National Healthcare Communication Programme

Making conversations easier
Listening and responding to what patients tell us about their experience of communication in Irish hospitals: The National Healthcare Communication Programme.

Dr Eva Doherty  
*Royal College of Surgeons in Ireland*  

Winifred Ryan  
*Health Services Executive*
What if there was something which doesn’t cost millions of €€€€€ and is proven to achieve the following outcomes...
blood sugars (HbA1c)

metabolic complications (hyperosmolar state, diabetic ketoacidosis, coma)
systolic blood pressure

asthma control

quality of life

self-efficacy
Influence of context effects on health outcomes: a systematic review

Zelda Di Blasio, Elaine Harkness, Edzard Ernst, Amanda Georgiou, Jos Kleijnen

Reduction of Postoperative Pain by Encouragement and Instruction of Patients — A Study of Doctor-Patient Rapport

Laurence D. Egbert, M.D.,1 George E. Belsitz, M.D.,2 Claude E. Welch, M.D., and Marshall K. Bartlett, M.D.3

Doctor-Patient Communication: A Review

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reductions in legal action
reductions in complaints
patient satisfaction
Communication Skills
<table>
<thead>
<tr>
<th>Problem/Diagnosis</th>
<th>Outcome</th>
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</thead>
<tbody>
<tr>
<td>Fibromyalgia</td>
<td>Pain, dep., functioning</td>
</tr>
<tr>
<td>Smoking</td>
<td>Smoking cessation</td>
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<tr>
<td>Osteoarthritis</td>
<td>Pain</td>
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<tr>
<td>Diabetes</td>
<td>BP, serum levels</td>
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<tr>
<td>Diabetes</td>
<td>BP, serum, Psychosoc.</td>
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<tr>
<td>Hypertension</td>
<td>BP</td>
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<tr>
<td>Cancer</td>
<td>Anxiety, Depression</td>
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<tr>
<td>Asthma</td>
<td>Asthma QoL</td>
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<tr>
<td>Osteoarthritis</td>
<td>Pain</td>
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<tr>
<td>Diabetes</td>
<td>Weight loss</td>
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<tr>
<td>Lower resp. infection</td>
<td>Return Consultations</td>
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<tr>
<td>Somatic complaints</td>
<td>QoL</td>
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<tr>
<td>Obesity</td>
<td>Weight loss</td>
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</tbody>
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burnout

Association of an Educational Program in Mindful Communication With Burnout, Empathy, and Attitudes Among Primary Care Physicians

Michael S. Krasner, MD
Ronald M. Epstein, MD
Howard Beckman, MD
Anthony L. Suchman, MD, MA
Benjamin Chapman, PhD
Christopher J. Moneyma, MA
Timothy E. Quill, MD

Context  Primary care physicians report high levels of distress, which is linked to burnout, attrition, and poorer quality of care. Programs to reduce burnout before it results in impairment are rare; data on these programs are scarce.

Objective  To determine whether an intensive educational program in mindfulness, communication, and self-awareness is associated with improvement in primary care physicians' well-being, psychological distress, burnout, and capacity for relating to patients.

Design, Setting, and Participants  Before-and-after study of 70 primary care physicians in Rochester, New York, in a continuing medical education (CME) course in 2007-2008. The course included mindfulness meditation, self-awareness exercises, navi...
Communication skills training works and… leads to improved patient outcomes.

But… do we need it?
Up to 50% of patients complaints/concerns are not elicited:

- In 50% of doctor patient interactions, doctors and patients do not agree afterwards what the plan is.
- Doctors and patients agree on the chief complaint in 76% of somatic problems and in only 6% of psychosocial problems.
- Doctors interrupt patients at the beginning of the consultation after 11/12 seconds.
- 50% medications are wasted.
- Between 10% - 90 % patients are non adherent to medical recommendations.
What skills make a difference and are an efficient use of time and shorten interactions by up to 20%?

- Using open questions to explore concerns and presenting symptoms.
- Picking up and responding to emotional cues from the beginning.
- Asking patients for their opinions regarding their symptoms.
- Checking patients understanding.
- Encouraging patients to talk.
- Using ‘teachback’ asking patients to repeat what they have understood.
- Follow-up and next steps.
The **What** and the **How** of Clinical Communication:

- **What** we say (the content) – asking about medication use; telling patients there are three options for treatment of their condition…

- **How** we say it (the process) – using open and closed questions appropriately; summarising; organising the conversation; non verbals; pauses; checking for understanding…

- Most clinicians concentrate more on **What** they say than **How** they say it
Spot the skills

https://vimeo.com/141213476
• Greeting and Introduction
  Acknowledgement and apology
  Open Question
  Empathy (x2)
  Screening question (x2)
  Clarifying question
  Periodic Summarising
• Non-verbal skills (eye contact etc)
What about the cost?
How much is non-adherence to medications costing us in Ireland?
• Wasted (50% of 2bn = 1bn)
• Consequences of non-adherence

…return visits; incorrect use of meds; extra lab tests; additional meds; admission to hospital and nursing homes; lost productivity; premature death…. 

US: US$100bn
Canada: $7-9bn
Ireland: €1bn…???

Total = €2bn  ???
Patient Engagement Adherence Satisfaction

20%
A $42 Million Gift Aims at Improving Bedside Manner

By DOUG JOHNSON  8/30/11

CHICAGO — Carolyn Bucksbaum still bristles about an arrogant physician who brusquely dismissed her intuition about her ailment decades ago. It turned out she was right. The physician was wrong.

"We all make mistakes," she said. "But he never even apologized."
Thank you and over to…
National Healthcare Communication Programme
The National Patient Experience Survey

1. Findings (healthcare communication)

2. Response
The numbers

26,635 patients

51% participated

61Q’s 36 parts

21,528 comments

6 themes
We are listening....

Key themes

- **Theme 1**: Attending to the relationship
- **Theme 2**: Gathering information
- **Theme 3**: Providing information
- **Theme 4**: Reaching agreement
- **Theme 5**: Enabling self-management
- **Theme 6**: Family and carers
My personal journey

Admission through ED
Meeting ED Nurse and Doctor
My personal journey

Transfer from ED to ward
Meeting Nurse on ward
My personal journey

Meeting Doctors on ward rounds
My personal journey

Catering staff
My personal journey

Admission to ED, ED Staff, Transfer to Ward, Nurse on Ward, Doctor on Ward, Cleaning Staff, Catering Staff, Physiotherapist, Discharge Home, Visit to Pharmacy

Physiotherapist
My personal journey

Discharge home
Visit to Pharmacy for prescription
Main observations

• Building rapport

• Variable experience – why?

• Skills based approach to communication
We are responding….

The National Healthcare Communication Programme

Key stakeholder engagement

Patient information

Webpage
We are responding....
I’ve learned that people will forget what you said, people will forget what you did, but people will never forget how you made them feel.

Maya Angelou
1928 - 2014
Thank you.