

Patient/Client Communication: Better Skills Equal Lower Risk

Adverse occurrences in healthcare settings often involve lapses in communication, as in the following scenario:

A woman gives a pharmacist a written prescription for a medication to be taken as part of a seven-cycle protocol, in which one pill is taken every six weeks. The woman's physician has prescribed only the first cycle of the medication, but she demands all seven cycles, in order to avoid multiple prescription co-payments. The supervising pharmacist accommodates her request and dispenses seven pills without consulting the ordering physician regarding the altered quantity. An intern pharmacist enters the prescription in the computer and generates a label for the bottle that reads, "Take one tablet by mouth each day." The pharmacist does not talk to the woman about the time between cycles, and the intern fails to instruct her prior to filling the order. The woman subsequently takes one pill on each of the following seven days, resulting in acute overdose. After a month-long stay in an intensive care unit, she succumbs to multiple organ failure.

As the above case history illustrates, sound communication techniques, habits and protocols are an essential means of preventing errors and reducing risk. Such skills are also essential following an adverse event, as failure to communicate adequately to an injured or unsatisfied patient/client (hereafter referred to as "patient") can trigger the decision to initiate legal action. Finally, well-developed interpersonal abilities on the part of practitioners and staff help create and maintain a positive impression of the practice, strengthening patient-provider rapport.

Fortunately, such skills can be learned and improved through training, and negative habits and behaviors can be modified to increase patient satisfaction and reduce the risk of claims. The following strategies are designed to help practices and healthcare business owners establish and maintain sound relationships with patients, provide better care, protect confidentiality, strengthen informed consent procedures and enhance patient compliance.

STAFF COMMUNICATION WITH PATIENTS

- *Create an effective telephone triage process, which ensures that patients' questions are answered by staff in a timely and polite manner, and which provides prompt access to the provider or an appropriate substitute in emergency situations.*
- *Implement an accurate, efficient scheduling system that minimizes both appointment waiting time (i.e., the time between the request for an appointment and the date it occurs) and office waiting time (i.e., the interval between the scheduled and actual time of the appointment).*
- *Reserve time in the provider's schedule for same-day emergency appointments, in order to meet urgent patient needs and prevent delays and logjams.*
- *Emphasize the need to develop a communication style that demonstrates respect and concern for the patient, and support this message with ongoing training, monitoring and positive reinforcement.*
- *Instruct the receptionist to notify patients of anticipated delays of more than 10 minutes.*
- *Maintain confidentiality in the office and online, never discussing patient matters in hallways, waiting rooms and other common areas, and never disclosing PHI on social media sites or other open channels of communication.*

PROVIDER COMMUNICATION WITH PATIENTS

- *Hold all patient discussions in a private area to preserve confidentiality and prevent distractions.*
- *If a patient has limited English, utilize an interpreter, such as a family member, translation service or bilingual team member.*
- *Greet patients by name.* If a clinical assessment is to be performed, it is especially important to meet new patients when they are fully clothed.
- *Sit down, maintain eye contact, and remain attentive and unhurried.* Research demonstrates that the simple act of sitting while speaking with patients affects their perception of how much time they have spent in discussion.

- *Ensure that one's body language is relaxed and engaged.*
It is often helpful to ask others to evaluate the impression one is making on patients.
- *Explain the flow of the visit to patients, emphasizing that there will be time for questions.*
- *Ask patients to describe which of their issues is most pressing or causing the greatest concern, using open-ended questions to elicit information about signs and symptoms. Inquire about additional issues until the patient says there are none.*
- *Focus on the concerns that seem the most clinically urgent and immediately addressable, being sure to acknowledge and validate patients' expressed beliefs, concerns, symptoms and pain.*
- *Fully explain the medical diagnosis, treatment options and follow-up recommendations, asking patients to repeat what they have heard in their own words.*
- *Maintain a nonjudgmental, respectful tone and demeanor with patients and their families, avoiding what may be interpreted as condescending and/or critical comments or gestures.*
- *Survey patients regularly on their impressions of the practice and ask them for suggestions to improve service.*
- *Create a written protocol for minor patients, addressing such issues as parental presence during the encounter, parental notification and consent, and potential conflicts between divorced parents with shared or sole custody. As state laws vary widely, work with legal counsel when drafting policies and procedures in this area.*

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NONCOMPLIANT PATIENTS

- *Review the recommended care plan with patients, respond to any concerns, and confirm that they agree with the treatment strategy and understand their responsibilities.*
- *Convey clearly and simply the need to comply with the care plan, and document all compliance-related communications, including questions asked, explanations given, and assistance offered and/or rendered.*
- *If necessary, give patients a written description of the potentially harmful consequences of noncompliance. Request that they sign the document and offer them a copy, placing the original in the healthcare information record.*
- *Review managed care contracts and other provider agreements, examining all provisions relating to patient noncompliance.*
- *Assess the risk involved in continuing to treat a chronically noncompliant patient. In some cases, it may be necessary to suspend or terminate the relationship (see next page).*

ANGRY PATIENTS

- *Watch for verbal and nonverbal signs of dissatisfaction and frustration. Be aware that anger, dissatisfaction and frustration can be expressed in many ways, including silence.*
- *Discuss the matter in a private room with a door that closes.*
- *Acknowledge patients' anger and dissatisfaction, telling them explicitly that their concerns are noted and will be addressed.*
- *After patients have vented their anger, respond to the tangible issues. Identify those conflicts or questions that can be readily resolved, asking for clarification, as needed.*
- *Be aware of one's own manner and attitude. During the discussion, maintain a sympathetic, non-defensive tone of voice and open, responsive body language.*
- *If appropriate, disclose that one has had similar experiences in the past and can understand how the patient feels.*
- *Enlist disgruntled patients in the problem-solving process, asking them for their suggestions on how to achieve a satisfactory resolution.*
- *End the discussion only after an agreement has been reached that is clearly understood by both parties.*

PROVIDER TERMINATION OF THE RELATIONSHIP

Whenever a provider accepts or renders care to a patient, a relationship is created that continues as long as the patient's condition requires attention, or until it ends by mutual agreement or via a legally acceptable notice of termination. Prior to initiating the termination process, review any applicable managed care contract provisions and guidelines. It is advisable to seek legal counsel in this situation, as ending the relationship improperly may result in charges of abandonment.

The following guidelines can help minimize the risks associated with unilaterally terminating the provider-patient relationship:

- *Note the reasons for termination and efforts made to resolve differences* in the patient's healthcare information record.
- *Mail a certified letter requesting return receipt.* In addition, send a copy of the letter via regular mail in case the patient is unwilling or unable to accept certified letters.
- *Ensure that the termination letter contains the following:*
 - A clear statement that the relationship is being ended.
 - The date on which the relationship will end, giving the patient at least 30 days' notice.
 - An assessment of the patient's current health status and any required test or treatment.
 - An expressed willingness to provide emergency care until the stated date of termination.
 - An offer to refer the patient to a comparable provider or to assist in finding one, either through the state/county medical society or a hospital provider referral service.
 - A form authorizing release of a copy of the patient's healthcare information record to the subsequent provider, if the patient so desires.
- *Maintain a copy of the letter and mail receipt in the patient's healthcare information record, documenting the date the letter was sent.*
- *Document any subsequent communication with the patient, whether in writing, by telephone or in person, and retain all patient records.*

PATIENT TERMINATION OF THE RELATIONSHIP

Even if a patient has long since ceased contact, do not assume the relationship has ended. Allegations of abandonment may emerge years after the last provider-patient communication. The following actions are recommended if the patient decides to terminate the relationship or simply stops responding:

- *In the healthcare record, document the patient's decision to end the relationship, and/or the patient's failure to respond to calls and letters from the practice.*
- *Advise the patient in writing of any incomplete course of therapy, recommending continuation until the condition is resolved or at least stabilized.*
- *Offer to forward a copy of the patient's records to the subsequent provider upon receipt of a signed authorization to release this information.*
- *Retain all patient records according to state record retention laws, whether or not the provider-patient relationship has been formally terminated.*

BILLING AND COLLECTIONS

Billing and collections processes can significantly affect the provider-patient relationship, potentially causing even minor concerns to escalate into legal action. A patient's account should never be sent for collection without careful consideration of mitigating circumstances, such as the individual's ability to pay. Also take into account the potential impact of the collections process on a patient who may be less than satisfied with the treatment outcome.

Communication is not something to be taken for granted. Like any other skill, it should be practiced, monitored and evaluated. (See the sidebar on the next page for guidance in assessing staff members' communication competence.) The guidelines included here can help physicians and staff members become more aware of the critical importance of good communication, and more committed to enhancing their own level of proficiency in this area.

Communication Training: A Self-assessment Checklist

This resource is designed to help healthcare business owners evaluate staff members' level of training and proficiency in communication skills. For additional risk control tools and information on a wide and growing range of topics, visit www.cna.com/healthcare, www.hpso.com and/or www.nso.com.

STAFF MEMBERS ARE TRAINED AND COMPETENT IN THE FOLLOWING COMMUNICATION SKILLS:	YES/NO:	TRAINING NEEDED TO REDUCE RISKS:
Talking to patients, family members, colleagues and practitioners in a clear, concise, correct and complete manner.		
Conveying respect and consideration for patients and family members.		
Recognizing potential barriers to effective communication.		
Being aware of nonverbal signals.		
Developing sensitivity to cultural and linguistic issues.		
Observing telephone, email and social media etiquette.		
Avoiding common online and social media pitfalls, such as disclosing sensitive patient information or giving specific medical advice.		
Protecting confidentiality by avoiding patient-related conversation in hallways, waiting rooms and other common areas.		
Understanding HIPAA privacy requirements, especially with respect to securing protected health information and identifiable patient data.		
De-escalating conflict situations and managing angry patients.		
Knowing how to respond if a violent situation arises.		
Knowing and applying practice protocols regarding minors when communicating with patients under the age of 18 and/or their parents.		
Utilizing the chain of command when necessary, without fearing retaliation from immediate supervisors.		



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