

More patient family-provider communication could mean fewer errors

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New research from Boston Children's Hospital finds that harmful medical errors decreased by 38 percent following intervention to improve communication between healthcare providers and patients and families. The study is led by Alisa Khan, MD, MPH, a pediatric hospitalist and researcher at Boston Children's Hospital and Harvard Medical School and is published in *British Medical Journal* today.

The intervention, Patient and Family Centered I-PASS, changes verbal and written communication during morning rounds, emphasizing [family](#) engagement, structured communication and health literacy. Patient and Family Centered I-PASS occurs at the bedside with [patients](#) and families present and actively engaged and the medical team minimizing medical jargon and encouraging families to share concerns, ask questions and "read back" their understanding of the meeting.

"Our study suggests that engaging families in hospital communication doesn't just feel like the right thing to do, it is the right thing to do. It can actually make care safer," says Khan. "This study also provides an opportunity for nurses to be fully engaged in the design and implementation of a family-centered team communication intervention."

In addition to improvements in safety, the research finds that multiple aspects of the patient experience improve. Families and nurses are significantly more engaged and rounds do not take any longer or involve less education of resident-physicians and medical students.

"Our prior research has shown that improving communication between providers improves safety. The present study suggests that improving communication with families may also be a critical means of improving [patient safety](#), one that has previously been overlooked," said senior author Christopher Landrigan, MD, MPH, Research Director of Inpatient Pediatrics at Boston Children's Hospital and Professor of Pediatrics at Harvard Medical School. "Family centered rounds are increasingly considered a standard of care in pediatrics, but until now, evidence that they could actually improve safety was limited," Landrigan added.

Provided by Children's Hospital Boston

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