

Guest Author Donald “Tex” Bryant: Good Communications Equals Good Outcomes

According to Charles Duhigg in his newly released book, *The Power of Habit*, Rhode Island Hospital was one of the nation’s leading medical institutions. It was the teaching hospital for Brown University and the only Level I trauma center in southeastern New England. Rhode Island Hospital also had a reputation as “a place riven by internal tensions”. In one surgery for instance, a neurosurgeon was preparing an emergency surgery for an elderly gentleman with a critical subdural hematoma. Just before the surgery a surgical nurse noticed that the medical chart and other paper work did not indicate the location of the hematoma. The nurse cautioned that the surgeon should wait until the needed paper work was seen. The surgeon yelled at her that he had seen the cranial scan and said he knew where to operate. He didn’t. He opened the skull on the wrong side. Although he corrected his mistake quickly, the patient died soon thereafter. Such errors are not foreign to most hospitals but the number of errors at this hospital due to poor communication, especially between nurses and physicians who overpowered them with their authority, eventually created a culture of high tension and anxiety.

Poor outcomes for patients and doctors are found in many other medical settings besides surgeries, although these seem to get the most attention in the press. Consider the following scenario, for instance. A family physician during a well baby visit was looking for a pediatric stethoscope. It was not in her office. She excused herself from the exam room and went searching for it in the office. It took her 5 minutes to find it. The incident was very annoying to her and the mother of the child. She had to hurry through the exam and did not have

as much time as she needed to talk to the mother. There were no serious consequences from this visit but the outcomes were not optimal either. The mother lost a bit of trust in the doctor that day.

Besides the failure to communicate adequately with the mother, the misplaced stethoscope is also a failure to communicate with staff. With good communication habits at the ambulatory site there likely be good organization too: a place for everything and everything in its place. Good routines and habits would emerge and time spent with patients would improve. Outcomes would improve. Doctors and staff would be more satisfied with their work.

What, then, are some characteristics of good communication? One is that each staff member has the opportunity in the right setting to express his or her opinion about how a particular process could be improved or how patient safety could be improved. Being able to express oneself is not enough, though. Leadership must make sure that good ideas for improvement and safety are implemented in a timely manner. The person who made the suggestion should be recognized.

Another characteristic of quality communication is that time is set aside for staff meetings to address suggestions brought to the attention of leaders at the site. For instance, in the ambulatory setting described above, the physician can suggest to the office staff director that something should be done about making sure that physicians need not leave their office during a patient encounter to look for missing supplies or the physician as leader in the office can call the meeting. Meetings such as these should be scheduled regularly; other issues other than processes and safety can be addressed. For instance, meetings can be used for training, such as for EMR implementation.

Team meetings are a good place for problem solving using effective communication. To be effective they must be well

organized and run. Based upon my experience in working with a variety of teams in a variety of settings and based upon discussions with colleagues along with research, I believe that there are several elements that are necessary for effective team meetings. These are:

- Strong leadership
- Preparation
- An agenda
- Staying focused
- Participation by all members
- Decision rules
- A time limit

Keeping focused is not always easy. There can be staff members who distract or disturb the meeting. Team leaders should be alert for distractors and quickly refocus the group. The *Wall Street Journal* listed a few of the types of distractors recently in an article titled "Meet the Meeting Slayers". One is the "know-it-all". This person keeps promoting his own ideas and will not consider the ideas of others. There is also the "naysayer"; this person tends to shoot down most ideas. Another is team member who tends to drift off to other topics, such as the birth of a child or grandchild.

As you can see there are many skills required of a team leader. Besides controlling disruptions, he must also encourage all to participate. Someone who may be timid to speak should be encouraged; his or her idea may be one of the most innovative and important. When I am leading a meeting before I close discussion of a topic I make sure that I personally address any who have been quiet and ask if they have any comments. If not, I may ask them to summarize the previous discussion so that they will be involved.

As you can tell, communication is very important at medical sites. There are many benefits to effective and ongoing communication—optimal outcomes for patients, satisfaction

among staff that they are delivering quality care in a culture that supports them and improved income. While I believe that most recognize that effective communication is necessary for these outcomes, achieving it takes a lot of effort.

On another note, I suggest that you read Power of Habit. It has many good ideas that you can apply to your patient encounters. The second section of the book also describes in detail ways to become an effective organization.



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Contact Mr. Bryant at t.Bryant@alumni.utexas.net or call 616-826-1699 if you need more information. With my help, I promise that we can meet your needs. Would love to chat over a cup of coffee or over the phone. Looking forward to hearing from you. If you need a speaker to present at a meeting or conference, please contact me and I will consider doing so.

How to Tell if Your Medical Practice is Well-Managed



What are the hallmarks of a well-managed practice? There are many, but here are 10 basics.

1. The practice has **foundation documents** appropriate to the corporate structure and written agreements describing how income and expenses are shared by physicians and/or other providers and how partners enter and exit the practice. The owners of the practice and management meet monthly.
2. The practice has documents that set the **guidelines for operations** such as a compliance plan, disaster plan, personnel handbook, job descriptions and requirements for annual evaluations, raises, bonuses and progressive discipline. Management and staff meet monthly.
3. The **net collection percentage is 95%** or more. This means that of the expected collectible dollars, 95% is collected.
4. The practice has a **budget** and variances are addressed.
5. The **unfilled appointment percentage is 5%** or less. This is in retrospect, so it includes no-shows. The practice has a **marketing budget and a written marketing plan**.
6. The practice has a **line of credit** or other means to draw upon in the case of unexpected cash flow drop.
7. A single commercial payer comprises **no more than 50% of the practice business**.
8. **Employee turnover rate is 10%** or less. New employees are onboarded with training, coaching and competency testing.
9. The practice has the ability to produce **management reports** to track and trend production, payments, adjustments, and denials. **Process Improvement (PI)** is used to address negative trends.
10. **Patient satisfaction** is prioritized and measured, and improvement is valued.

What other hallmarks would you add?