Cover story

Improving communication to improve patient safety

Sara Burnett, Health Care Research/Project Specialist, Health Care Financing Division
For Larry McEvoy, MD, FACEP, some of the best experiences in life have occurred in a busy emergency department.

They were the times when, faced with three or four very ill patients, a team of physicians and nurses gathered together and said: We’ve got to take care of all these people. How are we going to do it? What do they all need? How are we going to sequence it? And what might we be missing that we’d better check on now?

“It’s a very enjoyable experience to take care of people as a team and to realize that by putting our heads together, these people got better care than if we’d all been running around like chickens with our heads cut off,” said McEvoy, now the CEO of Memorial Health System in Colorado Springs.

It may be enjoyable, but it’s not always the reality. Physicians are trained to “take care of patients, do it right, and not screw up,” McEvoy noted. Faced with a seemingly endless stream of mandates, regulations, bureaucracy and pressures on time and money, the default mode is often to assume that to get something done right, the physician should do it himself or herself. Conversations turn negative, and colleagues and other staff may be afraid to speak up.

It is that culture – the antithesis of teamwork – that can jeopardize patient safety, according to McEvoy and his colleagues at the Bedside Trust, a group of physician leaders that work with health care organizations.

As the Colorado Medical Society and its partners present a package of legislation at the Capitol aimed at improving patient safety, CMS and other organizations also are looking at what physicians can do inside their own practices.

In December McEvoy, along with Brian Wong, MD, and Debra Parsons, MD, of the Bedside Trust, facilitated a discussion organized by CMS, the Colorado Hospital Association and COPIC.

Among the conclusions was that changing the way physicians communicate would go a long way toward improving patient safety, as well as reducing turnover and bringing back the joy of medicine.

“We need to look at communication not just as the exchange of information between professionals but also the building of a relationship that actually helps people to become smarter together to solve problems,” Wong said.

“What tends to happen is you have people of high intelligence, strong wills and egos, who are under the gun with incredible time pressure, and who are taught how to solve problems on their own,” Wong said. “It’s so easy for things to deteriorate into angry outbursts, self-protection and silos and tribal warfare and things of this nature. But when you put them in a room together, the collective intelligence goes down, not up,” Wong added. “We aim to reverse that trend – to make them smarter together.”

A TRUSTED colleague
The Bedside Trust approach borrows from the logic of the father of modern medicine, Sir William Osler, and three of his well known principles:

- Medicine is learned at the bedside and not in the classroom … See, and then reason and compare and control. But see first.
- A good physician should be able to reach the correct diagnosis … in 70 to 80% of cases with a complete medical history and accurate physical examination.
- If you listen carefully to the patient, they will tell you the diagnosis.

Wong said those same philosophies, tweaked slightly, may be applied effectively to solve the complex problems in today’s health care environment:

- Complex problem solving is learned by group interaction and not by authority … Seek together, and then reason and compare and control. But seek together first.
- A good team should be able to reach the correct diagnosis … in 70 to 80% of cases with careful listening and collective insight.
- If we listen carefully to each other, we can discover the root cause of any problem.

The process begins by looking at oneself. In discussions with thousands of physicians across the country, Wong
and McEvoy presented the same scenario: Imagine it is the middle of the night. You are treating a patient who is very ill. You’re stuck, and you’re scared. What are the attributes of the person you want by your side?

Over time, they heard the same attributes over and over: Someone who is a team player, who makes me and others better, who is responsive and respectful, who listens and learns without judgment and is easy to approach.

They worked the universal attributes into an easy-to-remember acronym: TRUSTED. The first four letters make up components of those attributes Wong and McEvoy heard repeatedly: Team player, Responsive and respectful, Understanding and Safe. The last three letters were those qualities physicians expect of all their colleagues, and those attributes that have been more traditionally rewarded: Talented, Executes/gets things done and Dedicated. (See the box on the next page for a more detailed description).

Putting it into action
Asked what physicians can do in their everyday practice to improve communication, McEvoy pointed to those first four letters.

“Ask yourself – am I being that kind of physician?” McEvoy said. “Once you’ve asked yourself, ask: How can we as a team make sure we are team players all the time? Then, what can I do as a physician to be teaching this to others?”

Parsons is the former medical staff president at Exempla St. Joseph Hospital. She said she can look back on her tenure and recognize times when she could have used the TRUSTED colleague approach.

“Had I known of this approach as chief of staff, I would have been a much better chief of staff for my physicians, and we collectively could have even done more for our patients and our hospital,” she said.

Parsons suggested that conducting an occasional self-assessment – glancing at the TRUSTED acronym before and after meetings, for example – could go a long way in changing a culture.

Once this team approach is part of an organization’s culture, it can permeate into that organization’s relationships with other organizations. And it will help everyone find the root cause of problems and to solve them together, rather than focusing only on symptoms.

“The leaders have to model this TRUSTED colleague approach in every conversation and at every meeting,” Parsons added. “This is what physicians can do. This is their role. This is the health plans’ role, this is CMS’ role, this is CHA’s role. This is where we start to walk the talk.”

Why it matters
One of the beauties of physicians taking this inward-looking approach is the simple fact that it is an approach created by physicians that can be initiated and carried out by physicians – not another mandate handed down from the government or other external forces.

In “Solutions for Improving Patient Safety,” from the Jan. 13, 2010 Journal of the American Medical Association, Edward H. Livingston, MD, concluded that “physician-driven processes for change are more likely to succeed.”

As a prime example, Livingston cited the Veterans Administration National Surgical Quality Improvement Program (NSQIP). The program was started by a small group of surgical leaders and initially resisted by colleagues, Livingston wrote. Yet, as the program’s successes became evident, it became accepted by surgeons and administrators and has been adopted by the American College of Surgeons as its principal means for monitoring surgical care quality, Livingston said.

The participants at the December gathering at CMS noted many other benefits to the Bedside Trust approach to communication: Better outcomes, improved patient and staff satisfaction, free flow of information, improved transitions and a learning culture. But most important was better patient safety and improved quality of care.

“Part of the connection we’ve made is that when you have an unsafe conversation with a colleague … and you are at the bedside, you are in fact creating unsafe conditions and a recipe for disaster for your patients and their families,” Wong said. “You have to break through that cycle in order to make it safe for patients. Instead of blaming each other, or the external environment … we begin to see that this is stuff we’re doing to each other. The current state is actually under our control.”

Our Most TRUSTED Colleagues
In interviews with thousands of physicians, The Bedside Trust identified these universal attributes of a TRUSTED colleague. The group recommends physicians ask themselves: Do I embody these qualities?

T. = Team player (makes me and others better)
R. = Responsive and respectful
U. = Understanding (listens and learns without judgment)
S. = Safe (easy to approach; invites my opinion)
T. = Talented (knowledge, judgment, proficiency)
E. = Executes (gets things done; gets results)
D. = Dedicated (work ethic)