

PEACE OF MIND

EXPERTISE

CHOICE

THE MEDPRO GROUP DIFFERENCE

— GUIDELINE —

# Communicating Effectively With Patients to Improve Quality and Safety



This document should not be construed as medical or legal advice. Because the facts applicable to your situation may vary, or the laws applicable in your jurisdiction may differ, please contact your attorney or other professional advisors if you have any questions related to your legal or medical obligations or rights, state or federal laws, contract interpretation, or other legal questions.

MedPro Group is the marketing name used to refer to the insurance operations of The Medical Protective Company, Princeton Insurance Company, PLICO, Inc. and MedPro RRG Risk Retention Group. All insurance products are underwritten and administered by these and other Berkshire Hathaway affiliates, including National Fire & Marine Insurance Company. Product availability is based upon business and/or regulatory approval and/or may differ among companies.

© 2019 MedPro Group Inc. All rights reserved.

# Contents

<b>Introduction</b>	<b>1</b>
<b>Objectives</b>	<b>1</b>
<b>The Impact of Communication Failures</b>	<b>2</b>
<b>Committing to Quality Service and Patient Satisfaction</b>	<b>2</b>
<b>Making a Positive Impression</b>	<b>4</b>
<b>During Patient Triage</b>	<b>4</b>
<b>During Patient Encounters</b>	<b>4</b>
<i>Remember Common Courtesies</i>	5
<i>Maintain Awareness of Nonverbal Communication</i>	6
<i>Create an Open Dialogue and Listen</i>	7
<i>Ensure Comprehension</i>	7
<i>Keep Conversations Professional and Appropriate</i>	9
<i>Establish an Atmosphere of Cultural and Gender Sensitivity</i>	10
<b>Engaging Patients With Satisfaction Surveys</b>	<b>10</b>
<b>Developing Policies and Standards for Telephone and Electronic Communication</b>	<b>11</b>
<b>Telephone Communication</b>	<b>11</b>
<i>Establishing Phone Communication Protocols</i>	11
<i>Giving and Receiving Information</i>	12
<i>Using an Answering Service</i>	12
<i>Documenting Telephone Communication</i>	12
<i>Monitoring Trends</i>	13
<b>Electronic Communication</b>	<b>13</b>
<i>Defining Acceptable Uses for Electronic Communication</i>	14
<i>Determining Appropriate Users</i>	14

*Establishing Timeframes for Electronic Inquiry Response* ..... 14

*Developing Standard Disclaimers for Electronic Communication* ..... 15

*Specifying Privacy and Security Features and Limitations of Electronic Communication* ..... 15

*Establishing Documentation Guidelines for Electronic Communication*..... 15

**Managing Patient Complaints** ..... **15**

**Disclosing an Unanticipated Outcome** ..... **17**

**Conclusion**..... **18**

**Resources**..... **18**

**Endnotes** ..... **19**

**Appendix A. Sample Patient Satisfaction Surveys for Healthcare Practices** ..... **21**

## Introduction

Effectively communicating healthcare information is one of the most important aspects of the provider-patient relationship. When communication lapses occur in healthcare, they can be detrimental in various ways. Patients who do not understand healthcare information and instructions might not adhere to their treatment plans or might have unrealistic expectations about the outcomes of care. As a result, healthcare providers may struggle to engage patients in their care and build meaningful patient relationships, which could potentially increase liability exposure.

Healthcare providers and staff need to be cognizant of both how and what they communicate to ensure that patients thoroughly comprehend their diagnoses, treatment plans, care instructions, and other pertinent information.

Implementing proactive strategies to provide high-quality service, deliver patient-centered care, make a positive impression, measure and improve patient satisfaction, and efficiently manage patient complaints can help clinicians and staff build strong partnerships with patients. These strategies also may reduce the likelihood of miscommunication and preventable adverse events.

## Objectives

The objectives of this guideline are to:

- Review the impact of communication failures
- Discuss key elements of a service-oriented culture and how to promote effective communication
- Discuss methods of making a positive impression during patient encounters
- Describe actions that demonstrate a commitment to patient satisfaction
- Discuss strategies for developing electronic and telephone communication policies
- Outline effective strategies for managing patient complaints
- Provide information related to communicating an unanticipated outcome

## The Impact of Communication Failures

Research indicates that ineffective communication among healthcare professionals is one of the leading causes of medical errors and patient harm.<sup>1</sup> In 2018, CRICO Strategies released a report that presented the results from an analysis of almost 124,000 medical professional liability cases filed between 2007 and 2016. CRICO's data showed that communication issues, which were found in all care settings, were one of the top

“

Ineffective communication among healthcare professionals is one of the leading causes of medical errors and patient harm.”

contributing factors in malpractice cases. Communication failures (between patients/families and healthcare providers as well as among healthcare providers) occurred at these rates in these settings:

- Thirty-one percent of ambulatory care cases (examples included inadequate consent, poor communication about medication risks, unprofessional communication, and unclear responsibility)
- Thirty-one percent of inpatient care cases (examples included lapses in reading the health record, failure in reaching a consensus, deficient discharge/follow-up instructions, and inadequate notification of adverse events)
- Thirty-two percent in emergency department care cases (examples included communication issues related to hierarchy, language barriers, and inadequate follow-up instructions).<sup>2</sup>

These data speak to the significance of communication's impact in healthcare and the need for healthcare providers and staff to include communication as part of quality improvement and patient safety initiatives.

## Committing to Quality Service and Patient Satisfaction

Creating and maintaining a service-oriented culture, which focuses on providing exemplary customer service and quality patient care, is an important strategy for reducing the risk of communication failures that could potentially lead to patient complaints, errors, and even

liability exposure. Good customer service is the foundation for patient satisfaction and the basis for engaging patients in the shared responsibility of their healthcare. Promoting a service mindset requires:

- Leadership involvement to convey the message that the healthcare practice is committed to service excellence
- A mission statement that reflects the importance of quality care and patient satisfaction
- Policies that outline expected behaviors and mechanisms to achieve the mission (e.g., use of patient satisfaction surveys and techniques for handling complaints)
- Involvement of all staff members in setting priorities and working toward improving the practice's level of service
- A retaliation-free environment in which staff members can speak up and hold each other accountable to the practice's mission and goals
- Measurement of patient engagement indicators in a formal quality improvement process, and sharing of results with the practice's providers and staff on a regular basis
- Recognition of staff for outstanding customer service

Actions that demonstrate a commitment to patient satisfaction include:

- Treating all patients in a courteous manner at all times without exception (e.g., in-person, over the phone, and via electronic communication)
- Offering timely access to appointments and provider advice, as needed
- Providing adequate time during each patient encounter for the patient to explain his/her reason for visiting without feeling rushed
- Monitoring patient wait times, frequently updating patients regarding delays, and providing the option to reschedule when a delay is longer than 30 minutes
- Respecting patients' modesty, dignity, cultural preferences, and confidentiality

- Continuously soliciting feedback on patient satisfaction, and conducting formal patient satisfaction surveys
- Addressing patient complaints promptly on a case-by-case basis
- Analyzing trends in patient complaints and applying corrective actions to improve service

## Making a Positive Impression

### During Patient Triage

Patients' initial interactions with healthcare practices often occur when they schedule appointments. Scheduling that is responsive to patients' needs and takes into account their specific circumstances can help establish a positive impression of the practice.

In healthcare practices, scheduling should adhere to standard written procedures that use the following criteria (modified as necessary):

- **Emergency care:** life-threatening conditions that require immediate referral to an emergency department
- **Urgent care:** conditions that require attention the same day
- **Routine care:** nonurgent conditions that require a timely appointment in the near future
- **Preventive care:** physical examinations and similar services that require a visit within a reasonable period of time

### During Patient Encounters

Several patient-centered techniques can enhance communication with patients and convey a positive impression during patient encounters. The term "patient-centered" refers to healthcare approaches that are responsive to patient needs, perspectives, and values.<sup>3</sup> According to the Picker Institute, eight dimensions of patient-centered care include:

1. Respect for the patient's values, preferences, and expressed needs
2. Information and education



3. Access to care
4. Emotional support to relieve fear and anxiety
5. Involvement of family and friends
6. Continuity and secure transition between healthcare settings
7. Physical comfort
8. Coordination of care<sup>4</sup>

The following sections offer strategies for improving communication during patient encounters and providing a positive, patient-centered approach.

### *Remember Common Courtesies*

Common courtesy generally is an expectation in professional interactions, including healthcare services, and it can create a good impression with patients. Examples of common courtesy include the following:

- The practice's reception staff greets patients with direct eye contact and a smile when they arrive.
- Reception staff monitors the waiting room to identify patients who might have questions or need assistance.
- The practice's answering service follows the same rules of courtesy as expected from the staff. (A call to the service can help ensure that this same courtesy is being extended.)
- Healthcare providers briefly review patients' health records and any notes for the visit before entering the room so they can maintain eye contact with the patient in the first minutes of the appointment instead of looking at the paper or electronic health record (EHR).
- Providers knock before entering examination rooms.
- Providers greet patients and introduce themselves if needed.

- Providers address patients by their titles and last names (e.g., Mr., Ms., Mrs.) when the patients are new to the practice or unfamiliar.
- Providers ask patients for input and concerns regarding their treatment plans.

### *Maintain Awareness of Nonverbal Communication*

Effective verbal communication is vital to successful personal and professional relationships. However, good nonverbal communication – facial expressions, gestures, eye contact, posture, and tone of voice – also is essential. Research suggests that the majority of daily communication is nonverbal,<sup>5</sup> which stresses the importance that this aspect of communication plays in human interactions.

“

Research suggests that the majority of daily communication is nonverbal, which stresses the importance that this aspect of communication plays in human interactions.”

The ability to understand and use nonverbal communication, or body language, is a powerful tool that can help healthcare professionals connect with patients in a positive way and reinforce mutual understanding and respect.<sup>6</sup>

Providers should have situational awareness of their nonverbal communication so they can recognize potentially problematic body language and consciously change it. For example, certain situations might trigger negative nonverbal reactions, such as seeing a difficult patient, managing a patient complaint, or dealing with stress. A number of strategies can help healthcare providers consciously improve nonverbal communication. For example:

- Smile and maintain appropriate eye contact, but do not stare.
- Show interest in what the patient is saying and avoid tapping your fingers, gazing out of the window, looking at the clock, yawning, and other nonverbal actions that might indicate that you're bored or in a hurry.
- Sit when you can and lean forward to show that you're engaged. Don't stand looking down on the patient in a paternalistic stance.
- Nod your head to show you are listening.

- Avoid EHR documentation habits that create barriers to patient engagement, such as turning your back on the patient while typing information, looking at the computer during sensitive discussions, or failing to explain to the patient what you're including in the record. Some strategies that might help include explaining the EHR and some of its benefits to the patient, setting the computer aside during discussions with the patient, or using a scribe to document the clinical encounter.
- Avoid a judgmental or disapproving attitude, and encourage the patient to share relevant and complete information.<sup>7</sup>

### Risk Resource

For more information about scribes, see MedPro's *Risk Tips: Using Scribes to Document Clinical Care*.

### *Create an Open Dialogue and Listen*

A patient-centered approach seeks to get patients more involved in their care. Providers can foster this partnership by allowing adequate time for dialogue and taking the time to understand the patient's concerns and point of view. For example, healthcare providers can take a patient-centered approach by:

- Determining what each patient hopes to get from the visit
- Listening to patients and letting them speak without interrupting
- Repeating important information back to the patient after he/she has finished describing the chief complaint or reason for the visit

Additionally, asking the patient open-ended questions – that is, questions that require a detailed answer rather than a yes/no response – can help generate an open dialogue and support greater understanding between the provider and patient.

### *Ensure Comprehension*

For many people, health information and services are unfamiliar, complicated, and technical. Patients from all racial, ethnic, educational, and socioeconomic backgrounds may have limited health literacy, preventing them from understanding and correctly following their

care plans. Taking steps to ensure that patients comprehend information is a critical component of effective communication.

Consider providing patients with a welcome brochure as they arrive at the front desk to sign in for appointments. Staff can instruct patients to review the information in the brochure and encourage them to ask questions during their visit. Adding a “notes” page to the brochure can prompt patients to document any questions they have prior to the appointment.

Other strategies for ensuring patient comprehension include the following:

- Involve patients’ families and significant others in the patients’ care (with permission).
- Use lay language and explain medical terms when communicating with patients verbally. Explain to patients why the information is important.
- Don’t overload patients with information. Focus on the most critical points and the necessary actions that patients should take.
- Present information in a simple, organized way; discuss the most important information first.
- Ensure that patient education materials are written in plain language. Healthcare practices that are conscientious about developing or using easy-to-read materials may increase the likelihood that patients will understand and use the information correctly.
- Allow time for questions at the end of each patient encounter and restate information as needed.

### Risk Tip

Deficits in health literacy affect people of all ages, races, incomes, and education levels. The National Assessment of Adult Literacy estimates that approximately 36 percent of adults in the United States have limited health literacy.<sup>8</sup> Further, nearly 9 out of 10 adults have difficulty using everyday health information provided by healthcare facilities.<sup>9</sup> These statistics are significant because people who have low health literacy are at increased risk for poor outcomes, higher rates of emergency department visits and hospitalization, and death.<sup>10</sup>

- Ensure that the dialogue is sufficiently comprehensive to give patients a full understanding of their conditions and treatment plans. Always confirm that patients understand their treatment plans. The teach-back technique, a research-based health literacy intervention that improves patient/provider communication and patient health outcomes, is a helpful method for gauging patient comprehension. This technique involves asking patients (or their family members) to explain diagnoses, medications, and care instructions in their own words.
- Carefully consider whether cultural beliefs, values, or practices might influence interactions with certain patients.
- Provide comprehensive language access services and assistive technologies to meet the needs of diverse patient communities. (Note: Healthcare practices that receive federal financial assistance and/or funding are generally responsible for providing auxiliary aids or other service accommodations at no cost to the patient. Be cognizant of state and federal laws that apply to accommodating these patient communities. For more information, see MedPro's *Risk Q&A: Interpreters and Auxiliary Aids*.
- Provide patients with an office visit summary containing written instructions for follow-up care. If using paper records, be sure to document discharge instructions or make a copy for the record.

### Teach-Back Technique

For more information, resources, and tools on using the teach-back technique, visit the Agency for Healthcare Research and Quality's *Guide to Improving Patient Safety in Primary Care Settings by Engaging Patients and Families*.

### *Keep Conversations Professional and Appropriate*

Patients have varied backgrounds, values, and perspectives, as well as opinions and preferences. To minimize the possibility of personally offending any patients, avoid conversations concerning religion, politics, personal preferences, and other sensitive issues. Advise staff to also steer clear of these topics in their interactions with patients.

### *Establish an Atmosphere of Cultural and Gender Sensitivity*

Culturally competent care is care that respects diversity in the patient population and cultural factors that can affect health and healthcare, such as language, communication styles, beliefs, attitudes, and behaviors.<sup>11</sup>

To ensure quality care, healthcare providers should treat all patients, regardless of social or personal characteristics, with dignity and respect and make them feel comfortable providing any

“

Healthcare providers should treat all patients, regardless of social or personal characteristics, with dignity and respect and make them feel comfortable providing any information relevant to their care. . .”

information relevant to their care,

including information about sexual orientation and gender identity. MedPro’s article [Providing Culturally Competent Care for LGBT Patients](#) and [LGBT-Inclusive Care](#) resource list can provide more specific information and additional resources.

### **Engaging Patients With Satisfaction Surveys**

Measuring patients’ perceptions of the quality of care and services they receive can offer healthcare practices valuable information and data on which to build quality improvement initiatives. One common mechanism for assessing patient perceptions is through the use of surveys. Patient satisfaction surveys can collect critical patient feedback and also offer opportunities to improve communication among healthcare providers, staff and patients.

Some healthcare practices contract with vendors that develop patient satisfaction surveys, facilitate data collection, and/or help assess data. Other healthcare practices devise their own tools based on their specific needs. In either instance, careful planning is necessary to ensure patient satisfaction surveys are well-designed and implemented.

For more information about planning and implementing patient satisfaction surveys, see MedPro’s article [Patient Satisfaction Surveys as a Quality Improvement Tool for Healthcare Practices](#). Additionally, two sample patient satisfaction surveys are available in Appendix A.

## Developing Policies and Standards for Telephone and Electronic Communication

### Telephone Communication

Telephone communication is a routine but significant component of every healthcare practice. A patient's first and lasting impression of a practice is often from a telephone call. All staff members should be instructed to regard telephone calls as an opportunity to provide patients with good service and to obtain important information. The following strategies are intended to help healthcare practices develop well-defined telephone policies and approaches.

“

A patient's first and lasting impression of a practice is often from a telephone call.”

#### *Establishing Phone Communication Protocols*

- Train all office staff in telephone etiquette, including how to handle angry or dissatisfied patients.
- Ensure that automatic menu prompts offer callers the option of speaking with a person.
- Try to answer the telephone by the third ring and monitor calls that are put on hold. Allow callers to speak before asking permission to place them on hold.
- For automatic call distribution systems, limit the menu selections to four or five at most. Consider whether the healthcare providers in the practice serve as primary care providers for some or all of the patients. If so, the first message should include instructions for these patients, such as “If this is an emergency, dial 911 or go to the nearest emergency department immediately.”
- Conduct telephone conversations out of the hearing range of patients to protect the caller's privacy.
- Install additional phone lines if all lines are frequently in use or chronically busy.
- Ensure that after-hours phone messages refer patients who have urgent needs or concerns to the emergency department.

### *Giving and Receiving Information*

- Have staff obtain the caller's phone number and confirm identifying patient information.
- When a return call is required, staff should ask the caller what time he/she will be available, and give an approximate time for the return call. The call should be returned as promised. This assurance and prompt follow-up reinforces respect for the patient's time and concerns.
- Develop a telephone advice protocol manual for staff members who are authorized to give telephone advice. The manual should address areas such as handling routine questions and doing telephone assessments, and it should include triggers for referring the patient to a provider when necessary. Monitor staff compliance with the protocol. Document any phone advice in the patient's health record.

### *Using an Answering Service*

- Use a reliable answering service during off-hours. Place test calls regularly to assess the quality of the service. Provide the service with an emergency number in the event that the provider on call cannot be reached.
- Request a log of calls from the service to review for appropriate disposition and referral.
- Implement a process to promptly retrieve, document, and respond to off-hours calls if an answering service is not used.
- Develop a policy and procedure for handling phoned-in lab reports; the policy should include how critical values should be communicated to the provider.

### *Documenting Telephone Communication*

- Document every telephone conversation with a patient or family member in the patient's health record, including date, time, caller's name, complaint, and advice given.
- Document all telephone calls to discuss patient care and concerns with other providers. A high risk of communication failure exists during patient handoffs and care transitions.



- Maintain a copy of the practice's appointment schedules for as long as health records are maintained.

### *Monitoring Trends*

Consider keeping a log of categories of calls received, such as scheduling, test results, prescription refills, etc., as a way to identify protocols possibly needing revision or opportunities for improvement in managing telephone communications.

### **Electronic Communication**

Electronic communication in healthcare has made a significant leap over the past decade through the use of email, patient portals, and social media. With the increased prevalence of smartphones, tablets, and other mobile devices, healthcare professionals have more opportunities to access and send information from anywhere that a cellular signal or wireless network exists.

As electronic communication has gained momentum, it has proven to be beneficial in a number of ways. For example, electronic communication may:

- Increase practice efficiency and productivity, and decrease costs<sup>12</sup>
- Reduce the number of unnecessary patient visits to the office
- Offer patients a more convenient method for reaching their healthcare providers
- Allow providers ample time to respond to patients' questions and communicate when it is most convenient for them
- Facilitate healthcare practices' efforts to raise awareness, provide education, and promote services

However, with the new opportunities in electronic communication come new risks for providers to consider, such as privacy and security, professional boundaries, and duty to care. Healthcare practices that use electronic communication methods should develop written

policies and guidelines to standardize their approaches to this form of communication and address potential risks.

General considerations for policy development include defining acceptable uses and boundaries for electronic communication, determining appropriate users, establishing timeframes for responding to electronic inquiries, developing standard disclaimers, specifying privacy/security features and limitations, and establishing documentation guidelines.

“

With the new opportunities in electronic communication come new risks for providers to consider, such as privacy and security, professional boundaries, and duty to care.”

### *Defining Acceptable Uses for Electronic Communication*

Healthcare practices should consider limiting the use of electronic communication to nonemergent situations. Practices also should think about the types of services and information that are suitable for electronic interactions (e.g., prescription refills, appointments scheduling, and general questions), as well as the sensitivity of the subject matter (e.g., information related to sexually transmitted diseases, mental health status, substance abuse disorders, etc.).

Each practice’s written policy for electronic communication should delineate the appropriate uses to avoid confusion among providers and staff members.

### *Determining Appropriate Users*

Email, portals, and certain other forms of electronic communication should be reserved for established patients of a healthcare practice who have provided consent to communicate electronically. Responding to or interacting with other individuals in the capacity of answering medical questions or providing medical advice could inadvertently trigger a duty to care.

### *Establishing Timeframes for Electronic Inquiry Response*

Patients should be aware of the timeframes in which they can expect to receive a response to electronic communications, such as emails and portal messages. Establishing and conveying standard timeframes will help healthcare practices reinforce expectations and boundaries

related to these communication methods. Additionally, timeframes can help practices prioritize care and communication so that the office isn't overwhelmed with electronic inquiries that divert time from patients who are most in need.

### *Developing Standard Disclaimers for Electronic Communication*

Disclaimers should specify the intended purposes of electronic communication and any limitations for which patients should be aware. As part of disclaimers, healthcare practices might want to include information about terms of use, patient privacy, and electronic services. For example, a disclaimer might include language stating that the electronic communication medium is intended for informational purposes and specified services only (e.g., prescription refills) and is not appropriate for diagnosis, treatment, or medical consultation.

### *Specifying Privacy and Security Features and Limitations of Electronic Communication*

Under state and federal regulations, healthcare providers and staff are required to maintain strict confidentiality and safeguard patients' protected health information. Providers and staff should be aware of the security capabilities and limitations of any electronic communication methods they use, including email and social media. Additionally, patients should understand these risks before they consent to communicate with the practice electronically.

### *Establishing Documentation Guidelines for Electronic Communication*

Communicating electronically can often be more convenient, quicker, and more casual than other types of communication. However, electronic interactions with patients should be documented in their health records with the same consistency and level of detail that healthcare providers would use with other forms of communication.

## **Managing Patient Complaints**

Even the most diligent healthcare practices will most likely encounter patient complaints on occasion. For this reason, practices should implement a complaint process that all providers and staff members can understand and follow. Every employee should be prepared to manage patient complaints promptly and according to office protocol.

When a complaint occurs, providers and staff should respond calmly and empathetically, while reassuring the patient that someone is available to help resolve the problem or issue. One simple set of recommendations for complaint management is a common customer service strategy called LEAP, which stands for:

- **Listen:** Stop what you are doing and give your undivided attention to the patient. Do not argue with the patient or interrupt with explanations. Repeat back to the patient to affirm your understanding of his/her complaint or concern.
- **Empathize:** Identify the patient's emotions and offer empathy. For example, "You must feel frustrated that you had to wait so long."
- **Apologize:** An apology can go a long way, particularly if a patient has a legitimate complaint. However, even if the validity of the complaint isn't clear, it is possible to apologize without admitting wrongdoing. For example, "I'm sorry that your appointment didn't go as you expected."
- **Plan:** Suggest solutions you can offer or strategies to resolve the issue. If you can't come to an immediate agreement, assure the patient that an appropriate staff member will follow up on the issue. Let the patient know when he/she can expect to hear from the practice.

#### Risk Tip

Place LEAP tips and reminders where they are easy to reference to enforce a consistent and reliable complaint management process.

The provider or staff member managing the complaint should document the issue, any resolution offered, and the commitment of any follow-up with the patient. The practice will need this information if the patient reports the complaint to the state medical board or subsequently files a malpractice claim. The information documented from patient complaints also can serve as an educational opportunity for staff.

In some cases, a patient making a complaint might become angry or aggressive. Whenever possible, have a designated employee available that has been trained in deescalating this

type of behavior. If a patient becomes threatening or violent, staff should seek help from law enforcement.

## Disclosing an Unanticipated Outcome

One of the most difficult types of communication in healthcare is disclosure of unanticipated outcomes. When an unanticipated outcome occurs, the patient and/or family should be informed and updated on a frequent basis regarding the patient's clinical status. The following tips can help frame the conversation and provide useful reminders about essential disclosure information:

- Use compassion, empathy, and good communication skills, including mindfulness of body language and eye contact.
- Clearly communicate the facts as they are known at the time of the disclosure.
- Offer an apology for the occurrence of the event if all of the facts and causes are not known. Offer an apology for the error if an obvious error occurred.
- Explain the plan of action relative to either continued investigation or changes being implemented to prevent similar incidents in the future.
- Ask whether the patient and/or family has questions or would like to clarify any information.
- Offer to help with any additional counseling needs, and provide the patient and/or family with the names of agencies they can contact to address their concerns or complaints.

### Risk Tip

When facing disclosure, keep in mind the relevance of apology laws, if applicable to the state(s) in which you practice. These laws protect certain statements, expressions of sympathy, and other evidence from being admissible in malpractice litigation, and they differ in the types of information and statements covered. Some states cover expressions of empathy or sympathy; others go further and protect admissions of fault. Consult with an attorney to get a correct interpretation of the laws in your state.

- Provide assurance that as more information becomes available, it will be shared with the patient and/or family.
- Identify a contact person who will have primary responsibility for continued follow-up with the patient and/or family. Doing so is critical to restoring trust and confidence.
- Keep in mind that the disclosure may not be well received, and the encounter could potentially be volatile. Further, the existing clinical relationship might not be sustainable. If so, or if the patient and/or family requests a different provider, create a plan for transitioning the patient's care.

MedPro Group's guideline *Disclosure of Unanticipated Outcomes* provides additional details and guidance about the disclosure process.

## Conclusion

Communication is one of the most important tools in providing quality patient care, improving patient satisfaction, and engaging patients in healthcare decisions. When patients understand health information and their treatment plans, they are better able to participate in the decision-making process, adhere to care recommendations, and manage their own health.

Healthcare practices can commit to effective patient communication by treating patients with respect and common courtesy, making a positive impression at all stages of the care process, measuring patient satisfaction, identifying communication gaps, and implementing corrective actions.

## Resources

- [Agency for Healthcare Research and Quality: Health Literacy Universal Precautions Toolkit](#)
- [Centers for Disease Control and Prevention: Health Literacy](#)
- [MedPro Group: Risk Tips: Communicating Effectively With Patients Who Have Limited English Proficiency](#)
- [MedPro Group: Patient Comprehension Checklist](#)

- [MedPro Group: Health Literacy and the Impact on Patient Care](#)
- [MedPro Group: Refunds & Waivers](#)
- [MedPro Group: Risk Q&A: Interpreters and Auxiliary Services](#)
- [MedPro Group: Risk Tips: Using Scribes to Document Clinical Care](#)
- [Office of Minority Health, U.S. Department of Health and Human Services: Center for Linguistic and Cultural Competency in Health Care](#)
- [Office of Disease Prevention and Health Promotion, U.S. Department of Health and Human Services: National Action Plan to Improve Health Literacy](#)

## Endnotes

<sup>1</sup> Leonard, M., Graham, S., and Bonacum, D. (2004). The human factor: The critical importance of effective teamwork and communication in providing safe care. *Quality and Safety in Health Care*, 13, 85-90.

<sup>2</sup> CRICO Strategies. (2018). *Medical Malpractice in America: A 10-Year Assessment with Insights*. Boston, MA: Author.

<sup>3</sup> Committee on Quality of Healthcare in America. (2001). *Crossing the quality chasm: A new health system for the 21st century*. Washington, DC: Institute of Medicine, National Academies Press.

<sup>4</sup> Davis, K., Schoenbaum, S. C., & Audet, A. (2005, October). A 2020 vision of patient-centered primary care. *Journal of General Internal Medicine*, 20(10), 953-957. doi: [10.1111/j.1525-1497.2005.0178.x](https://doi.org/10.1111/j.1525-1497.2005.0178.x)

<sup>5</sup> Thompson, J. (2011, September 30). Is nonverbal communication a numbers game? *Psychology Today*. Retrieved from [www.psychologytoday.com/us/blog/beyond-words/201109/is-nonverbal-communication-numbers-game](http://www.psychologytoday.com/us/blog/beyond-words/201109/is-nonverbal-communication-numbers-game)

<sup>6</sup> Segal, J., Smith, M., Boose, G., & Jaffe, J. (2016, April). Nonverbal communication. Retrieved from [www.helpguide.org/articles/relationships/nonverbal-communication.htm](http://www.helpguide.org/articles/relationships/nonverbal-communication.htm)

<sup>7</sup> Rogers, C. (2002, February). Your body language speaks loudly: Nonverbal communication makes patient more comfortable. The American Academy of Orthopaedic Surgeons. Retrieved from [www2.aaos.org/acadnews/2002news/b16-7.htm](http://www2.aaos.org/acadnews/2002news/b16-7.htm)

<sup>8</sup> Kutner, M., Greenberg, E., Jin, Y., & Paulsen, C. (2006). *The health literacy of America's adults: Results from the 2003 National Assessment of Adult Literacy* (NCES 2006-483). U.S. Department of Education. Washington, DC: National Center for Education Statistics.

<sup>9</sup> U.S. Department of Health and Human Services, Office of Disease Prevention and Health Promotion. (2010). *National action plan to improve health literacy*. Washington, DC: Author.

---

<sup>10</sup> National Network of Libraries of Medicine. (2013). Health literacy. Retrieved from <http://nnlm.gov/outreach/consumer/hlthlit.html>

<sup>11</sup> Agency for Healthcare Research and Quality. (2014, July 8). Improving cultural competence to reduce health disparities for priority populations. Evidence-based Practice Center Systematic Review Protocol. Effective Health Care Program. Retrieved from <https://effectivehealthcare.ahrq.gov/topics/cultural-competence/research-protocol>

<sup>12</sup> HealthIT.gov. (Updated 2014, September 4). Frequently asked questions: What are the advantages of electronic health records? Retrieved from [www.healthit.gov/providers-professionals/faqs/what-are-advantages-electronic-health-records](http://www.healthit.gov/providers-professionals/faqs/what-are-advantages-electronic-health-records)



## Appendix A. Sample Patient Satisfaction Surveys for Healthcare Practices

Dear Patient:

We value your opinion and want to improve our service. Please take a moment to complete this survey. Your responses are confidential. When you finish, please return the survey to the front desk in the reception area.

We appreciate your input!

1. How long have you been a patient of our practice?

- First visit
- 1-5 years
- 5-10 years
- More than 10 years

2. Why did you decide to seek treatment with us?

- Near home or business
- Referral by another patient
- Referral by a doctor
- Referral by a healthcare organization
- Telephone or internet listings
- Other: \_\_\_\_\_

3. Was making an appointment a simple process?

- Yes
- No

If no, please explain:

---

4. How would you rate the telephone service of our practice?

- Good
- Average
- Poor
- Doesn't apply

5. Once in our facility, were you treated in a friendly, polite manner?

- Yes
- No

If no, please explain:

---

6. How long did you wait in our reception area?

- Less than 15 minutes
- 15 to 30 minutes
- More than 30 minutes

7. How long did you wait in our exam room?

- Less than 15 minutes
- 15 to 30 minutes
- More than 30 minutes

8. Did you have enough time during your visit to address your concerns?

- Yes
- No

If no, please explain:

---

9. Were your problem and treatment plan explained in a way you could understand?

Yes

No

10. Are you comfortable asking questions about your treatment plan?

Always

Sometimes

Never

If sometimes or never, please explain: \_\_\_\_\_

11. Was our staff cooperative in helping with insurance coverage?

Yes

No

12. Was our staff helpful and polite?

Yes

No

If no, please explain: \_\_\_\_\_

13. What did you think of the inside of our office? *(Check all that apply.)*

Beautiful

Organized/efficient

Clean

Average

Disorganized

Shabby

Dirty

14. Was the reception area comfortable?

Yes

No

If no, please explain: \_\_\_\_\_

How can we improve our reception area? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Do you have other comments, concerns, or suggestions? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Thank you for taking the time to complete our patient satisfaction survey.



Dear Patient:

You recently visited our practice. Your opinion about the service you received will help us to improve our care and better meet your needs. Your responses will be kept confidential. Thank you for your help.

Please rate the following by circling the corresponding number or checking "Doesn't Apply"	Excellent	Very Good	Good	Fair	Poor	Doesn't Apply
<b>A. YOUR APPOINTMENT</b>						
Ease of making appointments by phone	5	4	3	2	1	<input type="checkbox"/>
Getting care for illness/injury as soon as you wanted it	5	4	3	2	1	<input type="checkbox"/>
The efficiency of the check-in process	5	4	3	2	1	<input type="checkbox"/>
Waiting time in reception area	5	4	3	2	1	<input type="checkbox"/>
Waiting time in exam room	5	4	3	2	1	<input type="checkbox"/>
Ease of getting a referral when needed	5	4	3	2	1	<input type="checkbox"/>
<b>B. OUR STAFF</b>						
Courtesy of the person who took your call	5	4	3	2	1	<input type="checkbox"/>
The friendliness and courtesy of the receptionist	5	4	3	2	1	<input type="checkbox"/>
The care and concern of our nurses/ medical assistants	5	4	3	2	1	<input type="checkbox"/>
The helpfulness of the people who assisted you with billing or insurance	5	4	3	2	1	<input type="checkbox"/>
The professionalism of our lab or X-ray staff	5	4	3	2	1	<input type="checkbox"/>

Please rate the following by circling the corresponding number or checking "Doesn't Apply":	Excellent	Very Good	Good	Fair	Poor	Doesn't Apply
<b>C. OUR COMMUNICATION WITH YOU</b>						
Your phone calls answered promptly	5	4	3	2	1	<input type="checkbox"/>
Getting advice or help when needed during office hours	5	4	3	2	1	<input type="checkbox"/>
Explanation of your condition, procedure, and/or treatment	5	4	3	2	1	<input type="checkbox"/>
Your test results reported in a reasonable amount of time	5	4	3	2	1	<input type="checkbox"/>
Effectiveness of our health information materials	5	4	3	2	1	<input type="checkbox"/>
Our ability to return your calls in a timely manner	5	4	3	2	1	<input type="checkbox"/>
Your ability to contact us after hours	5	4	3	2	1	<input type="checkbox"/>
Your ability to obtain prescription refills by phone	5	4	3	2	1	<input type="checkbox"/>



**medpro.com**

PATIENT SAFETY & RISK SOLUTIONS