Silent Treatment
Why Safety Tools and Checklists Aren’t Enough to Save Lives

While we’ve made improvements to reduce avoidable medical errors caused by poor communication, new research reveals Silence Still Kills.

Healthcare professionals who speak up and resolve undiscussables…

➔ Observe better patient outcomes
➔ Are more satisfied with their workplace
➔ Exhibit more discretionary effort
➔ Are more committed to staying in their unit and their hospital

Research and regulatory bodies have long confirmed that poor communication in healthcare is harmful at best and deadly at worst.

In the 2005 study, Silence Kills, VitalSmarts and the AACN found that 84 percent of doctors observe colleagues take dangerous shortcuts when caring for patients and 88 percent work with people who show poor clinical judgment. Despite the risks to patients, less than 10 percent confront their colleagues about their concerns.

In the past five years, the medical community has made substantial investments to operating systems designed to reduce unintentional slips and errors such as handoff protocols, checklists, and computerized physician order entry systems.

While these safety tools are an essential part of the formula for solving avoidable medical errors caused by poor communication, a new study called The Silent Treatment, conducted by VitalSmarts, AACN, and AORN, has found that silence still kills.

This engaging presentation will draw attention to the calculated decisions healthcare professionals make daily to not speak up—even when safety tools alert them to potential harm. Specifically, the study shows healthcare professionals’ failure to raise the following three concerns when risks are known undermines the effectiveness of current safety tools:

1. Dangerous shortcuts
2. Incompetence
3. Disrespect

Contact us to book this speech today!

Participants will learn solutions for making candor a core competency in their hospital to eliminate cultures of silence and improve patient outcomes.

Length: 1 to 3 hours
Audience: Healthcare
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