Workshop 2:

Patient-professional communication as a critical safety factor

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An example:

Hello Healthcare

Improving patient safety through

- engaging patients and family
- breaking down structural barriers

MD Ove Gaardboe, Danish Society for Patient Safety
@OveGaardboe

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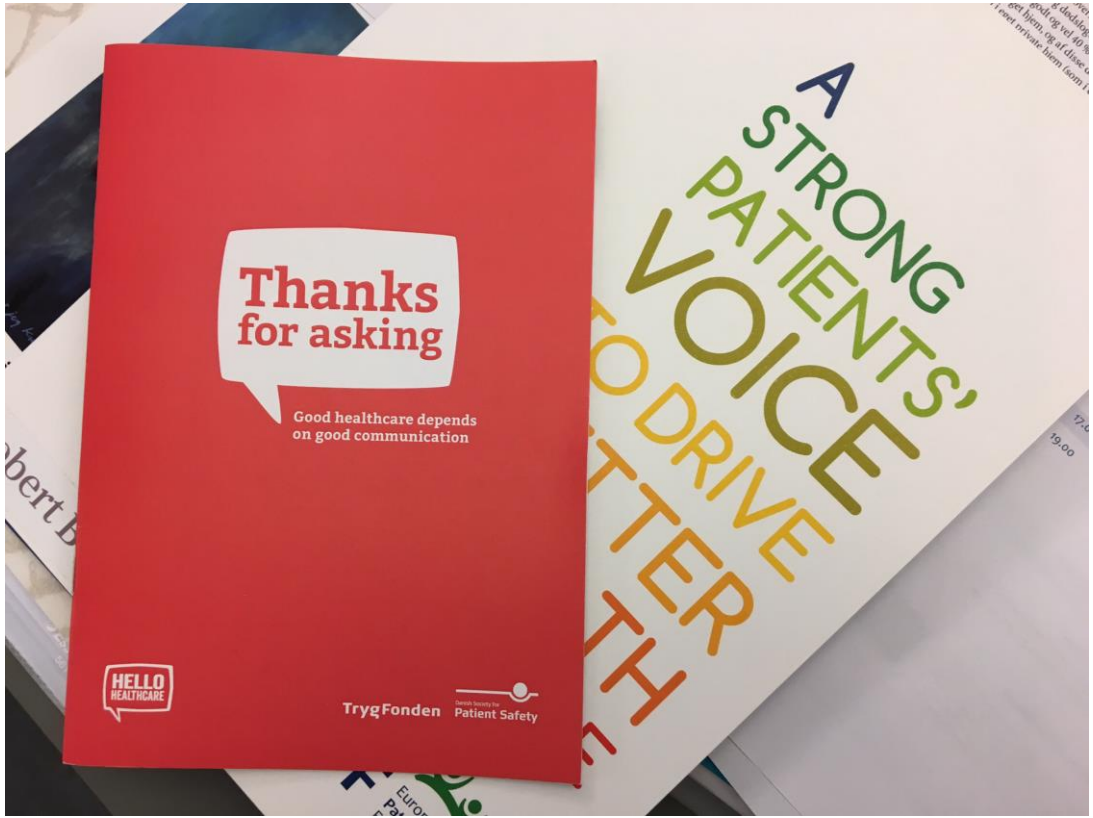

’Thanks for asking’

- **A generic tool**
- **A signal from staff**
- **..an invitation to engage**

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Why….?

- Basically because it is safe
  - Fewer ’ordinary’ errors (ie. Incorrect medication)
  - And especially fewer silent misdiagnosis (ie. treatment not suited for the patients wishes or living conditions)

- And of course because it is decent and the right thing to do

…worst case:

Non beneficial treatment of the dying patient

- 1/3 of dying patients get non-beneficial treatments

  http://intqhc.oxfordjournals.org/content/early/2016/06/16/intqhc.mzw060

- Close to 70% of the physician orders concerning intensity of treatment (such as cardiopulmonary resuscitation and intubation) were discordant with current patient wishes. In any other area of medicine, this would be viewed as an egregious “failure of communication” error.

  Editorial to: http://jamanetwork.com/journals/jamainternalmedicine/fullarticle/1673746

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Katharine’s example…

Some questions to reflect on…

- **Group 1:** Are there some situations where patient-professional communication is particularly critical to ensure safety?
- **Group 2:** What are the current barriers to effective patient-professional communication?
- **Group 3:** What is the role of different actors?
  - healthcare professionals' organisations
  - patient organisations

- **General:** Does regulation play a role or is it more bottom-up?
  - Should something be done at EU level?

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