Miscommunication as a risk focus in patient safety: A critical incident reporting system database and work process analysis in emergency medicine

Sophia Wilk
Military Hospital Berlin, Germany

Communication failure in prehospital emergency medicine can affect patient safety. We analyzed the database of the critical incident reporting system (CIRS) for prehospital emergency medicine in Germany retrospectively regarding communication errors. There it was demonstrated that in 30% of cases deficient communication led to a threat to patients; however, the analysis did not show what exactly the most dangerous work processes are. An out-of-hospital workflow analysis collected data about key work processes and risk areas. The analysis points out confounding factors for a sufficient communication. Almost 70% of critical incidents are based on human factors. Factors, such as communication and teamwork have an impact but fatigue, noise levels, and illness also have a major influence. Both analyses showed up that communication between physicians and non-physicians were the biggest risk focus for incidents as well as interface communication. For example: In one case, a paramedic injected without further communication 8 g glucose in a comatose patient, although the blood sugar was not measured yet. In the end, the patient had a cerebrovascular accident without a hypoglycemia. Team members do have the need to communicate about decisions in order to understand the thought process of the other. Patient transfer and the high-risk area of emergency care are vulnerable for communication failure and patient threat. In summary, communication deficits in emergency medicine have not been studied sufficiently enough. A better communication strategy and teaching communication skills will have an enormous effect in increasing patient safety. Organized structured information transfer and handovers are helpful and we also need to train closed-loop-communication. Communication techniques should be part of the training of paramedics and physicians. More than that emergency medicine should focus on education and research on communication aspects.

Biography

Sophia Wilk is a resident at the Military Hospital of the German Armed Forces Department of Anesthesiology Intensive Care and Emergency Medicine in Berlin, Germany, where her functions include research coordination and education. She holds Ph.D. in prehospital emergency communication and MD degree from the University of Jena, Germany. She is an author of a research paper in the German magazine of Anesthesiology and coauthor in World Journal of Emergency Medicine and was the speaker at several medical congresses. She is a member of the State Chamber of Physicians of Berlin and Brandenburg and former president of Deutscher SanOA e.V. and presidium member of the Germany Society of Military Medicine and Pharmacy DGVMP (2014-2016). She developed special skills in management during her time as presidium member of the German Red Cross / KV Fläming Spreewald (2008-2010). Wilk has a special interest in tactical military medicine and is a member of the Trema Tactical Rescue & Emergency Medicine Association.

sophiawilk@bundeswehr.org

Notes: