How Evidence-Based Design Can Support COMMUNICATION to Ensure Patient Safety

An Interview on Communication With
Jaynelle F. Stichler, DNS, RN, EDAC, NEA-BC, FACHE, FAAN

INSIDE YOU WILL LEARN ABOUT:

How communication plays a vital role in nurses' daily responsibilities.
Which evidence-based design features support effective communication efforts.
Why improving communication can lead to best outcomes and impact a facility's bottom line.

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HEALTH
Clear communication must exist during the countless interactions that occur in the healthcare setting to ensure patient safety and best outcomes. Can you explain the role of the nursing staff in carrying out such communication activities?

The American Nurses Association defines communication as one of the 17 key elements in the Nursing Scope and Standards of Practice that provides guidelines for nursing professionals to perform their work to the highest standards.

The reality is that all nurses communicate continuously during their shifts—not only with patients and families, but also with each other and with other professional partners, including physicians, lab workers, radiologists, and staff from other departments. In fact, effective communication, and the corresponding collaboration that results, is a core component of patient safety. There is not just one time or setting when nurses must communicate; effective communication is an ongoing responsibility. But there are a few areas where communication is particularly critical.

For instance, communication is especially important, for safety reasons, at the beginning and end of each shift when a nurse hands off the charge of the patient to the incoming nurse. This handoff should happen in the presence of the patient, since he or she is the most important part of the team. During the handoff, the patient should validate the information being exchanged. Transparent communication between the patient and providers is essential for patient safety.

Nurses must also play a key role in educating patients and families about the person’s condition, treatment, and what to expect—in other words, translating medical information in a way that patients can understand. We want to encourage patients to become involved in their own treatment and teach them how to care for themselves when they are discharged home or to another care setting. Communication is essential to accomplish this goal. Nurses also serve as
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advocates for patients when patients can’t speak for themselves, ensuring they are getting what they need from other staff and other departments.

In addition, nurses must communicate with other members of the treatment team—and it is important that these interactions are successful. Decentralized work stations designed to accommodate several people support inter-professional communication and the exchange of information about patients. Communication breakdowns can occur when nurses do not interact with physicians or other providers at the patient’s bedside or immediately outside of the room in the decentralized work station. In a centralized nurse station design, the physician may completely miss talking with the nurse assigned to his or her patient. Poor communication can lead to sub-par treatment, ultimately threatening a patient’s well-being and safety.

**From an industry standpoint, just how important is communication to the overall operations of healthcare organizations?**

Communication is so critical to patient safety that HCAHPS (Hospital Consumer Assessment of Healthcare Providers and Systems) has a core set of questions on a post-discharge patient survey to determine patient satisfaction and safety. The survey asks patients to rate their satisfaction with nurse communication in three different questions:

- How often did nurses treat you with courtesy and respect?
- How often did nurses listen carefully to you?
- How often did nurses explain things in a way you could understand?

The responses, indicating patients’ perceptions of a facility’s quality, are so important that they are factored in to the CMS reimbursements for Medicare—and in some states, reimbursements for Medicaid as well. So good communication really impacts the healthcare organization’s bottom line.

Quality is in the eye of the beholder, so we need to look from the patient’s perspective when we try to measure whether or not we are being completely successful with our patient care efforts.
CONVERSATIONS

An Interview on Communication

The Joint Commission cites communication breakdown as a root cause of sentinel events. How can the built environment help support effective communication efforts and improve patient safety?

The built environment and facility can contribute to the prevention of medical errors in a number of ways. We now have a substantial amount of research reinforcing the fact that certain evidence-based design features can improve communication and make things safer for patients and staff members.

One such design feature is the decentralized nursing station that was mentioned earlier. There is evidence that when you locate nurses immediately outside of patient rooms, you improve communication between the nurse and the patient. The decentralized nursing station can improve communication between the nurse and the physician as well, since the nurse's location makes it convenient for the nurse to be present during physician rounding. However, it is essential that the decentralized nursing station does not completely replace or eliminate a centralized station, which is a general hub of communication and coordination for nurses. Rather, there should be localized nursing stations supported by a general hub for broader communication encounters. This hub should serve as the main point of communication for nurses with each other, with providers, and with family members. Such a hub also provides a valuable overview of the activities of all of the patients on the unit from a broader perspective. Without a centrally located nursing station, there is no way for nurses to assess the entire unit’s level of activity and see patterns and changes in patients’ acuities. In fact, a big mistake that many facilities have made is eliminating the centralized nursing station or central hub when moving to a decentralized nursing model. The truth is that both elements (decentralized stations and a centralized hub) are needed for providers to work together and reinforce each other’s work processes. Therefore, those facilities that have done away with central hubs in recent years now need to find ways to incorporate them back into their units.

Nurses also need a designated break room or lounge area where they can relax and socialize. Such spaces provide an opportunity for nurses to communicate with one another and share information about patients, the facility, challenges, and frustrations. In high-acuity units, establishing a separate respite room for
nurses can also be valuable to get them away from the intensity of their work and recharge before returning to the floor.

Have you seen any design approaches that have been particularly effective in improving communication between nurses and patients?

One of the simplest but most effective communication approaches I have seen is incorporating a whiteboard in the patient’s room. It can be either an electronic version or the standard write-on board. The whiteboard facilitates communication with nurses and patients in a way that extends beyond the personal interaction. For instance, nurses can write their names and contact details on the board and provide important goals for the patient that day, as well as any restrictions. As an example, the nurse could write directions such as: get up and walk around during the day, or stay in bed, depending on the situation. The board should be located at the footwall across from the patient so it can be easily viewed. This information can also be helpful for families. It’s an easy-to-use and inexpensive tool, but the implications for communication and patient safety can be great.

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Some hospitals are also creating designated areas for medication dispensing in an effort to improve patient safety. This is important because in facilities where medication dispensing is done in a sub-hallway with lots of traffic and distraction, there is an increased risk for medication errors. Since medication administration is a critical patient safety activity, having a separate medication dispensing room that is only large enough to allow one or two nurses to enter at a time can help to avoid distractions and improve patient safety. In addition, in some facilities, patient supplies and medicines are stored right in the patient room or located nearby in the decentralized nursing station. These design features prevent mix-ups with patients’ medications and ultimately improve patient safety.

Have you read any recent research about the use of design to improve communication?

I have seen numerous articles and studies substantiating the use of evidence-based design approaches to improve communication. Many of these have been published in HERD and other journals. For instance, among the body of research...
are two good articles that *HERD* recently published about the design of patient rooms. The authors noted that in the past, communication with the family occurred in a separate consultation room. Today, consultation is generally encouraged in front of the patient, with the family in the room. However, there are still times when the family may want to talk with the nurse or clinician alone, so it is good to have an additional separate space for family consultation as requested.

There is another *HERD* article that discusses how physical design factors, including the ones I mentioned earlier—creating decentralized nursing stations, locating supplies in more accessible places, designating quieter spaces for medication dispensing, and having nurses round with physicians—can facilitate teamwork and improve communication.

We know that effective teamwork positively affects patient safety. Therefore, hospitals need to invest in building a supportive physical environment that supports clinical staff interactions to achieve best outcomes for their patients.