



# Patient safety and the use of digital communication

Patients mostly focus on benefits and regard risk as acceptable or negligible. They are often unaware of potential safety risks.

*" I'm happy to use the technology, I don't really see a huge downside to it. "*

Patient

Health professionals will often use their common sense to reduce risks to patient safety – and so do patients.

*" I wasn't feeling very well, so I'd emailed... we'd emailed each other. When I hadn't emailed back, he was worried, so he text me and said I'm available now if you want to call. "*

Patient

*" If I've had a hypo for like three days at the same time each day, I will text them and say... and then if they haven't responded during that day, I will usually ring them the next day. "*

Patient

*" There are four nurses, so say I text one of them and they've responded, then I have to ring again, and another nurse might answer. Lately I've got into the habit of texting all four and seeing who gets back to me. "*

Patient

BUT occasionally patient safety is put at risk when communication fails, as in this example:

*" I just altered my insulin dose myself to how I thought it would be, which actually turned about to be wrong, so it did leave an impact because it took a good week to sort itself out. "*

Patient

Check the processes your organisation has in place to identify and manage potential patient safety and security risks proactively – before patients are harmed. Here are just some examples of the precautions taken by clinical teams.

*" When I put the number in my phone, I always check on EPR with the screen that the number I'm entering is correct before I actually press send. "*

Nurse

*" So the email comes to me. I'm the only person that gets to see it. Anything that's clinically relevant, I will cut and paste the conversation and put it in our electronic notes so that the rest of team are aware of what I've done. "*

Specialist Nurse

*" Email has its place but there are limits. So there are often times when an email will come through and I will make the decision to actually ring the person back or email them back and say, can't do this on email, when is a good time to call you, or for you to call me. "*

Specialist Nurse

*" I put a message on my out of office that says, 'I'm not back in the office until such and such a date', so that people know that they're not going to get a response from me. I don't put any more detail than that. I know a number of people will say, 'if you've got this problem ring this person, and if you've got this problem ring that person', but I don't hold their diaries so I don't know whether all of those people are around. So I always tell people if you've got a problem, ring the centre because there's always somebody here during office hours. "*

Dietitian

# Clinical care for people living with long term conditions - the role of digital communication between NHS clinical teams and their patients

## Evidence based practice



These points for you to think about when using digital communication with patients come from a research study funded by the National Institute of Health Research.

We observed and interviewed nearly 200 members of specialist clinical teams from across the UK working with young people living with long term conditions.

We interviewed over 150 young people living with a range of conditions including diabetes, cancer, mental illness, liver disease, kidney disease, blood disorders, cystic fibrosis, inflammatory bowel disease and arthritis.

Young people and their clinical teams used text, mobile phone calls and emails to communicate about clinical issues. A few clinical teams engaged on social media sites with their patients.

The clinical teams were using digital communication to improve the engagement of the young people with their services. There is good evidence that improved engagement leads to improved health outcomes.

These young people and their clinical teams have worked out where and when it works well to communicate digitally about clinical matters such as symptoms, drug regimes and emotional distress. From their experience, they know what needs to be discussed and planned before using digital communication about clinical matters.

Their experience can be applied to working with other people with long term conditions who are accustomed to using digital communication (mobile phone, text, email), particularly if they have a smartphone, so access to this communication is straightforward.

If you are planning to communicate digitally with patients, talk about the points we raise with your team and with your organisation's Information, Governance, IT and Patient Safety Leads.

The study name is:

**Improving health outcomes for young people with long term conditions: the role of digital communication in current and future patient-clinician communication for NHS providers of specialist clinical services; the LYNC study**

### The study was led by:

- ▶ Professor Frances Griffiths
- ▶ Professor Jackie Sturt
- 🌐 Warwick Medical School
- 🌐 Florence Nightingale Faculty of Nursing & Midwifery, King's College London
- ✉ f.e.griffiths@warwick.ac.uk
- ✉ jackie.sturt@kcl.ac.uk

Further details about the study are available at:  
[www.nets.nihr.ac.uk/projects/hsdr/1220951](http://www.nets.nihr.ac.uk/projects/hsdr/1220951)

© 2016 University of Warwick and King's College London

Funding Acknowledgement: This project was funded by the National Institute for Health Research Health Services and Delivery Research (HS&DR) Programme (Project Number 12/209/51)  
Department of Health Disclaimer: The views and opinions expressed therein are those of the authors and do not necessarily reflect those of the HS&DR Programme, NIHR, NHS or the Department of Health.

