



# Medical Errors

How Your Healthcare  
May Be Harming You

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# **SESSION 4**

## **COMMUNICATION ERRORS**

# Plan for the Course

- Session 1: Introduction and Definitions
- Session 2: Diagnostic Errors
- Session 3: Medication Errors, Surgical Errors
- **Session 4: Communication Errors**
- Session 5: US Healthcare System/Industry
- Session 6: Science and Technology
- Session 7: Comparison with Other Countries
- Session 8: Solutions, Reduction, Prevention

# Plan for the Session

- Communication Errors
- Handovers
- Barriers to Communication
- Language Issues
- Communication Tools
- Low Literacy
- Health Literacy

# COMMUNICATION ERRORS

# Communication Errors

- Especially common in hospitals, where patients are cared for by a team of doctors, nurses, and ancillary and surgical staff.
- Can happen in offices and small clinics.
- If medical personnel do not maintain an open line of communication, errors can occur.



# Communication Errors

- Communication errors can have a significant impact on the type of care that a patient receives and their ultimate well-being.
- Hospital communication errors can lead to:
  - Onset of a new injury or illness
  - Worsened severity of a current illness or injury
  - Need for more invasive advanced medical treatment
  - Death

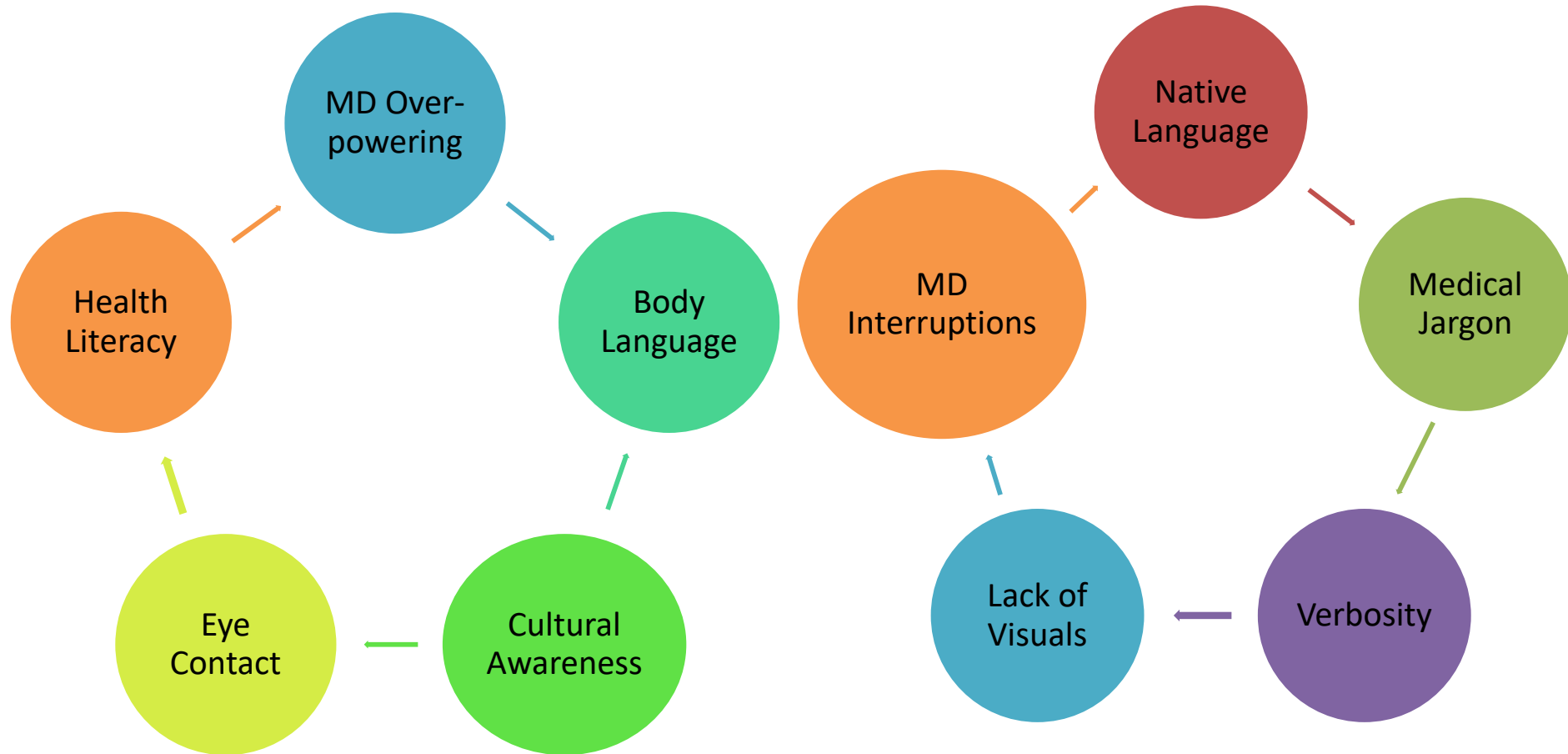


# Clinician-Patient Communication

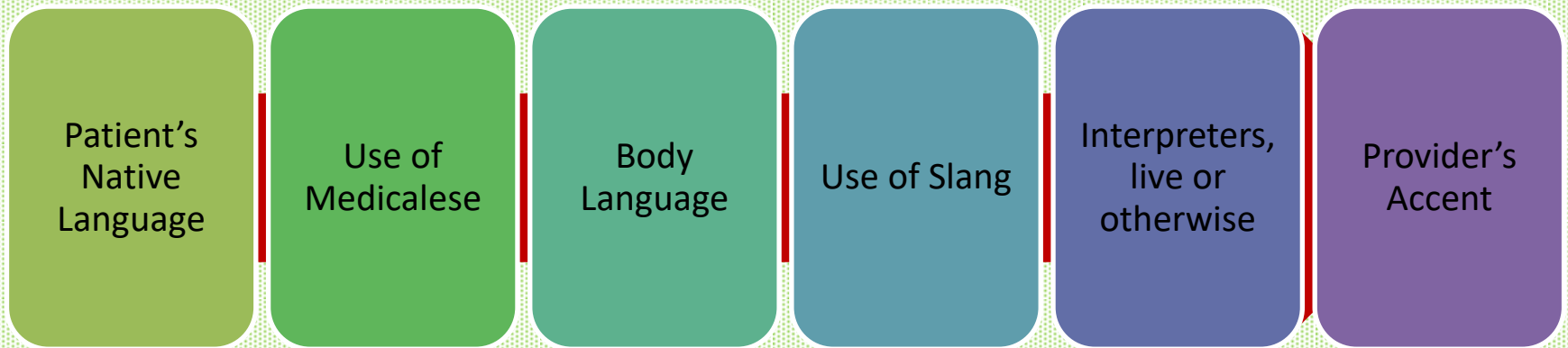
- Both parties must ensure that any communicated information has been understood.
- Poor communication causes misunderstandings about medications and follow-up instructions, resulting in patient harm.
- Poor communication can result in inadequate informed consent, and lead to lawsuits.

# Barriers to Communication

## Physician to Patient



# Language Blocks



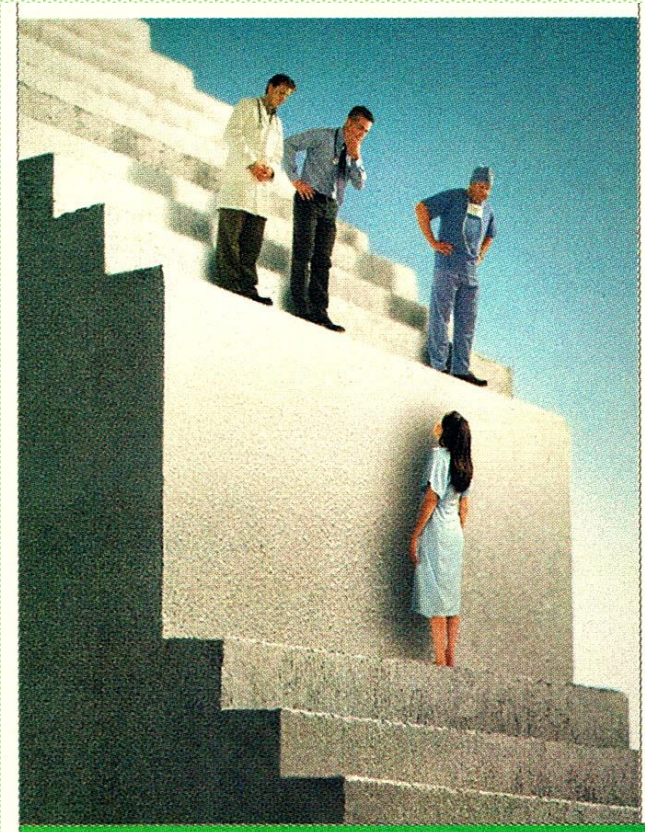
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Patient's  
Native  
Language

- Patient's language may not have a word for it
- Some terms or items may be taboo
- Word concepts may be totally foreign:
  - fractions
  - at bedtime
  - with meals

## Use of Medicalese

- Providers often use technical medical terms
- May intimidate patient
- Risk mis-understanding or non-understanding
- Creates real authority and communication barriers





## Body Language



- Standing vs sitting
- Looking down on patient
- Crossing arms
- Looking at watch
- Tapping on desk

## Use of Slang

- USA English is not the only English
- Words may have inappropriate meanings
- Intentions may be misunderstood
- Idioms and negatives should be avoided





# Use of Negatives

When Asian patients are asked the question:

“You haven’t taken your medications yet today?”

- In most Asian language grammars, the accurate answer would be YES, because the statement would be correct.
- The physician will then get the incorrect idea that the patient IS taking the medication.

# Other Englishes

- In England, S. Africa & Australia, the word “fanny” is a derogatory term for a woman’s genitals:
  - A British female patient was shocked when told that she would get a shot in the fanny
  - Imagine the confusion of a British male patient!
- In Dutch, *douche* means shower; in US, it is a form of personal feminine hygiene.
  - An American woman was surprised when her Dutch nurse told her it was time for a douche!

# Other Englishes

- During birth control class, the instructor referred to a condom as a *rubber*.
- British patients could not understand how to use an eraser for birth control (in Queen's English, a *rubber* is an eraser).
- In the deaf culture, *positive* is good; John was told in sign language that his HIV test was positive, and he was happy, because he thought the test was good, so that he didn't have the disease.


# Other Cultures

- Orientals, in general, consider it disrespectful to contradict or say NO to an authority figure.
- A Chinese patient was told that her gall bladder operation was scheduled for Tuesday, and she agreed.
- She never showed up.
- She never agreed to the surgery, she said YES just to not contradict the Doctor.

Interpreters,  
live or  
otherwise

- Family members, especially minors, should not be used
- Provide short, easy sentences
- Use phone apps with caution, avoid ChatGtp
- Video services are better, but still not optimal





Provider's  
accent

- One-third of physicians in US are IMG's.
- Mispronunciations may cause erroneous interpretations of provider's advice or orders.
- Patients may completely misunderstand the practitioner's statements.
- Miscommunication of medications or procedures may cause errors in the treatment.



# Provider's Accent

- Doctors with accents are perceived as less competent than their peers.
- In a study, some participants heard a doctor with a Chinese accent, while others heard a doctor with a Canadian accent.
- Both groups rated the doctor with a Chinese accent as less competent than the doctor with a Canadian accent.



# Provider's Accent

- People sometimes assume that a person who speaks with a foreign accent possesses negative traits and personality characteristics.
- If a doctor was delivering either good or bad news about the patient's cholesterol levels or cancer, a Chinese-accented doctor's competence was judged more negatively than the Canadian-accented doctor.
- Both doctors were deemed less competent when delivering bad news than good news.

# Poor Communication

Decreases quality of care

Produces poor patient outcomes

Wastes resources

Increases healthcare costs

# Effective Communication

Improves quality of care and patient outcomes

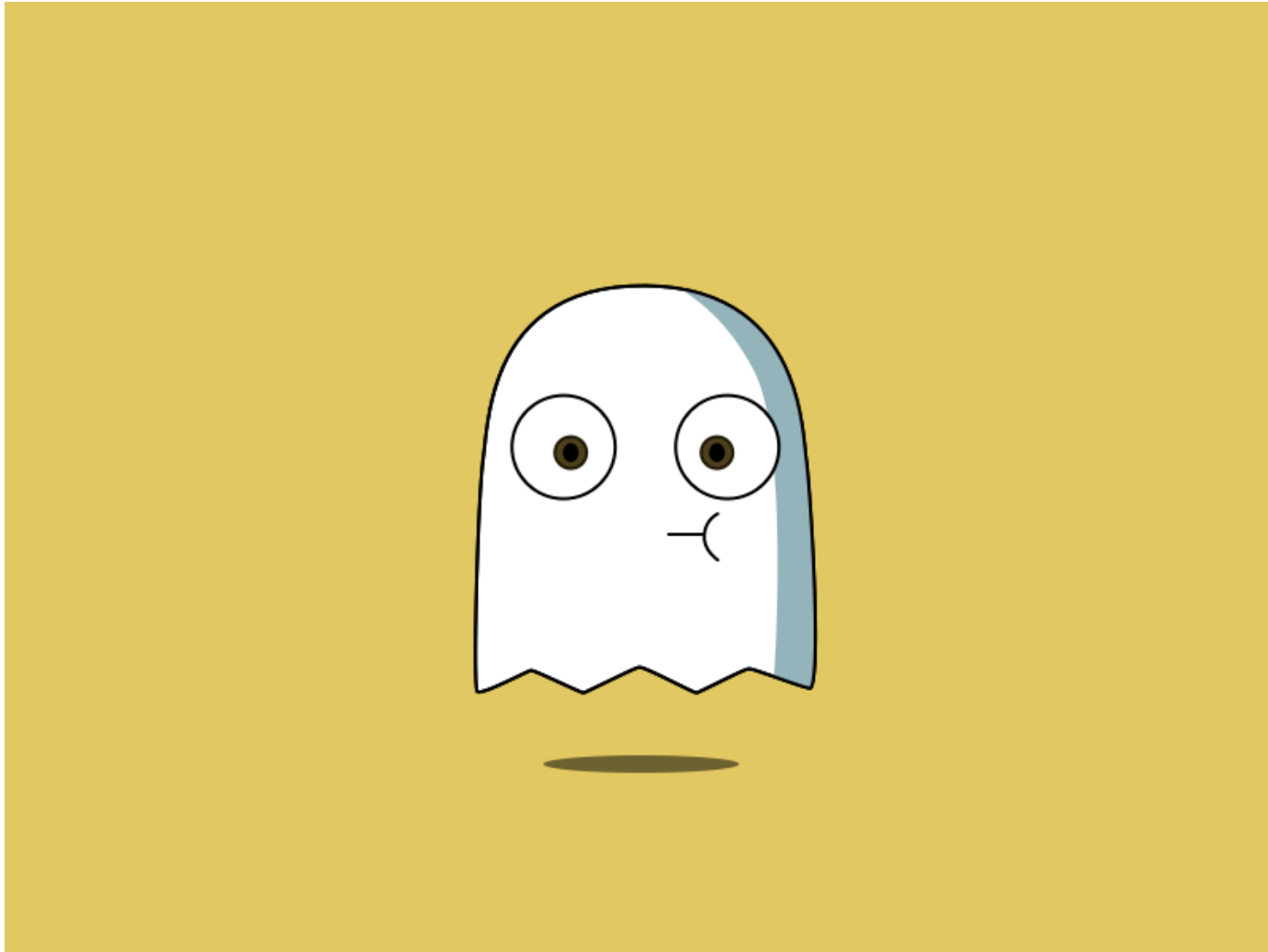
Enhances patient experience and satisfaction scores

Reduces healthcare costs

Reduces stress and prevents clinician burnout

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# Questions? 1



SBAR  
I-PASS  
Ticket to Ride  
RELATE  
AWARE  
STICC  
BATHE  
Ask Me 3

# PATIENT HANDOVERS COMMUNICATION TOOLS

# Patient Handovers

(Handoffs)

Transfer of professional responsibility and accountability for some or all aspects of care for a patient, or groups of patients, to another person, like a clinician, nurse, or group of professionals on a temporary or permanent basis.

# Handovers

- Joint Commission found that 80% of serious medical errors resulted from miscommunication during patient handovers.
- Incorrect information can cause delays in essential tests and interventions, or lead to wrong treatments, procedures, or medications.
- Safety experts found that 7K of 23K (30%) malpractice lawsuits could be attributed to communication failures, with \$1.7 B in malpractice costs and 2K preventable deaths.

# Patient Handovers

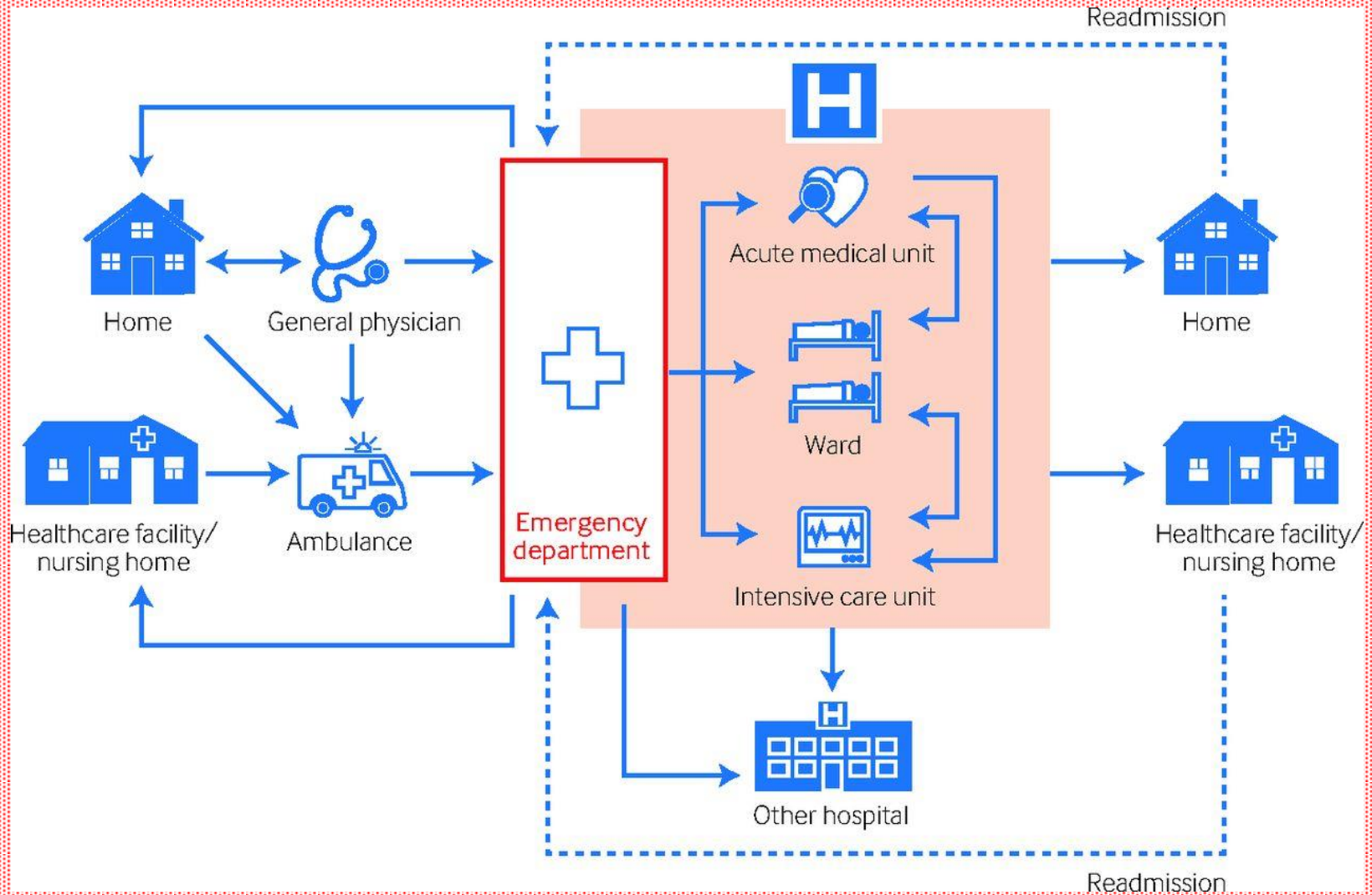
- Patient handoffs can be:
  - permanent -> the provider will not get the patient back
  - temporary -> the provider will get the patient back
- Patients can be handed over up to 15 times during a five-day hospitalization, and a doctor might participate in 3K handovers a month.



# Patient Handovers

- Commonly used tools to structure handovers usually do not include patient involvement.
- The patient is the only constant factor in the care process and can provide valuable information during handovers.
- Involve the patient and caregiver whenever possible, during informal moments at the bedside, and also during formal handovers.

# Handover Points: In and Out-Patient



Merten et al. BMJ 2017;359

# Handover Points

- The EMS system and EMTs/Ambulances are a critical part of patient handovers.
- EMT pre-admission communication with the ER physician will generate the *Chief Complaint* which will get passed on to the nurses, MDs, trainees and therapists.
- Unless a standardized format on paper or tablet exists, the chance for harmful errors and routing to a wrong pathway may occur.

# HANDOVER TOOLS

# SBAR Tool

- The World Health Organization (WHO) recommends the use of SBAR as a tool to standardize handover communications.
- It is well recognized in the literature that one system does not fit all settings and that local adaptations may be needed.
- ISBAR adds patient **I**dentify.

# SBAR Tool

- **Situation:** What is happening?
- **Background:** History, risk factors, pathology
- **Assessment:** This is what's happening!
- **Recommendations:** Let's do this.

# The 5 P's

- **P**atient
- **P**lan
- **P**urpose
- **P**roblems
- **P**recautions



# I-PASS

- Tool to standardize verbal handoffs between clinicians and improve communication and patient safety.
- Stands for :
  - Illness severity
  - **P**atient summary
  - **A**ction list
  - **S**ituation awareness and contingency planning
  - **S**ynthesis (or **S**ummary) by receiver
- Implementing I-PASS resulted in a 30% reduction in medical errors and a 23% reduction in preventable adverse events.

# “Ticket to Ride”

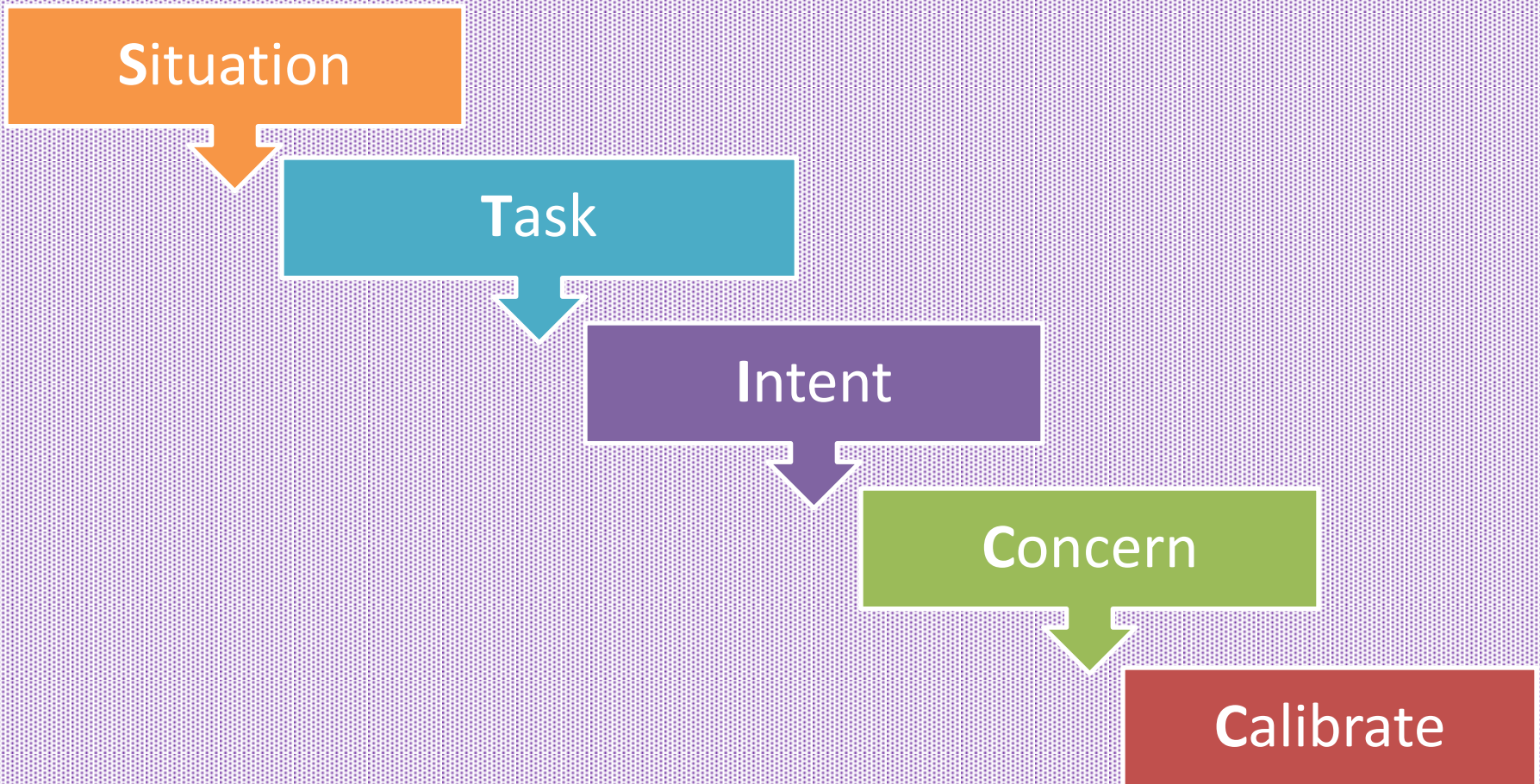


- In temporary handoffs the risk is that the temporary provider may not have enough time to get the information needed to provide safe patient care.
- The “ticket-to-ride” tool can be used to provide temporary providers with a synopsis of the patient's condition while absent from the floor or unit.

# “Ticket to Ride”

- Basic information for brief patient handovers used in short-term care
- Nurse hands the patient off to a transporter and gives information about the patient’s needs recorded on a simple form: “The ticket”.
- Person receiving the patient now has the information needed to keep the patient safe.

# STICC Protocol



# S.T.I.C.C. Protocol

- **Situation:** Explain the situation and the problem.
- **Task:** Explain the recommended course of action.
- **Intent:** Explain why that action should be taken.
- **Concern:** Explain issues that may arise and what to look for.
- **Calibrate:** Invite the patient to express any concerns, question what they don't understand and what reason(s) may prevent a planned action.

# **TOOLS to IMPROVE PATIENT EXPERIENCE**

# Ask Me 3

- Tool created by the National Patient Safety Foundation, as an effective way for patients to actively participate in their doctor appointments.
- The goal of this tool is for patients to understand the answers to the following questions:
  - What is my main problem?
  - What do I need to do?
  - Why is it important for me to do this?





# R E L A T E Model



# AWARE Model

## to Improve Patient's Experience



Announce presence  
and identify self



Welcome the  
patient and smile



Ask if there is  
anything the patient  
needs



Review the  
interaction



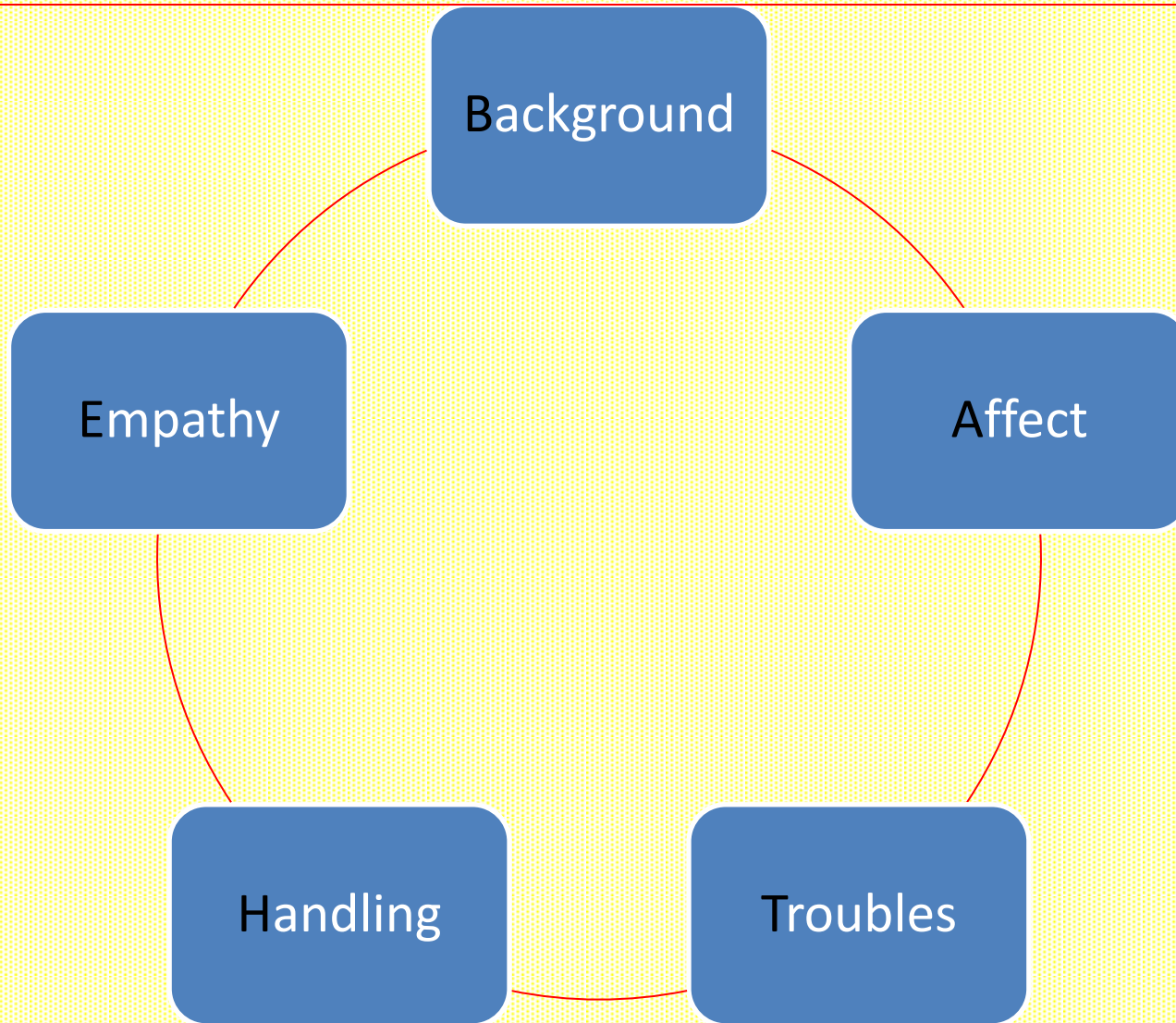
Explain why visit was  
important and set  
follow-up date



Exit with  
kindness.



# B.A.T.H.E. Protocol



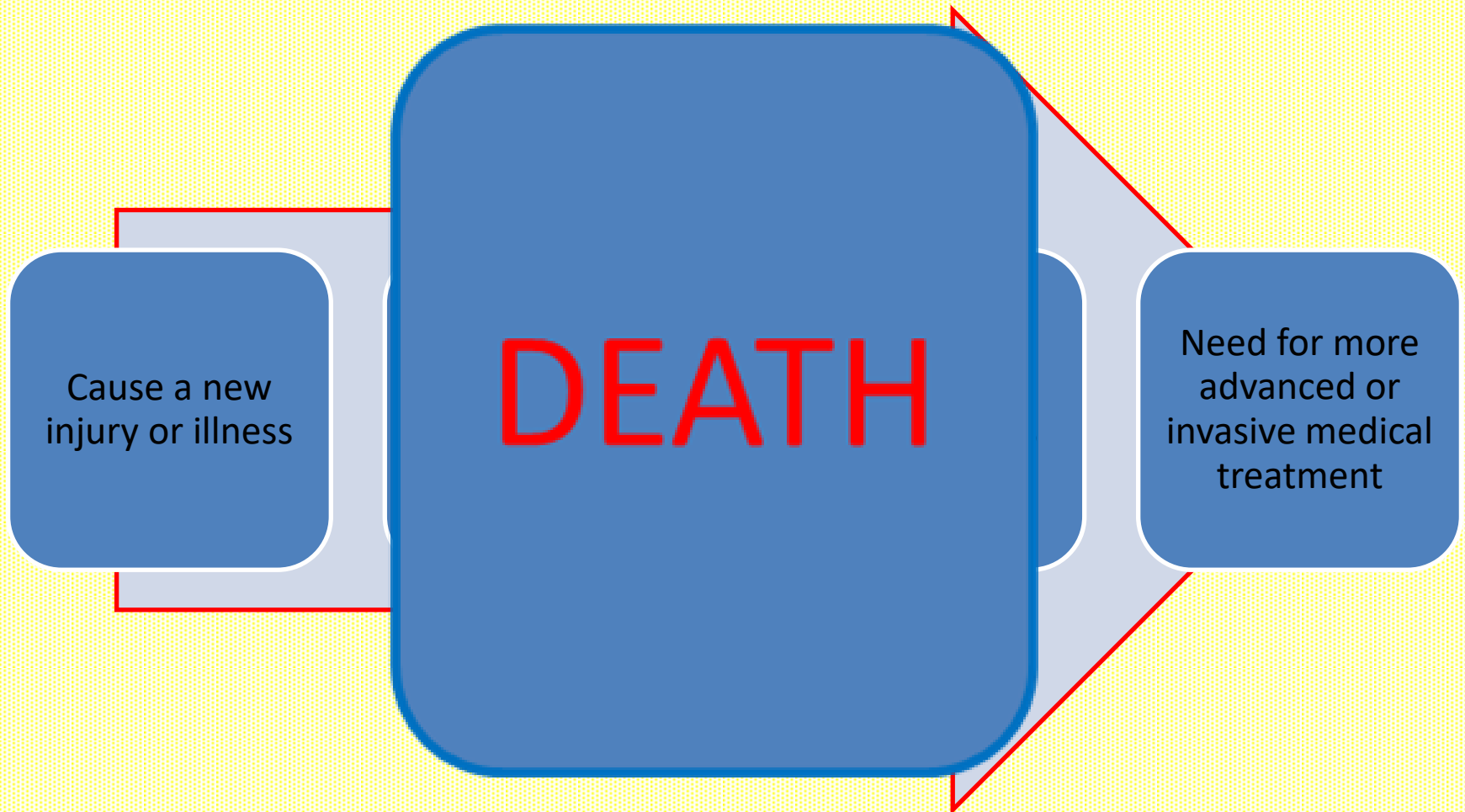
# BATHE Protocol

- **Background:** What's going on in your life?
- **Affect:** How do you feel about that?
- **Trouble:** What troubles you most about this?
- **Handling:** How are you handling that?
- **Empathy:** That must be very difficult for you.

# Patient Interruptions

- In 29 FP offices, at the start of a visit, physicians typically interrupted patients and redirected their opening statements after an average of 23 seconds.
- Once redirected, patients rarely return to their list of concerns, leaving unvoiced items that never get addressed during the visit:
  - worries about a possible diagnosis and what the future holds
  - patients' ideas about what is wrong
  - medication side effects
  - not wanting a prescription
  - information relating to social context

# Communication Errors Complications



# Questions? 2





# HEALTH LITERACY

# Personal Health Literacy

## Old Definition

The degree to which individuals have the capacity to obtain, process, and understand basic health information and services needed to make appropriate health decisions.

# Personal Health Literacy

## New Definition

The degree to which individuals have the ability to find, understand, and use information and services to inform health-related decisions and actions for themselves and others.

US HHS Healthy People 2030

# Organizational Health Literacy

## New Definition

The degree to which organizations equitably enable individuals to find, understand, and use information and services to inform health-related decisions and actions for themselves and others.

US HHS Healthy People 2030

# The New Definitions

- Emphasize people's ability to use health information rather than just understand it.
- Focus on the ability to make “well-informed” decisions rather than “appropriate” ones.
- Acknowledge that organizations have a responsibility to address health literacy.

# patients with low **HEALTH LITERACY...**



Are more likely to visit an  
**EMERGENCY ROOM**



Have more  
**HOSPITAL STAYS**



Are less likely to follow  
**TREATMENT PLANS**



Have higher  
**MORTALITY RATES**

[www.cdc.gov/phpr](http://www.cdc.gov/phpr)



# Health Literacy

- Patients should not be blamed for not understanding information that has not been made clear.
- Everyone is at risk of misunderstanding health information that is complex or emotionally charged.
- Health professionals believe they are communicating accurate information, and patients may believe they have understood directions but may be embarrassed to ask questions.



# Health Literacy

- It is difficult to separate evidence-based information, especially online, from misleading ads and gimmicks.
- There are also challenges in understanding how to select insurance plans and benefits.
- Communicating “risk” in an effective and fair way is a challenge for provider and patient.

Level	Sample tasks	Significance
1	<ul style="list-style-type: none"> <li>• Sign name</li> <li>• Find a country in short article</li> <li>• Find expiration date on license</li> <li>• Locate one piece of information in a sports article</li> </ul>	<ul style="list-style-type: none"> <li>• Functionally illiterate</li> <li>• Unable to perform level 2 tasks</li> </ul>
2	<ul style="list-style-type: none"> <li>• Enter background information on a Social Security application</li> <li>• Find intersection on street map</li> <li>• Locate two pieces of information in a sports article</li> </ul>	<ul style="list-style-type: none"> <li>• Marginally literate</li> <li>• Unable to perform level 3 tasks</li> </ul>
3	<ul style="list-style-type: none"> <li>• Write a brief letter explaining an error on a credit card bill</li> <li>• Enter information into an automobile maintenance record</li> <li>• Identify information from a bar graph</li> </ul>	<ul style="list-style-type: none"> <li>• Functionally literate</li> <li>• Unable to perform level 4 tasks</li> </ul>
4	<ul style="list-style-type: none"> <li>• State in writing an argument made in a lengthy newspaper article</li> <li>• Explain difference between two types of employee benefits</li> <li>• Compare two metaphors used in a poem</li> </ul>	<ul style="list-style-type: none"> <li>• Functionally literate</li> <li>• Unable to perform level 5 tasks</li> </ul>
5	<ul style="list-style-type: none"> <li>• Summarize the way lawyers may challenge prospective jurors</li> <li>• Compare approaches stated in a narrative on growing up</li> <li>• Use table comparing credit cards to write about differences between them</li> </ul>	<ul style="list-style-type: none"> <li>• High-level literacy</li> </ul>

# National Adult Literacy Score

## (NALS)

- NALS is a measure of the literacy skills of adults in the United States, and it's based on the results of the National Assessment of Adult Literacy (NAAL) and the Program for the International Assessment of Adult Competencies (PIAAC).
- The latest 2017 available data from PIAAC, shows an average US score of 264 out of 500 points.
- This is slightly higher than the average score of 262 in 2012 and 2014.

# Program for International Assessment of Adult Competencies

PIAAC is a cyclical, large-scale study of adult cognitive skills and life experiences (literacy, numeracy and digital problem solving) developed by the Organization for Economic Cooperation and Development (OECD) and, in the United States, conducted by the National Center for Education Statistics (NCES).

# Digital Problem Solving

PIAAC simulates tasks commonly performed in computer-based settings, such as:

- e-mailing,
- interacting with websites
- using spreadsheets
- solving real-world problems like:
  - purchasing goods or services
  - finding health information
  - managing personal information and finances



# US Literacy

- In 2023, nationwide, on average,
  - 79% of U.S. adults are literate
  - 21% of adults in the US are illiterate
  - 54% of adults have a literacy below 6th grade level
  - 34% of adults who lack proficiency in literacy were born outside the US
  - 66% of 4th grade children in the U.S. could not read proficiently for their grade level
- Low levels of literacy costs the US up to 2.2 Trillion per year.

# Cost of Low Health Literacy

## Combined cost of:

- medication errors
- excess hospitalizations
- longer hospital stays
- increased use of ER
- higher level of illness



## Medicare combined cost:

- physician services
- dental services
- home healthcare
- drugs and
- nursing home care

\$50 to \$73 billion/year

Average annual costs for Medicaid enrollees in one state was \$3K per patient, but the average annual cost for enrollees with limited literacy skills was \$13K.



# Persons with Limited Health Literacy

- 26% did not understand when their next appointment was scheduled
- 42% did not understand instructions to “take this medication on an empty stomach”
- 86% could not understand the section on “Rights & Responsibilities” of a Medicaid Application

# Persons with Limited Health Literacy

- Less than 50% of low-literacy patients with diabetes knew symptoms of hypoglycemia.
- More than 60% of low-literacy patients with asthma could not demonstrate proper use of an asthma inhaler.
- 25% of women who thought they knew what a mammogram was, did not

# High-Risk Groups

Elderly

Low  
Income

Not  
employed

Did not  
finish high  
school

Minority  
ethnicity

Recent US  
immigrant  
who does  
not speak  
English

Born in US  
but  
English is  
second  
language

# Persons with Limited Health Literacy

- Many patients in the high-risk groups have well-developed literacy skills.
- Many patients with limited literacy skills do not fall into the high-risk categories.
- You can't tell whether a person has low literacy skills, but you can look for “red flags”.

# Red Flags for Low Literacy

Incomplete/inaccurately filled registration forms

Frequently missed appointments

Noncompliance with medication regimens

Lack of follow-through with tests/referrals

Say they are taking meds, but treatment results not as expected

Unable to name, identify, or explain timing or purpose of medications

# “Red Flag” Cover-ups

- I forgot my glasses. I’ll read this when I get home.
- I don’t have my glasses. Can you read this to me?
- I’ll take this home and discuss it with my family.
- I got these articles from the Internet (use of decoy reading materials).

# Illiterate/Limited Literacy Persons Have Never Told

- Co-workers: 85%
- Healthcare providers: 75%
- Spouses: 68%
- Friends: 62%
- Own children: 52%



# Reading

- When reading, your eyes stop and start.
- You read when eyes stop: 3 to 4 words.
- A line should be read in 2 stops.
- 54% of US adults have English prose literacy below a 6<sup>th</sup> grade level (Literacy level 1).

# Patient Handouts

- Individuals with limited literacy skills prefer information that has short words and short sentences with only essential information.
- Long or unfamiliar words are often difficult to decipher.
- Difficult words slow down reading speed and decrease understanding

# Patient Handout

Your child's physician has determined that the child needs to have a lumbar puncture.

A lumbar puncture is a test for meningitis.

It involves inserting a needle into the lumbar canal and withdrawing cerebrospinal fluid to send to the laboratory for culture and other tests.

Your child may receive some local anesthesia to decrease the pain of the procedure.

# To Improve Readability

- Make every word count, use plain English.
- Be clear, concise and brief.
- Use positive, active form of verbs.
- Test for ease of reading before printing.



# Keep it Simple



# Final Questions?







**THANK YOU**



# Session 5: US Healthcare System

September 28, 2023

- Too many disjointed, moving parts in a flawed “system”
- Our Healthcare Industry
- Electronic Health Record (EHR) promises and problems
- Inequities and disparities
- Lack of Universal coverage