

Failure to communicate is resulting in more and more lawsuits. A recent study by the National Institutes of Health reported that claim payouts due to communication breakdowns after diagnostic tests rose by \$70 million from 1991 to 2010 across all specialties. Between 2004 and 2008, communication failures accounted for 4% of lawsuits and 7% of total legal cost according to the Controlled Risk Insurance Co./Risk Management Foundation (CRICO).

Of the cases studies, the most common scenarios associated with communications problems were failure to notify the patient of the test result, telling the patient of an incorrect result and failing to notify the referring clinician.

There are a multitude of reasons why communication sometimes fails including the arrogance or carelessness of the persons involved in the needed medical communication.

Failure to communicate involves all members of the healthcare team such as: 1) the patient who fails to communicate allergies to medication, 2) radiology and lab personnel who fail to communicate the results of tests, 3) nurses who fail to communicate changes in the patient's condition, and 4) physicians who fail to communicate the plan of care to other physicians and team members.

The American Nurses Association establishes the Scope and Standards of Nursing Practice. Standard 11 of this document states "The registered nurse communicates effectively in a variety of formats in all areas of practice." Because the nurse provides direct patient care for the greatest amount of time in any practice setting, they are often held responsible for the transfer of information from one team member to another. The registered nurse must demonstrate the following competencies in order to satisfy Standard 11.

- Conveys information to healthcare consumers, families, the interprofessional team, and others in communication formats that promote accuracy.
- Questions the rationale supporting care processes and decisions when they do not appear to be in the best interest of the patient.
- Discloses observations or concerns related to hazards and errors in care or the practice environment to the appropriate level.
- Maintains communication with other providers to minimize risks associated with transfers and transition in care delivery (hand-off communication).
- Contributes her or his own professional perspective in discussions with the interprofessional team.

The medical record is a crucial means of communication with colleagues. This means that nursing documentation cannot be ambiguous such as stating "no change in condition". This statement may have different meanings, depending on the perspective of the person observing the patient.

Another means of crucial communication is calling the physician at any time there is a critical need to do so, day or night. This includes notifying the physician and other team members of significant changes in the patient's condition or lack of appropriate response to medical care.

Let's not leave the patient out of the discussion concerning communication. Nurses also have a duty to communicate with the patient and family members. Not listening to what the patient is trying to communicate can have disastrous consequences.

Source: American Nurses Association (2010). Nursing Scope and Standards of Practice, 2nd Edition.