

Active Listening: An Important Audit Skill

Listening is an important but poorly developed skill

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Active listening is the practice of providing feedback on what you are hearing to confirm understanding of what is communicated. I have practiced active listening as a nurse providing patient care. I had to collect symptoms that a patient was having and subjective data about what they were feeling. I then communicated those findings to the patient's physician so the patient's plan of care could be adjusted as necessary.

Working as a team with the patient, the providers' purpose was to improve the patient's health. What interventions were working for the patient? What actions taken were ineffective? We had to listen carefully, evaluate what we were doing from shift to shift, and make the necessary adjustments. Without active listening, a hit-and-miss plan of care would be set, possibly sending us down the wrong path with potentially serious consequences for the patient.

Listening is a portable skill

When I left bedside nursing for quality improvement, part of my job was to actively listen to healthcare providers talk about processes that were working well for them and those that were not.

I could affect patient care, but it had to be through an analysis of how care was being delivered. Providers would tell me anecdotally that patients were waiting too long in the emergency room, or that the change of shift report was not done consistently. As professionals, we know we need to depend on data and not anecdotes. Complaints need to be confirmed with the collection of data. Data helps uncover

the full story, providing the extent of a situation in numbers, volumes or trends over time.

Active listening makes change happen

From my experience, active listening provides the basis for great changes and improvements in processes such as patient safety initiatives, documentation in the medical record, system design and staff satisfaction—all of which affect patient satisfaction.

When we are presented with a problem or are making a change to a process or system, it is critical to always ask how the change is affecting patient care or the patient experience. After all, we exist for our patients, so in everything we do we must put the patient first. In the busy and sometimes shorthanded world in which we work, making things better, easier or quicker for ourselves often trumps concern for the patient experience. Therein lies the risk for our patients.

By practicing and improving their active listening skills, internal auditors can enhance the perception of themselves, improve quality of care and even help prevent patient care errors. Careful, thoughtful consideration of issues that are clearly understood will result in recommendations that fix problems rather than just kicking the can further down the street. As an auditor, you must listen to the teams you are part of, and they must listen to you.

A case in point

Sometimes a team that is not skilled at active listening or is not objective will create an ineffective audit tool and put it

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into use. Having an auditor who is practicing active listening can help the team focus on what is important.

Here is an example of how an auditor can be of help.

A few patients on a nursing unit complained that their pain was not being managed well after surgery. As nurses, we knew it is a patient's right to have pain managed, but without some baseline data, we did not know what was happening. Was documentation of the patient's postoperative pain management goal lacking? Did we not document the effectiveness of the pain medication or interventions? Could we objectively determine whether the problem was an actual problem? What is the best way to focus efforts?

We need to depend on data and not anecdotes.

The nurse team created an audit tool to be completed at the end of each shift—a self-assessment of the shift's documentation.

The elements of the audit tool were simple: patient name, medical record number, unit name, name of auditor, date of surgery and the name of the medication. The nurse team also considered medication error data to see if there were any trends in late pain medications. There were none, so they excluded that from being a factor in the patient's complaints.

There was no training in the use of the tool because they felt the questions were self-explanatory. Each shift completed the audits. The nurse manager of the unit was thrilled that 100% of the audits were turned in and completed timely.

Unfortunately, there was nothing to glean from these audits. They were a waste of time. Complaints continued to be received from unsatisfied patients regarding management of their pain. The staff was disgruntled and dissatisfied with the lack of results. What happened?

Nurses answered many of the questions with "not applicable." Most of the data elements collected were not

relevant to the steps that were part of pain assessment and management process. The audit tool had not been designed to replicate the current process. Further, the tool was not linked to nursing policy or procedures that the staff was supposed to follow. Lastly, the nurse educator who actually developed the audit tool had no experience creating one.

What was learned from this was that the team had not included a key individual in the cycle of improvement (PDCA) model. In developing the audit tool, they should have considered the "check" component of the PDCA model. Instead they went straight to the "do" part of the cycle. The nurses decided they needed to have more education and training with quality tools and improvement models going forward.

An auditor using active listening skills would have asked probing questions about the problem and the pain management process to elicit ideas for the best way to develop a collection tool and to gather the data. Nurses could have answered the auditor's questions and demonstrated workflow in the current state. It was a missed opportunity for both nursing and auditing to listen to each other and structure the plan.

Whether it is the plan of care for the patient or the plan of action for the organization, it is better to listen first than to act hastily.

Conclusion

Active listening is a skill that needs to be practiced by all healthcare staff. For an internal auditor, that means consistently employing active listening skills to help identify weaknesses in processes and approaches. The failure to actively listen can and at times does result in negative outcomes for our patients' health and their healthcare experiences. **NP**

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