as share vital health care information. Health care professionals should note that live video telehealth technologies may be used by health care professionals to provide health care services to patients that may not have accessible access to health care due to their geographic location. Health care professionals should also note that live video telehealth technologies may be used by health care professionals to provide health care services to patients that may not be able to obtain health care in traditional in-person settings due to a physical disability or other health-related reason.

Allows for the transmission of recorded health information (e.g., an x-ray or

prerecorded video) - store-and-forward telehealth technologies can transmit recorded health care information (e.g., an x-ray or prerecorded video) through electronic communication systems to health care professionals who may use such information to evaluate and provide health care services to patients in need. Health care professionals should note that store-and-forward telehealth technologies may be used by health care professionals to provide health care services to patients that may not have accessible access to health care due to their geographic location. Health care professionals should also note that store-and-forward telehealth technologies may be used by health care professionals to provide health care services to patients that may not be able to obtain health care in traditional in-person settings due to a physical disability or other health-related reason.

Remote patient monitoring - telehealth can allow for remote patient monitoring.

As previously highlighted, remote patient monitoring may refer to the use of telehealth-related technologies to collect individuals' healthcare-related data in one location and electronically transmit it to health care professionals in a different location for assessment and recommendations. Health care professionals should note the following: remote patient monitoring programs can collect a wide

range of health care data from the point of care, such as vital signs, weight, blood pressure, blood sugar, blood oxygen levels, heart rate, and electrocardiograms; remote patient monitoring may be beneficial in times of infectious disease outbreaks and/or pandemics; in the context of infectious disease prevention, the application of remote patient monitoring may be beneficial to specific patient populations such as older adults and individuals with compromised immune systems; remote patient monitoring may also be beneficial to disabled individuals. Health care professionals should also note the following: remote patient monitoring may be used by health care professionals as a means to help reduce hospital admissions and hospital readmissions.

Allows access to mobile health - as previously highlighted, mobile health may refer to the use of mobile communication devices (e.g., smartphones and tablets) to support health care, public health, and education. Mobile health applications may be used to help individuals manage chronic conditions, track sleep patterns or fitness, schedule health care appointments, and/or send public health alerts via text message.

Patient prescriptions may be ordered via telehealth technologies - patient prescriptions may be ordered via telehealth technologies based on information obtained by telehealth platforms and data collected via remote patient monitoring.

Potential reductions in health care costs - evidence suggests that telehealth possesses the potential to reduce health care costs by increasing the efficiency of health care delivery, decreasing the costs associated with patient transportation, and by reducing hospital admissions and hospital readmissions.

Improved patient outcomes - telehealth can potentially increase individuals' access to health care, allow for remote patient monitoring, and be used as a means to reduce hospital admissions and hospital readmissions as well as the transmission of infectious diseases - all of which can lead to improved patient outcomes.

Improved patient satisfaction - finally, as previously alluded to, telehealth possesses the potential to make health care more convenient, flexible, and accessible - all of which can work to improve patient satisfaction.

- Specific laws regarding telehealth may vary by state. Therefore, a health care professional should be familiar with his or her particular state(s) of licensure's relevant telehealth-related laws.

- Health care professionals should note the following general information regarding telehealth-related state laws/regulations: forty-nine state boards, plus the medical boards of District of Columbia, Puerto Rico, and the Virgin Islands, require that physicians engaging in telemedicine are licensed in the state in which the patient is located; twelve state boards issue a special purpose license, telemedicine license or certificate, or license to practice medicine across state lines to allow for the practice of telemedicine; six state boards require physicians to register if they wish to practice across state lines; all states and the District of Columbia provide reimbursement for some form of live video in Medicaid fee-for-service; fourteen states reimburse for store-and-forward; twenty-two states reimburse for remote patient monitoring; eight states reimburse for all three, with certain limitations; forty states and the District of Columbia govern private payer telehealth reimbursement policies; six states have private payer parity laws.

Section 3: Summary

Health care communication-related tools may be used by health care professionals to improve communication. Some of the most essential health care communication-related tools include the following: health care documentation, health care posters and signs, pain assessment tools and scales, and telehealth. Health care professionals should work to effectively employ the aforementioned health care communication-related tools in their daily practice.

Section 3: Key Concepts

- The third of the four key strategies or action points to improving communication within health care organizations is to effectively utilize health care communication-related tools.
- One of the most important health care communication-related tools that can be used by health care professionals to improve communication is health care documentation.
- In order for health care documentation to be considered effective, it must function as a viable form of communication, as well as a means to establish a detailed record of health care administration.
- The characteristics of effective documentation include: objectivity and accuracy, clarity and completeness, and accessibility.
- Health care posters and signs can be an invaluable means to improving communication within health care organizations.

- Health care posters and signs should be strategically placed in and around health care settings to provide both health care professionals and patients with essential information; health care posters and signs should include relevant health care information.
- Pain assessment tools and scales may be utilized by health care professionals to improve communication regarding pain; some of the most widely used pain assessment tools and scales include the following: a simple numerical pain intensity scale, the WILDA approach assessment guide, the Wong/Baker faces rating scale, the Pain Assessment in Advanced Dementia (PAINAD) scale and the Critical-Care Pain Observation Tool (CPOT).
- An emerging health care communication-related tool that may be used to improve communication among health care professionals and patients is telehealth.
- A range of technologies may be used to support the delivery of telehealth including the following: text messaging, smartphone apps for mobile phones, websites and computers, standard and wireless telephones, live and asynchronous video, virtual reality, and/or artificial intelligence (AI).
- The different categories or types of telehealth include the following: live video, store-and-forward, remote patient monitoring, and mobile health.
- The potential benefits of telehealth include the following: telehealth has the potential to reach more individuals compared to traditional in-person programs, patient convenience, may be used to help prevent patient exposure to infectious diseases, timely access to locally unavailable health care services, increased communication, allows for real-time interactions between patients and health care professionals, allows for the transmission of recorded health information (e.g., an x-ray or prerecorded video), allows for remote patient monitoring, allows access to mobile health, patient prescriptions may be ordered via telehealth technologies, potential reductions in health care costs, improved patient outcomes and improved patient satisfaction.
- Specific laws regarding telehealth may vary by state; therefore, a health care professional should be familiar with his or her particular state(s) of licensure's relevant telehealth-related laws.

Section 3: Key Terms

Health care communication-related tool (in the context of this course) - any application, device or aid that is designed and intended to transmit healthcare-related information and/or messages

Health care documentation - a digital or an analog record detailing the administration of health care to patients

Clarity (as it relates to health care documentation) - a quality which enables multiple health care professionals to obtain meaning from recorded data and/or information relating to health care

Completeness (as it relates to health care documentation) - a state where all of the necessary components and/or parts are present

Hand hygiene - the process of cleaning hands in order to prevent contamination and/or infections

Pain - an unpleasant sensory and emotional experience arising from actual or potential tissue damage

A simple numerical pain intensity scale (in the context of this course/when applied to pain assessment) - a numerically based method, which may be used by health care professionals to help patients rate their pain from 0 - 10, with 0 meaning no pain and 10 meaning severe pain or worst possible pain

WILDA approach assessment guide - a pocket-sized template, which may be used by health care professionals, as a guide, to effectively assess patients' pain

Wong/Baker faces rating scale - a pain assessment tool that may be utilized by health care professionals to determine patients' intensity or level of pain

Pain Assessment in Advanced Dementia (PAINAD) scale - a pain assessment tool that may be used by health care professionals to assess pain in patients/older adult patients with advanced dementia

Dementia - a cluster of symptoms centered around an inability to remember, think clearly, and/or make decisions

Critical-Care Pain Observation Tool (CPOT) - a pain scale that relies on the observations of health care professionals to assess critically ill patients and/or older adult patients that may have difficulties communicating relevant pain information

Telehealth - the use of electronic information and telecommunication technologies to support and promote long-distance clinical health care, patient and professional health-related education, public health and health administration

Telemedicine - the practice of medicine using electronic communication, information technology, or other means between a physician in one location, and a patient in another location, with or without an intervening health care professional

EHealth - the use of information and communication technologies (ICT) for health and health care

Live video (in the context of telehealth services) - may refer to a live stream, two-way interaction between a patient and a health care professional(s) where both parties are communicating from different locations

Real-time - the actual time during which a meeting, interaction, process, or event occurs; live

Store-and-forward - a type of telehealth which involves the transmission of recorded health information (e.g., an x-ray or prerecorded video) through electronic communication systems to a health care professional who evaluates the information and provides a healthcare-related service to a patient(s)

Remote patient monitoring - the use of telehealth-related technologies to collect individuals' healthcare-related data in one location and electronically transmit it to health care professionals in a different location for assessment and recommendations

Mobile health - the use of mobile communication devices (e.g., smartphones and tablets) to support health care, public health and education

Older adults - individuals 65 years or older

Section 3: Personal Reflection Question

How can health care professionals work to effectively employ health care communication-related tools in their daily practice?!

Section 4: Recommendations to Improve Communication

The last of the four key strategies or action points to improving communication within health care organizations is to follow related recommendations. This section of the course will review specific recommendations to improve communication. The information found in this section was derived from materials provided by the CDC, the Harvard Public Health Review, the Joint Commission, the U.S. Department of Health & Human Services, the U.S. Department of Justice, Work and the WHO (CDC, 2020;

Ratna, 2019; Joint Commission, 2020; U.S. Department of Health and Human Services, 2020; U.S. Department of Justice, 2020; Bergman et al., 2016; WHO, 2020).

Make communication a priority - first and foremost, health care professionals should make communication a priority when administering health care. As previously alluded to, communication is an essential aspect of health care. Thus, health care professionals should consistently work towards effective communication when administering health care. Health care professionals should note that effective communication occurs when information and messages are adequately transmitted, received, and understood.

Encourage communication - this recommendation may seem obvious, but the simple truth of the matter is that, often, individuals do not encourage communication. With that said, health care professionals can encourage communication by remaining professional, poised, calm, collected, level headed, respectful, receptive, approachable, engaging, objective, and by limiting bias and judgment. Health care professionals should note that effective communication often begins with encouragement and receptiveness.

Clarify ideas before engaging in communication - this recommendation may also seem obvious, but the reality is that, often, individuals do not clarify their ideas before engaging in communication. Clarifying ideas through the processes of reflection and/or inner thought can help increase the chances of obtaining meaning and a common understanding when communicating.

Simplify messages when engaging in communication - using concise, straightforward, and direct methods of communication can help health care professionals effectively and efficiently transmit information in order to obtain meaning and a common understanding. Health care professionals should note that this recommendation can be especially helpful when applied to patient communication.

Provide feedback when engaged in communication - as previously mentioned, feedback may refer to a receiver's response to a sender's message. Providing relevant feedback can foster effective two-way communication among individuals and/or parties.

Avoid gratuitous or excessive body language when communicating - simply put, gratuitous or excessive body language can be a distraction. Health care professionals should avoid gratuitous or excessive body language (e.g., arm-waving; hand gestures; dramatic eye-rolling; foot-stomping) when communicating with fellow health care professionals and patients to obtain meaning and a common understanding.

Avoid negative body language, when applicable - negative body language may refer to any body language that expresses an emotion or feeling associated with negative connotations such as anger, disdain, irritation, nervousness, and/or boredom. Examples of negative body language include: crossed arms, limited to now eye contact, body shifting from left to right, hand tapping, foot-tapping and neck rolling. Essentially, negative body language can send the "wrong message" to an individual or party and/or simply prevent effective communication. Health care professionals should note the following: health care professionals should make an extra effort to avoid negative body language when communicating with patients. Negative body language can put patients on edge as well as increase their agitation and/or anxiety levels, which in turn could impact their health care and overall health.

Avoid redirection when communicating - redirection, in the context of communication, may refer to the process or action of changing/altering the intended purpose of a communication exchange between individuals or parties. Redirection, typically, occurs when an individual or party changes the topic of communication. The following example highlights the concept of redirection. A meeting is scheduled by Health Care Professional A to discuss a relevant patient with Health Care Professional B. Both Health Care Professional A and Health Care Professional B agree to attend the meeting and show up at the desired location on time. The meeting begins and Health Care Professional A provides Health Care Professional B with information essential to a patient's care. At some point during the meeting, Health Care Professional B interrupts the flow of communication and begins to discuss a "retirement party" for a fellow health care professional. Eventually, time becomes an issue, and Health Care Professional A has to end the meeting without providing all of the necessary information about the patient to Health Care Professional B. Health Care Professional B leaves the meeting without receiving all of the essential patient information. In the previous example, Health Care Professional B intentionally or unintentionally redirected communication. The purpose or topic of the communication exchange between Health Care Professional A and Health Care Professional B was supposed to be patient information. However, due to Health Care Professional B's redirection, the communication exchange became centered around a "retirement party" for a fellow health care professional. Thus, Health Care Professional A was not able to effectively communicate all of the necessary patient information to Health Care Professional B, and important information, as well as an opportunity to obtain meaning and a common understanding, was lost. Health care professionals should note that redirection, as observed in the previous example, can prevent effective communication from taking place as well as limit opportunities to obtain meaning and a common understanding among fellow health care professionals and patients. Health care professionals should also note that redirection can indirectly and/or directly

impact patient care. Essentially, redirection can prevent health care professionals from transmitting and receiving information essential to safe and effective health care.

Take detailed notes, when applicable - detailed notes, whether in written or electronic form, can be an effective means to reference and/or verify essential health care information. Additionally, detailed notes can help health care professionals recall specific points of interest and share information with other health care professionals and patients. Health care professionals should note the following: when taking notes health care professionals may want to consider including times, dates, and any information vital to the administration of health care.

Health care professionals should engage in active listening - active listening may refer to the process of gathering information with the intent to obtain meaning and achieve a common understanding. That being said, there are several steps health care professionals can take to ensure they are effectively engaging in active listening when administering health care to patients and/or engaging in communication.

The first step health care professionals can take towards active listening is to give individuals or parties their full attention when communicating. Often when individuals engage in conversation, one individual speaks while the other individual simply waits for his or her turn to talk. Words are being heard, however, individuals are not focused on what is being said. Instead, they are often thinking about what they want to say next. The previous style of listening can be referred to as passive listening. Often when passive listening is employed, two people are engaged in conversation, however, neither one of them is focused on what the other person is saying. There is little to no intent to obtain meaning when two individuals are engaged in passive listening. Therefore, the first step towards active listening should always be to focus and concentrate on what the other individual is saying. Making a concerted effort to focus on what other individuals are saying, when engaged in a conversation, can increase the ability for both parties to reach a common understanding. It can also help both individuals improve their recall of the conversation. If an individual is focused on what another individual is saying, he or she is more likely to remember what is said. Health care professionals should always make an effort to avoid passive listening when engaged in communication.

The next step towards active listening is to make eye contact. Eye contact can let individuals know they are being listened to. Eye contact can also foster trust and encourage individuals to open up and fully articulate what they want to say.

The third step to active listening is to provide individuals with the opportunity to say what they would like to express. Limiting interruptions when fellow health care

professionals, patients, and/or other individuals are speaking and allowing for periods of silence can further open up the conversation to allow for a greater expression of ideas.

The next step to active listening is to respond to what is being said. From time to time during a communication exchange, health care professionals should respond to what other individuals are saying. Repeating what another individual says or paraphrasing individuals' words can reinforce that they are truly being heard and listened to, which can make them more likely to further engage in communication. After all, everyone likes to know they are being heard.

Making an effort to understand the emotions behind another individual's words can be another step towards active listening. For example, talking about one's health and overall well-being can be an emotional experience. It can open up the stress and horrors of past trauma and can leave patients feeling vulnerable. Being empathetic towards the difficult emotions behind the words can make patients feel at ease and allow them to continue to discuss their health-related needs and concerns.

Asking open-ended questions and clarifying what is said can also be steps to active listening. At times, health care professionals will need to ask their patients questions. Keeping questions open, as opposed to closed, can allow information to flow freely. Therefore, at times, it may be advantageous to avoid yes and no questions and focus on how, what, where, and why questions. Yes and no questions can limit the expression of ideas, while open-ended questions can expand the expression of ideas, which can be very helpful to health care professionals when they are trying to get their patients to open up about their symptoms (an example of an open-ended question is as follows: what type of symptoms are you experiencing?). In addition, health care professionals should not be afraid to clarify what is said during a healthcare-related conversation. Slowing down the conversation to clarify what is said can benefit both parties in the long run.

Lastly, to fully achieve active listening, health care professionals can provide words of encouragement. For example, talking about health care can be difficult for a patient. Using words of encouragement such as "you are being very brave" or "you have been courageous during this difficult situation" can go a long way to motivate patients to express themselves in regards to their individual health. Additionally, words of encouragement can bring a human aspect to the process of health care, which can help reinforce the idea to patients that they are being cared for by individuals dedicated to the improvement of their health and overall well-being.

Health care professionals should work to avoid or limit noise when transmitting relevant patient information to fellow health care professionals, patients and/or

other individuals - as previously mentioned, noise, in the context of communication, may refer to anything that distorts or disrupts a message and/or the process of communication. Specific types of noise include the following: physical noise, physiological noise, psychological noise, and semantic noise. Health care professionals should take steps to avoid and limit noise when applicable (e.g., find a quiet place to engage in communication with another individual; limit or avoid bias and/or assumptions; limit ambiguous sounds, words, gestures, facial expressions, tones of voice, eye contact methods, body language, postures and/or other means of communication when engaging in communication). Health care professionals should note that a failure to avoid or limit noise when administering health care could lead to miscommunication and/or a breakdown in communication (miscommunication may refer to the inadequate transmission of information or messages between two or more individuals or parties).

Health care professionals should work to avoid miscommunication when transmitting relevant patient information to fellow health care professionals, patients, and/or other individuals - when miscommunication occurs between individuals, the intended meaning may be lost. Miscommunication can be problematic in health care environments because it possesses the potential to lead to inadequate health care, which in turn could lead to increases in patient morbidity and mortality rates. Thus, health care professionals should work to prevent miscommunication whenever possible. Health care professionals may prevent miscommunication by removing physical barriers when communicating with other individuals, maintaining eye contact, remaining professional, allowing for a free flow of information between individuals, engaging in active listening, clarifying points of confusion, asking questions, maintaining emotional stability, allowing others to speak and by limiting interruptions and distractions.

Use auxiliary aids and services, when applicable - the term auxiliary aids and services may refer to any means that may be used to communicate with individuals who have communication disabilities. Health care professionals should note the following: auxiliary aids and services may be used by health care professionals to ensure effective communication takes place with individuals that possess vision, hearing, and/or speech disabilities. Health care professionals should also note the following: one of the major keys to using auxiliary aids and services is to consider the nature, length, complexity, and context of the communication and the person's normal method(s) of communication (e.g., individuals who are blind may give and receive information audibly rather than in writing; individuals who are deaf may give and receive information through sign language rather than through speech). Examples of how auxiliary aids and services may be applied to specific patient populations may be found below.

For individuals who are blind, have vision loss, or are deaf-blind, health care professionals may use the following types of auxiliary aids and services: audio recordings, Braille texts and/or qualified readers (the term qualified reader may refer to any individual who is able to read effectively, accurately, and impartially, using any necessary specialized vocabulary).

For individuals who are deaf, have hearing loss, or are deaf-blind, health care professionals may use the following types of auxiliary aids and services: printed materials, a qualified sign language interpreter and/or video remote interpreting (VRI)(VRI may refer to any service that uses video conferencing technology to access an off-site interpreter to provide real-time sign language or oral interpreting services for conversations between hearing people and people who are deaf or have hearing loss).

For individuals who have speech disabilities, health care professionals may use the following types of auxiliary aids and services: printed materials, text options and/or a qualified speech-to-speech transliterator (the term a qualified speech-to-speech transliterator may refer to an individual trained to recognize unclear speech and repeat it clearly).

Use language interpreters, when necessary - language barriers can prevent individuals from engaging in effective communication. Thus, health care professionals should work to remove language barriers, when engaging in communication with patients, by using interpreters or electronic interpreters. Health care professionals should note that a failure to remove language barriers when administering health care could lead to miscommunication and/or a breakdown in communication.

Health care professionals should be cognizant of local racial and ethnic groups' customs - to build on the previous recommendation, health care professionals should be cognizant of local racial and ethnic groups' customs to remove cultural barriers and foster effective communication with patients. When providing patients with information, education, and care, health care professionals should be cognizant of local racial and ethnic groups' customs, beliefs and religious ideologies regarding health care; health care professionals should customize their information and education regarding health care to fit an individual patient's customs, beliefs, and religious ideologies. Health care professionals should note that a failure to remove cultural barriers when administering health care could lead to miscommunication and/or a breakdown in communication. Health care professionals should also note that a failure to remove cultural barriers when administering health care could impact racial and ethnic disparities. The term racial and ethnic disparities, when applied to the health care system, may refer to differences in the quality of health

care among specific racial and ethnic groups; differences in health care which often lead to a lower quality of health care, negative health care outcomes, and higher patient morbidity and mortality rates among specific racial and ethnic groups.

Follow up with individuals or parties - at times it may be necessary for health care professionals to follow up communication exchanges to ensure meaning and a common understanding was obtained. When following up with fellow health care professionals or patients, health care professionals should work to ensure effective communication was achieved. To ensure effective communication was achieved, health care professionals should ask questions, answer questions, and/or simply reiterate important points of interest. Health care professionals should note that communication follow-ups may help prevent miscommunication.

Health care professionals should be familiar with internal channels or networks that may be used for both vertical and horizontal communication - as previously mentioned, vertical communication, within the context of organizational communication, may refer to the flow of communication between individuals associated with the same organization who are on different levels of the organization's hierarchy, while horizontal communication, within the context of organizational communication, may refer to the flow of communication between individuals and/or departments that are on the same level of a given organization. Health care professionals should be familiar with internal channels or networks, within their health care organizations, for both vertical and horizontal communication. Essentially, vertical/horizontal communication channels can be used by health care professionals to communicate vital information to fellow health care professionals and/or health care managers. For example, if a piece of health care equipment were to break down, health care professionals should know what channels may be used to report such information (i.e., health care professionals should know how to report such information).

Health care professionals should uphold the ethical principles of health care - health care professionals should ensure that they uphold the four major ethic principles of health care, which include: patient autonomy, beneficence, nonmaleficence, and justice. Working within the ethic parameters of health care can reinforce the need for effective communication as well as ensure the safe and effective administration of health care to patients.

Health care professionals should determine a patient's capacity when administering health care - it is important for health care professionals to assess a patient's capacity when administering health care. Patients should possess the capacity to understand what is happening to them as well as send and receive

information regarding their health care. Additionally, patients should be able to make their own individual decisions regarding their personal health care. Health care professionals should note that a failure to determine a patient's capacity when administering health care could lead to miscommunication and/or a breakdown in communication.

Health care professionals should identify patients that have special needs and/or requirements - some patients such as older adult patients or patients suffering from anxiety, depression, or attention-deficit/hyperactivity disorder (ADHD) may have special needs and/or requirements. Health care professionals should work to identify such patients to ensure they meet the needs and requirements of each individual patient. Health care professionals should note that a failure to identify patients with special needs and/or requirements when administering health care could lead to miscommunication and/or a breakdown in communication.

Health care professionals should obtain informed consent from a patient, when applicable - informed consent may refer to the process by which a health care professional obtains permission, from a patient, to conduct a health care intervention. In essence, informed consent is a form of communication. Informed consent must be obtained, from a patient, before a health care intervention is conducted. The major elements of informed consent include the following: an explanation of the nature of a health care intervention to a patient, an explanation of the health care intervention itself, and an explanation of the potential risks and benefits of the health care intervention in question. Informed consent is required for many aspects of health care including treatment and the dissemination of patient information. The process of obtaining informed consent should include: describing the proposed intervention, emphasizing the patient's role in decision-making, discussing the risks of the proposed intervention, and eliciting the patient's preference (typically by signature). Health care professionals should note that there are exceptions to informed consent such as life-threatening emergencies with inadequate time to obtain consent and voluntary waived consent.

Health care professionals should acknowledge a power of attorney, when applicable - power of attorney may refer to any written, legally binding authorization and/or authority that grants powers to an individual, which allows said individual, to act on another individual's behalf. Typically, a health care power of attorney grants, in writing, a particular agent the power to make health care decisions on another individual's behalf. Health care professionals should note that a failure to acknowledge a power of attorney when administering health care could lead to miscommunication and/or a breakdown in communication.

Health care professionals should always remember that HIPAA regulations prohibit the use of PHI on any form of social media - using social media or posting information on social media forums may be considered to be a form/method of communication. Thus, health care professionals should consider the application of healthcare-related information on social media forums. When considering the use of healthcare-related information on social media forums, health care professionals should always remember that HIPAA regulations prohibit the use of PHI on any form of social media (i.e., health care professionals should not use PHI on Facebook, Twitter, Snapchat or any other form of social media). Basically, this recommendation advises health care professionals to avoid using any individually identifiable health information, that may link an individual to the health care system in any way, on social media. Health care professionals should note the following: individually identifiable health information is information, including demographic data, that relates to the following - an individual's past, present or future physical or mental health or condition, the provision of health care to an individual, or the past, present, or future payment for the provision of health care to the individual, and that identifies the individual or for which there is a reasonable basis to believe it can be used to identify the individual; individually identifiable health information is information that may be used to identify an individual and their relationship to the health care system. Health care professionals should also note that examples of individually identifiable health information may include: patients' names, birth dates, home addresses, and Social Security Numbers.

Health care professionals should not use patient pictures on social media - as previously indicated, health care professionals should not use any information that may link an individual to the health care system - that includes pictures of patients. Individuals may be identified in pictures and then eventually linked to the health care system, thus, health care professionals should avoid using any patient pictures on social media.

Health care professionals should consider that information deleted on some social media channels may be saved in some capacity - essentially, just because information is deleted on some social media channels, it does not mean it is not saved in some capacity - meaning that once information is posted on some social media channels it may perpetually exist in some format even if it is "removed" or "deleted" from the social media channel. Health care professionals should consider the previous concept before they engage in healthcare-related communication and/or use healthcare-related information on any form of social media.

Health care professionals should consider the repercussions for violating HIPAA regulations before they use healthcare-related information on social media -

violations of HIPAA regulations could result in disciplinary actions for health care professionals. Disciplinary actions for HIPAA violations can range from formal reprimands to termination, to fines, and even jail time. Health care professionals should consider those possibilities before they use healthcare-related information on social media - doing so, could help prevent a health care professional from violating HIPAA regulations, and experiencing the negative repercussions that may follow such a violation. In essence, health care professionals should ask themselves the following question before using any form of social media: is the use of healthcare-related information on social media worth jeopardizing my career? If the answer to the previous question is no, then maybe health care professionals should not proceed to use such information on social media.

Health care professionals should make attempts to continue their health care education and remain up to date on relevant health care topics - finally, it has been argued that the foundation of effective communication, within the current health care climate, is up to date knowledge. Thus, health care professionals should make attempts to continue their health care education and remain up to date on relevant health care topics to improve communication and effectively communicate with both health care professionals and patients.

Section 4: Summary

Health care professionals can improve communication by adhering to the following recommendations: make communication a priority; encourage communication; clarify ideas before engaging in communication; simply messages when engaging in communication; provide feedback when engaged in communication; avoid gratuitous or excessive body language when communicating; avoid negative body language, when applicable; avoid redirection when communicating; take detailed notes, when applicable; health care professionals should engage in active listening; health care professionals should work to avoid or limit noise when transmitting relevant patient information to other health care professionals, patients, and patients' families; health care professionals should work to avoid miscommunication when transmitting relevant patient information to other health care professionals, patients, and patients' families; use auxiliary aids and services, when applicable, use language interpreters, when necessary; health care professionals should be cognizant of local racial and ethnic groups' customs; follow up with individuals or parties; health care professionals should be familiar with internal channels or networks that may be used for both vertical and horizontal communication; health care professionals should uphold the ethic principles of health care; health care professionals should determine a patient's capacity when administering health care; health care professionals should identify patients that have special needs and/or requirements; health care professionals

should obtain informed consent from a patient, when applicable; health care professionals should acknowledge a power of attorney; health care professionals should always remember that HIPAA regulations prohibit the use of PHI on any form of social media; health care professionals should not use patient pictures on social media; health care professionals should consider that information deleted on some social media channels may be saved in some capacity; health care professionals should consider the repercussions for violating HIPAA regulations before they use health care-related information on social media; health care professionals should make attempts to continue their health care education and remain up to date on relevant health care topics.

Section 4: Key Concepts

The last of the four key strategies or action points to improving communication within health care organizations is to follow related recommendations; health care professionals can improve communication by following related recommendations.

Section 4: Key Terms

Negative body language - any body language that expresses an emotion or feeling associated with negative connotations such as anger, disdain, irritation, nervousness and/or boredom

Redirection (in the context of communication) - the process or action of changing/altering the intended purpose of a communication exchange between individuals or parties

Active listening - the process of gathering information with the intent to obtain meaning and achieve a common understanding

Miscommunication - the inadequate transmission of information or messages between two or more individuals or parties

Auxiliary aids and services - any means that may be used to communicate with individuals who have communication disabilities

Qualified reader - any individual who is able to read effectively, accurately, and impartially, using any necessary specialized vocabulary

Video remote interpreting (VRI) - any service that uses video conferencing technology to access an off-site interpreter to provide real-time sign language or oral interpreting services for conversations between hearing people and people who are deaf or have hearing loss

Qualified speech-to-speech transliterator - an individual trained to recognize unclear speech and repeat it clearly

Racial and ethnic disparities (when applied to the health care system) - differences in the quality of health care among specific racial and ethnic groups; differences in health care which often lead to a lower quality of health care, negative health care outcomes and higher patient morbidity and mortality rates among specific racial and ethnic groups

Informed consent - the process by which a health care professional obtains permission, from a patient, to conduct a health care intervention on a patient

Power of attorney - any written, legally binding authorization and/or authority that grants powers to an individual, which allows said individual, to act on another individual's behalf

Section 4: Personal Reflection Question

How can health care professionals utilize the above recommendations in their daily practice to improve communication with their health care organization?

Case Study: Communication

A case study is presented below to review the concepts found in this course. A case study review will follow the case study. The case study review includes the types of questions health care professionals should ask themselves when considering communication and how it relates to the administration of health care. Additionally, reflection questions will be posted, within the case study review, to encourage further internal debate and consideration regarding the presented case study and communication. The information found within the case study and case study review was derived from materials provided by the CDC, the Harvard Public Health Review, the Joint Commission, the U.S. Department of Health & Human Services, the U.S. Department of Justice, Work and the WHO (CDC, 2020; Ratna, 2019; Joint Commission, 2020; U.S. Department of Health and Human Services, 2020; U.S. Department of Justice, 2020; Bergman et al., 2016; WHO, 2020).

Case Study

A 70-year-old male patient is admitted to a health care facility. Before the patient is transferred to his room, he reports to a health care professional that he is on several medications, including warfarin, and is allergic to non-steroidal anti-inflammatory

drugs (NSAIDs). The patient is initiated on warfarin 5 mg daily. A baseline INR is not taken and subsequent INR levels are not ordered for the patient.

Twenty-four hours after the patient is transferred to his room, he reports he is in pain. The patient is ordered ibuprofen, as needed, for pain. A dose of ibuprofen is administered to the patient. Upon taking the ibuprofen, the patient experiences an allergic reaction which impacts his ability to breathe and includes hives. The patient's symptoms are treated and the patient recovers from his allergic reaction. However, due to the incident, the patient loses confidence in his health care team and becomes highly agitated when members of his health care team attempt to administer care. Additionally, the patient becomes anxious every time medications are administered to him. Eventually, the patient's anxiety begins to extend to all aspects of his health care and the patient becomes very resistant to any form of therapy, making his treatment increasingly challenging. Over time, the patient's health begins to decline. Soon the patient begins to make the following comments: "I want to go to sleep and never wake up"; "I hope today is my last day"; "I want to end it all."

Case Study Review

What patient details may be relevant to communication?

The following patient details may be relevant to communication: the patient is 70-years old; the patient reports to a health care professional that he is on several medications, including warfarin, and is allergic to NSAIDs; the patient is initiated on warfarin 5 mg daily, a baseline INR is not taken and subsequent INR levels are not ordered for the patient; the patient reports that he is in pain; a dose of ibuprofen is administered to the patient; upon taking ibuprofen, the patient experiences an allergic reaction which impacts his ability to breathe and includes hives; due to the allergic reaction incident the patient loses confidence in his health care team and becomes highly agitated when members of his health care team attempt to administer care; the patient becomes anxious every time medications are administered to him; the patient's anxiety begins to extend to all aspects of his health care and the patient becomes very resistant to any form of therapy, making his treatment increasingly challenging; over time, the patient's health begins to decline; the patient makes the following comments: "I want to go to sleep and never wake up"; "I hope today is my last day"; "I want to end it all."

Are there any other patient details that may be relevant to communication; if so, what are they?

How are each of the aforementioned patient details relevant to communication?

Each of the previously highlighted patient details may be potentially relevant to communication. The potential relevance of each patient detail may be found below.

The patient is 70-years old - the previous patient detail may be relevant because it could have implications on effective communication. Due to the patient's age, the patient could have both physical and mental conditions that could impede effective communication (e.g., hearing loss; dementia). Health care professionals should be aware that specific patient populations, such as older adults, may have physical and/or mental conditions that could impact effective communication. When administering health care to patient populations that may have physical and/or mental conditions that could impact effective communication health care professionals should consider the following recommendations: make communication a priority; simplify messages when engaging in communication; health care professionals should engage in active listening (active listening may refer to the process of gathering information with the intent to obtain meaning and achieve a common understanding); health care professionals should work to avoid or limit noise when transmitting relevant patient information to fellow health care professionals, patients, and/or other individuals; health care professionals should work to avoid miscommunication when transmitting relevant patient information to fellow health care professionals, patients, and/or individuals; health care professionals should determine a patient's capacity when administering health care; health care professionals should identify patients that have special needs and/or requirements.

The patient reports to a health care professional that he is on several medications, including warfarin, and is allergic to NSAIDs - the previous patient detail may be relevant because it includes vital patient information that should be adequately addressed and effectively documented. Health care professionals should note the following: one of the most important health care communication-related tools that can be used by health care professionals to improve communication is health care documentation; health care documentation may refer to a digital or an analog record detailing the administration of health care to patients; if completed effectively, health care documentation can be used in daily practice by health care professionals to communicate vital patient information to other health care professionals in order to facilitate positive health care outcomes and to decrease the potential for negative health care outcomes, such as adverse events and patient mortalities; effective health care documentation may be used as a method to review patient cases and to ensure all aspects of an individual patient's health care are noted and evaluated to maximize therapeutic outcomes; in order for health care documentation to be considered effective, it must function as a viable form of communication, as well as a means to establish a detailed record of health care administration. Health care

professionals should also note the following Joint Commission national patient safety goal and related recommendations/guidelines:

Medication Information Goal: Maintain and Communicate Accurate Patient Medication Information

The rationale behind the goal - there is evidence that medication discrepancies can affect patient outcomes. Medication reconciliation is intended to identify and resolve discrepancies - it is a process of comparing the medications a patient is taking (and should be taking) with newly ordered medications. The comparison addresses duplications, omissions, and interactions, and the need to continue current medications. The types of information that clinicians use to reconcile medications include (among others) medication name, dose, frequency, route, and purpose. Organizations should identify the information that needs to be collected to reconcile current and newly ordered medications and to safely prescribe medications in the future.

Related recommendations - to achieve the medication information goal, health care professionals should follow the following recommendations.

- Obtain information on the medications the patient is currently taking when he or she is admitted to the hospital or is seen in an outpatient setting. This information is documented in a list or other format that is useful to those who manage medications (notes: current medications include those taken at scheduled times and those taken on an as-needed basis; a good faith effort to obtain this information from the patient and/or other sources will be considered as meeting the intent of the goal).
- Define the types of medication information to be collected in non-24-hour settings and different patient circumstances; examples of non-24-hour settings include: the emergency department, primary care, outpatient radiology, ambulatory surgery, and diagnostic settings; examples of medication information that may be collected include: name, dose, route, frequency, and purpose.
- Compare the medication information the patient brought to the hospital with the medications ordered for the patient by the hospital in order to identify and resolve discrepancies (note: discrepancies include omissions, duplications, contraindications, unclear information, and changes; a qualified individual, identified by the hospital, does the comparison).
- Provide the patient (or family as needed) with written information on the medications the patient should be taking when he or she is discharged from the hospital or at the end of an outpatient encounter (for example, name, dose,

route, frequency, purpose); when the only additional medications prescribed are for a short duration, the medication information the hospital provides may include only those medications.

- Explain the importance of managing medication information to the patient when he or she is discharged from the hospital or at the end of an outpatient encounter (note: examples include instructing the patient to give a list to his or her primary care physician; to update the information when medications are discontinued, doses are changed, or new medications, including over-the-counter products, are added; and to carry medication information at all times in the event of emergency situations).

The patient is initiated on warfarin 5 mg daily, a baseline INR is not taken and subsequent INR levels are not ordered for the patient - the previous detail may be relevant because it could be indicative of a communication breakdown. In other words, the fact that a baseline INR and subsequent INR levels were not ordered for the patient may indicate that the communication taking place between the members of the patient's health care team was not effective. Moreover, the previous detail may be relevant because it may represent a medical error. To prevent medical errors regarding anticoagulant therapy, health care professionals should consider the following related Joint Commission recommendation/guideline: before starting a patient on warfarin, assess the patient's baseline coagulation status; for all patients receiving warfarin therapy, use a current International Normalized Ratio (INR) to adjust this therapy; the baseline status and current INR are documented in the medical record (note: the patient's baseline coagulation status can be assessed in a number of ways, including through a laboratory test or by identifying risk factors such as age, weight, bleeding tendency, and genetic factors).

The patient reports that he is in pain - the aforementioned patient detail may be relevant because it represents patient information that should be adequately addressed and effectively documented. Health care professionals should note the following: to adequately address patient pain, health care professionals must first assess patient pain. To assess a patient's pain health care professionals may use one or more of the following pain assessment tools/scales: a simple numerical pain intensity scale, the WILDA approach assessment guide, the Wong/Baker faces rating scale, the Critical-Care Pain Observation Tool (CPOT), and the Pain Assessment in Advanced Dementia (PAINAD) scale.

A dose of ibuprofen is administered to the patient - the previous detail may be relevant because it could be indicative of a communication breakdown. In other words, the fact that a dose of ibuprofen was administered to the patient, with a

reported NSAID allergy, may indicate that the communication taking place between the members of the patient's health care team was not effective. Moreover, the previous detail may be relevant because it may represent a medical error.

Upon taking ibuprofen, the patient experiences an allergic reaction which impacts his ability to breathe and includes hives - the aforementioned patient detail is relevant because it may represent a result from a medical error related to ineffective communication.

Due to the allergic reaction incident, the patient loses confidence in his health care team and becomes highly agitated when members of his health care team attempt to administer care - the aforementioned patient detail is relevant because it may represent a result of a medical error related to ineffective communication.

The patient becomes anxious every time medications are administered to him - the aforementioned patient detail is relevant because it may represent a result of a medical error related to ineffective communication.

The patient's anxiety begins to extend to all aspects of his health care and the patient becomes very resistant to any form of therapy, making his treatment increasingly challenging - the aforementioned patient detail is relevant because it may represent a potential long-term effect of a medical error related to ineffective communication.

Over time, the patient's health begins to decline - the aforementioned patient detail is relevant because it may represent a potential long-term effect of a medical error related to ineffective communication.

The patient makes the following comments: "I want to go to sleep and never wake up"; "I hope today is my last day"; "I want to end it all" - the aforementioned patient detail is relevant because the patient's comments may be an indication of suicidal thoughts. Health care professionals should note the following Joint Commission national patient safety goal and related recommendations/guidelines:

Safety Risk Goal: The Health Care Organization Identifies Safety Risks Inherent in its Patient Population

The rationale behind the goal - the suicide of a patient while in a staffed, round-the-clock care setting is a frequently reported type of sentinel event (the term sentinel event may refer to an unanticipated event in a health care setting that results in death or serious physical or psychological injury to a patient(s), not related to the natural course of the patient's illness). Identification of individuals at risk for suicide while under the care of or following discharge from a health care organization is an important step in protecting these at-risk individuals.

Related recommendations - to help achieve this goal, health care professionals and health care organizations should follow the following recommendations.

- Identify patients at risk for suicide.
- Conduct a risk assessment that identifies specific patient characteristics and environmental features that may increase or decrease the risk for suicide.
- Address the patient's immediate safety needs and the most appropriate setting for treatment.
- When a patient at risk for suicide leaves the care of the hospital, provide suicide prevention information (such as a crisis hotline) to the patient and his or her family.

What other ways, if any, are the previous patient details relevant to communication?

Did communication impact the patient's care?

Yes, based on the information presented in the case study, it does appear communication, or more specifically ineffective communication, impacted the patient's care. Essentially, ineffective communication leads to potential medical errors, which, ultimately, negatively impacted the patient's care.

How can health care professionals work to prevent/limit medical errors related to ineffective communication?

How could patient outcomes differ if effective communication was used in the patient's care?

The patient's experience in the health care facility could have been very different if effective communication was used in his care (i.e., patient outcomes may have been different). An example of how the patient's care and related outcomes could have been different may be found below:

Effective communication was used in the patient's care - the patient is admitted into the health care facility; a health care professional conducts a medication reconciliation to determine what medications the patient is currently taking; the medication reconciliation reveals the patient is on several medications including warfarin 5 mg daily; warfarin 5 mg daily as well as the patient's other medications are ordered for the patient; an initial INR is ordered for the patient as well as subsequent INR levels to adequately monitor the patient; during the medication reconciliation the patient reports that he has an NSAID allergy; the patient's NSAID allergy is immediately documented by a health care professional; twenty-four hours after the

patient is transferred to his room, he reports he is in pain; a Wong/Baker faces rating scale is used to determine the patient's intensity or level of pain; due to the patient's identified intensity/level of pain, health care professionals would like to order pain medications for the patient, including ibuprofen; a health care professional reviews patient-related documentation and identifies the patient's NSAID allergy; ibuprofen is not included the patient's pain medication orders; the patient's pain is adequately treated; the patient's INR levels remain in the indicated therapeutic range (i.e., between 2 - 3); eventually, the patient becomes comfortable in his new environment and with the individual members of his health care team; health care professionals engage in two-way communication with the patient to review and determine courses of therapy; health care professionals actively listen to the patient; the patient provides feedback regarding his therapy and health care professionals make adjustments to his care; the patient's health, overall well-being and quality of life steadily improve; the health care professionals, and more importantly, the patient, are pleased with the health care outcomes thus far.

What is another example of how the patient's care/related outcomes could have been different if effective communication was used?

Conclusion

Communication is an essential element of health care, and effective communication can be used to promote safe and effective health care, reduce medical errors, and optimize patient care. Thus, health care professionals should work to improve communication within their health care organizations. Health care professionals can improve communication within their health care organization by incorporating the following four key strategies or action points into their daily practice: obtain and utilize insight into communication; adhere to and follow health care communication-related laws and guidelines; effectively utilize health care communication-related tools; follow related recommendations.

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