

# Better Communication Equals Better Patient Outcomes

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# Disclosure/Disclaimer

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- I do not have any relevant financial relationships with any commercial interests.
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# Objectives

- Participants will:
  1. List the important elements of handoff reporting.
  2. Restate how to disseminate appropriate patient information to custody and health staff.
  3. Recognize nursing leadership's role in handoff reporting.

# Communication

- *Communication is the heart of nursing...your ability to use your growing knowledge and yourself as an instrument of care, caring and compassion.*

*JoEllen Goertz Koerner 2010*

# Communication

- Communication involves the reciprocal process in which messages are sent and received between two or more people.
- Communication is expressed in both verbal and non verbal expression.

*"I'm sorry....did I roll my eyes out loud?"*

# Relevant NCCHC Standards

- J-B 08 ( Important) Patient Safety
  - Facility staff implement systems to reduce risk and prevent harm to patients.
  - “ Maintaining patient safety requires a multifaceted approach. This includes *communication between health and custody staff* and proactive measures to avoid patient injury.”

# Relevant NCCHC Standards

- J-B-07 (essential) Communication on Patient's Health Needs.
  - "Communication between custody and health staff helps make both groups aware of special considerations with inmate movement and decisions regarding special needs patients."

# What is a Hand-Off Report

- Joint Commission defines a hand-off report as:
  - “A hand-off is a transfer and acceptance of patient care responsibility achieved through effective communication. It is a real time process of passing patient specific information from one care giver to another or from one team of caregivers to another for the purpose of ensuring the continuity and safety of the patient’s care.”



# Typically

- Health care professionals typically take great pride and exert much effort to meet patient needs and provide appropriate, adequate, and quality care to their patients.
- A common problem that happens during the hand-off report is communication:
  - Giving information
  - Receiving information.

# Nurse Blake:

## Types of Nurses Giving Reports

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- The chill one
- The late one
- Passive/aggressive one
- The impatient one
- The confused one
- The drama queen
- The question asker
- The talker
- The distracted one
- The complainer
- The fast talker
- The slow talker

# Potential for Patient Harm

- From minor to severe
- Receiver gets information that is inaccurate, incomplete, not timely, misunderstood.
- Many factors can lead to fails in hand-off's:
  - Healthcare provider training
  - Healthcare provider expectations
  - Language barriers
  - Cultural/ethnic considerations
  - Inadequate, incomplete or nonexistent documentation
  - May be conducted too casually and should be more structured.

# Hand-off Reporting

- It is critical to be well prepared for the report, that handoff, that recounting of what it is you know about the patient's condition, progress, the plan of care and what you know will happen in the next shift ahead".
- \*Nclex Mastery

# Correctional Facilities

- Differ from hospital settings:
  - No set patient-nurse ratio
  - May be responsible for patient's in different units/buildings
  - Have to contend with custody rules/policies
  - Must communicate patients special needs to custody
  - May have vast levels of patient care being provided at each facility.
    - Medical unit/Infirmary
    - General population pods/units
    - Specialty units ( dialysis, mental health units, medical isolation cells, custody lockdown cells).

# Treat Others As You Would Want to Be Treated.

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- As a nurse you must treat co-workers and patient's with:
    - Truth
    - Accuracy
    - Respect
- \*Keeping in mind that people may try to con the nurse for something for their own gain.\*

# Communication Skills

- You must be able to convey the information you are reporting in a clear, concise manner.
- You must also have good listening skills to be able to receive the information that is being given to you.
- If something is unclear ask questions.

# Language Barriers

- If you encounter a language barrier there are many mobile/computer applications that can translate the English language to the needed language.
- If you suspect that someone is not receiving or understanding the information you are providing ask them to explain the information you just gave them for clarification



# Have You Ever????

- Gone to see a patient you received report on and when you arrived the information you received did not make sense?
- Keeping in mind that patient conditions can change, does any of the information you received (if you received any) fit that patient?
- Did the timeline of the patient's condition/evaluation/re-evaluation make sense?
- When was the timeline from the information to when you saw the patient?

# Key Components of Nursing Reports

- Preparation:
  - Collect and record all relevant data for each patient.
  - Begin preparing far enough in advance to on coming shift arrival
- Presentation:
  - Give brief synopsis of the patient's medical history, reason for admission to infirmary (if applicable) and the shift events including vital signs, medications/treatments given, diagnostic study results, and re-evaluations.
- Cover all issues:
  - Plan of care, any safety issues, upcoming procedures/treatments/medications
- Clarification:
  - Ask if the receiving nurse has any questions and answer those questions.

# The Report

- Have all the information you will convey to the oncoming nurse available, be well prepared.
- Make sure the report information is accurate and up to date/time.
- *Anticipate* what issues, problems, treatments, care, and questions that might arise during the next shift.
- Mention all emergencies that occurred during your shift.
- Mention any safety issues that occurred or are present. (dorm fight, elevator under repair, medication/supply issues, broken equipment)

# Think Ahead

- You as the nurse giving report, YOU will determine what is important, yet the receiving nurse should have the opportunity to ask questions for clarification.
- What patient's will you give report on?
- Who will you be giving report to?
- Where will you be giving report?

# What Information Is Important?

- This may vary depending on the types of patients you have on any given shift.
- Decide which patient's you must report on.
- Include the following information:
  - Patient status
  - Patient diagnosis
  - Medications/treatments given on your shift and response
  - Pending treatments, medications, procedures, provider visits, re-evaluations, transfers.
  - Pending phone calls (from providers, pharmacies)

# Who to Report On

- All patient's in infirmary/medical unit.
- Patients on suicide watch.
- Patients who had chronic care issues.
- Any patients who were treated for an "emergency" within the facility and disposition.
- Any patient's returning/coming from the hospital.
- Any patient's who required ***non-scheduled*** medication for a medical/dental/mental health issue.
- Any patient's who have a medical order for observations/treatments.
- Any pending diagnostic study results.
- Any pending phone calls regarding patient care.

# The On-coming Nurse

- The nurse or nurses coming on shift will consciously or subconsciously note:
  - Have you described fully the patient's current condition or will they find things that you have missed on assessment?
  - Have you given them the pertinent facts about the patient's on-going situation, did you anticipate anything for their shift?
  - Do you know the patient's plan of care?
  - Have you presented the patient to them with the confidence and detail they would expect of a professional?

# HIPAA/Privacy Rule

- HIPAA: Health Insurance Portability and Accountability Act; Federal Law 1996 to protect sensitive patient health information.
- Privacy Rule: Covered entities may disclose the patient health information (PHI) of inmates without their authorization to correctional institutions or law enforcement officials who have lawful custody of an inmate for the purpose of providing health care to the inmate or for the safety of the inmate, other inmates, the officers and employees of the institution and others in the facility, and those responsible for inmate transfer.



# Dissemination of Appropriate Patient Information

- Writing patient transfer/summary forms
- Facility forms/computer entries for patient special needs
  - Special housing
    - Lower bunk, medical isolation, mental health, medical infirmary, general population, medical surveillance of inmate workers
  - Medical diets
  - Any restrictions on patient activity
  - Hunger strike observations
- Review of outside provider/transfer documents
  - Lab values, other diagnostic tests
  - Hospital discharge instructions
  - Provider instructions/orders
  - Transfer summary

# Custody and Health Care Staff: Communication of Special Needs

- Dialysis
- Pregnancy
- Diabetes
- Seizures
- Frail or Elderly
- Terminal illness
- Mental illness/suicidal ideations or attempt
- Communicable Disease
- Physical/sexual abuse
- Gender issues
- Adolescents in adult facilities
- Physical/mental contraindications to restraint/seclusion
- Developmental/intellectual disabilities
- Withdrawal from alcohol/drugs

# Accurate Information = Better Decisions By Custody Regarding Patients Special Needs

- Housing
- Work assignments
- Program assignments or selection\disciplinary measures
- Transporting to and from outside appointments/court
- Admissions to and transfers from facilities
- Activities of daily living

# Nursing Leaderships Role

**Demonstrate leadership's commitment to successful hand-off's and other aspects of a safety culture.**

- Focus on improving the organization's systemic approach to hand-offs rather than singling out individual errors.
- Provide time, support, budget resources to hand-off quality improvement initiatives.
- Make successful hand-offs an organizational priority and expectation.
- Provide translation services available to all staff.

# Nursing Leaderships Role

- **Standardize critical content to be communicated by the sender both verbally and in written form.**
  - Avoid making hand-offs using solely electronic or paper communications.
  - Standardize tools and methods (forms, templates, checklists, and protocols to communicate to receivers.
  - Use mnemonics such as
    - SBAR (situation background, assessment, recommendation)
    - I-Pass (illness severity, patient summary, action list, situation awareness/contingency plans, synthesis by receiver)

# Nursing Leaderships Role

- **Standardize training on how to conduct a successful hand-off from both the sender and receiver standpoint**
  - Engage staff in training
  - Identify champions and coaches to promote quality improvement
  - Emphasize teamwork, trust, situational awareness, roles and responsibly
  - Encourage staff to dedicate ample time and opportunities to ask questions.
- **Have hand-off communication in locations free from interruptions**
  - Have a consistent location and time
  - Have a workspace conducive for sharing patient information while maintaining confidentiality
  - Use this time to consult, discuss, and ask and answer questions.

# Nursing Leaderships Role

- **Monitor the success of interventions to improve hand-off communication, and use lessons to drive improvement.**
  - Monitor the effectiveness of team members
  - Measure the specific high impact causes of a poor hand-off, and target solutions to those causes.
  - Collect data derived from adverse events with poor hand-offs as a contributing factor and use this for an organizational approach to performance improvement.

# Nursing Leaderships Role

- **Sustain and spread best practices in hand-offs and make high quality hand-offs a facility priority.**
  - Hand-off should be highly reliable, conducted in a high quality manner for every patient, every day with every transition of care.
  - Achieving this level of performance requires strong leadership, resources, and effective implementation of a successful hand-off program.



# Nursing Leadership Role

- Should be a collaboration between health care and custody administrators regarding policies and procedures of communication dissemination.
- Quality Improvement should include the monitoring of patient special needs information disseminated between medical and custody staff members.

# In Summary

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- The oncoming nurse will know you care about them and the patient by the completeness, quality, and confidence in your hand-off report.

# Any Questions?



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