

*Communication plays key role
in medico-legal issues*

Good Communication Is Good Medicine

By Emily Paulsen

33%

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Communication—in patient care, documentation, referrals, employee relations, and other areas—is an important part of creating a healthy workplace for employees and a caring, safe environment for patients. It can also help your practice avoid medico-legal issues.

According to a 2015 analysis by CRICO, the insurance program that serves Harvard medical institutions, approximately one-third of medical malpractice cases involve

communication failures. Breakdowns in communication can happen at any time in the care process but most commonly occur when transitioning care, preparing documentation, educating patients, and obtaining informed consent. For example, data from the Joint Commission Center for Transforming Healthcare indicate that 80% of serious medical errors involve miscommunication between health care professionals during transitions of care.



“Good communication is good medicine,” says Arnold Mackles, MD, MBA, a patient safety expert who developed a series of continuing medical and nursing education courses for health care technology company The Sullivan Group. He points out that hospitals that have lower rates of medical errors than others also score well on patient satisfaction surveys, which often reflect the quality of communication at the institution. He believes this same correlation would hold true for medical practices: good communication reduces errors and increases satisfaction.

Time pressures, virtual office visits, and requirements associated with multiple payers can all complicate communication. Practices need to establish policies, procedures, and training programs to ensure that necessary information is communicated correctly and effectively. The following recommendations can help improve communication and reduce medico-legal risk for medical practices.

Teamwork: As some states and organizations relax restrictions on the independence of NPs, PAs, and other advanced practice providers, Mackles urges physicians to communicate regularly with other clinicians providing care to their patients. Advanced practice providers can provide excellent care and play a critical role in increasing access to care but still need a physician’s supervision, Mackles says: “I’ve seen cases where the [advanced practice provider] made the decision, and it wasn’t really discussed with the doctor in detail. [Advanced practice providers] are well trained, but they don’t have the extent of training that the doctor has.”

Appropriate use of EHRs: Although checklists and dropdown menus may speed up documentation in EHRs, Mackles warns providers to double check their entries. It is far too easy to select the wrong drug or dose. He also urges providers to use the free text space to “tell the story” of the patient encounter, even if it means repeating information from elsewhere in the chart. He advises against cutting and pasting, which could lead to a credibility problem if the chart becomes part of a legal claim. “I tell doctors that the medical record is their best friend because three or four

years later, if something happens and you wrote good notes, you will have an accurate record of the care you provided. But if you have skimpy notes, it’s harder to defend what you did,” he says.

Effective referrals: Physicians make more than 100 million referrals each year. Yet, according to a 2017 report from the Institute for Healthcare Improvement, only one-half are completed. Missing information, incompatible EHR systems, and human error all play a role in this problem. Mackles advises staff to follow up by phone or email to confirm that the receiving practice has the information it needs. Complicated cases may require physician-to-physician consultation. Specialists should make sure to communicate their findings to the referring physician.

Laboratory tests: A 2012 systematic review conducted by the Centre for Health Systems and Safety Research at Australia’s University of New South Wales found that up to 62% of laboratory tests and 35% of radiology results are not properly followed up, leading to missed diagnoses and delayed treatment. The Joint Commission has made improved communication of test results a 2021 National Patient Safety Goal for laboratories, but Mackles urges the same for medical practices. “Physicians have to have systems in place whereby any test you order is followed and monitored to make sure results come back and are acted on,” he says.

Patient education and informed consent: Mackles, who practiced neonatology for more than 20 years before becoming a patient safety consultant, explains that patients and families under stress often have trouble understanding what clinicians are explaining to them. He suggests using a teach-back or read-back technique in which you ask the patient, “How would you explain your treatment/procedure to your loved one?” He adds that practices should make sure that the hard copy of the consent form is scanned into the patient’s medical record.

Following recommendations like these can help close the communications loop with staff members, patients, colleagues, and other members of the health care team.



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