ASSESSMENT OF PATIENT-CENTERED COMMUNICATION IN ICUs

Presented By- Dr. TANVI (1869)
HM-28 BATCH-B

University Mentor- Mr. ASHISH BANDHU
Organisation Mentor- Dr. KRITI TAMBI

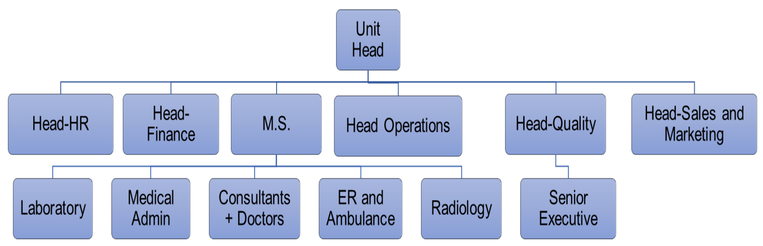
ABOUT THE ORGANISATION

- NABH accredited, 230 bedded hospital
- Multi-specialty hospital with specialities like Orthopaedics and Joint Replacement , Cardiac Services, Neurosciences, Obstetrics and Gynaecology and many more
- Robotic surgery
- 8-state-of-art modular OT's
- 75 Total ICU beds

VISION - To provide best of Patient Service & Clinical Excellence.

MISSION - To create Clinical Centre of Excellence on a strong backbone of research, academics and evidence-based medicine for best clinical and patient outcome

ORGANISATION STRUCTURE

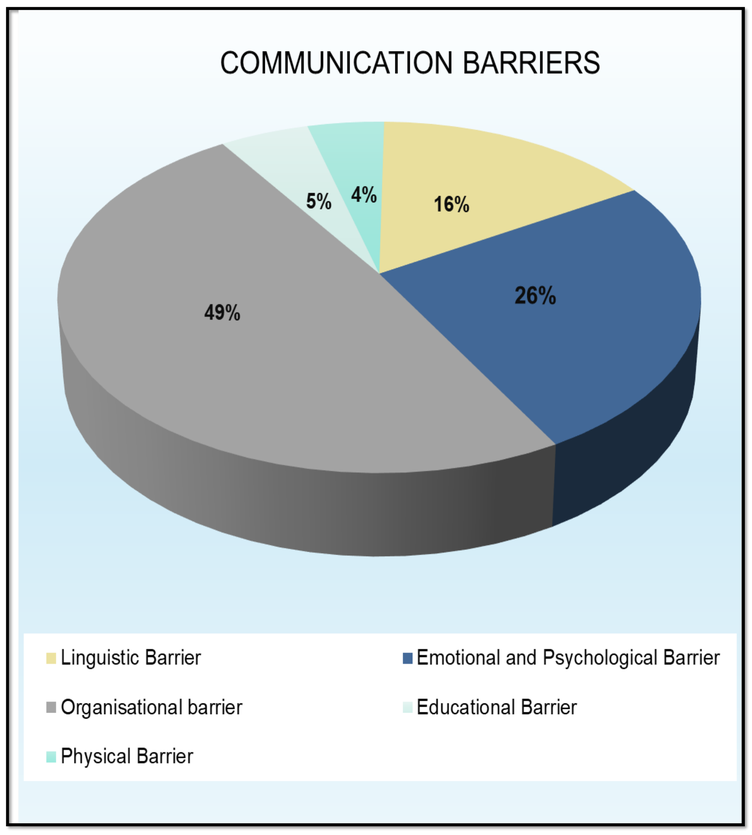


AIM

To assess the effectiveness of communication between the healthcare providers and patients/attendants in ICU settings.

OBJECTIVE

1. To observe conversations between the healthcare providers and patients/attendants in the ICU.
2. To collect feedback from patients/attendants and understand their experiences and perceptions of communication with healthcare providers.
3. To identify common barriers to patient-centered communication in ICU settings.

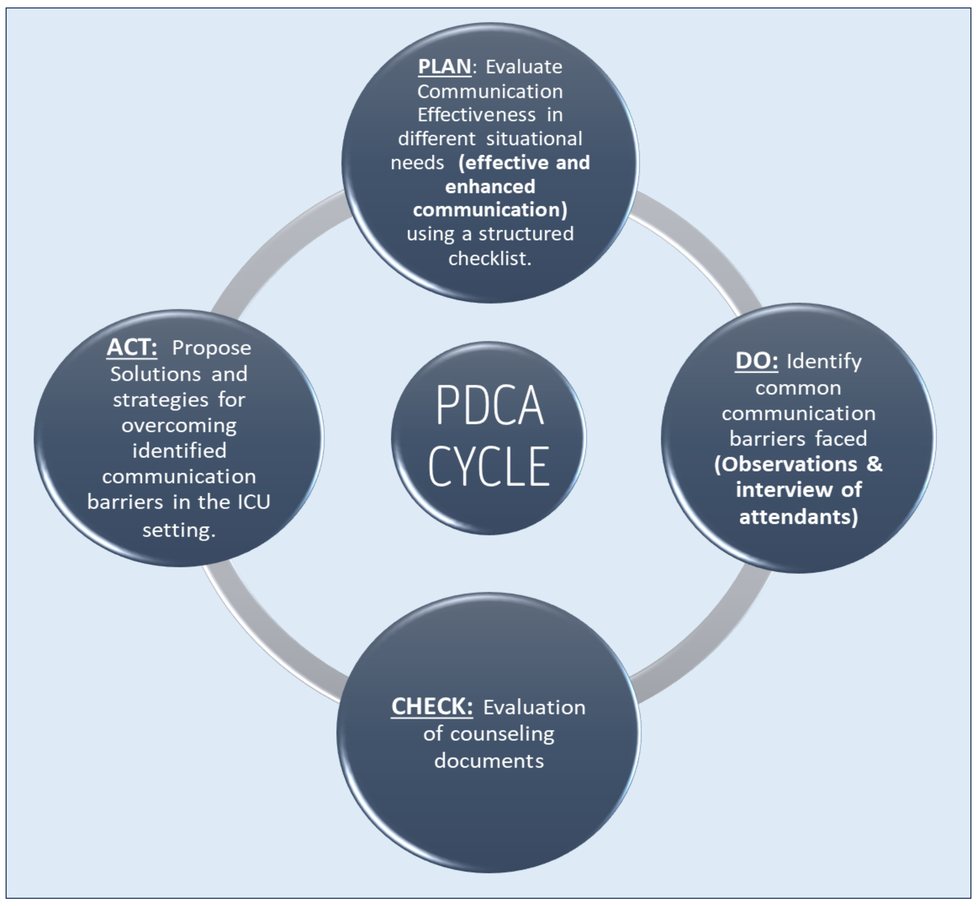


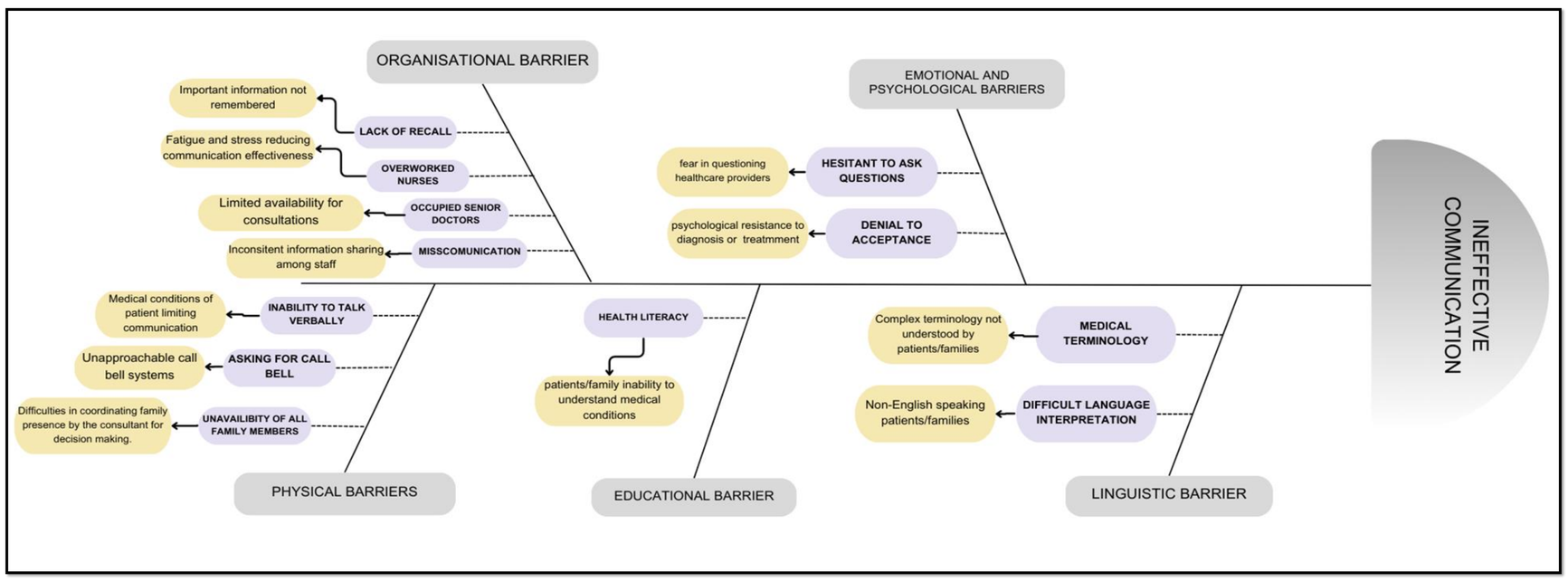
METHODOLOGY

STUDY DESIGN: Descriptive Cross-sectional study

DATA COLLECTION PROCEDURE:
1. Observation of conversation between healthcare professionals and patient/attendants in the ICU
2. Checklist- Develop a checklist into 2 questionnaires based on situational needs (effective and enhanced communication)
3. Patient/attendant interview- collect feedback focusing on their communication experience

SAMPLE SIZE- 100 patients/attendants
STUDY DURATION- 10th May 2024 – 15th June 2024





SWOT ANALYSIS

STRENGTH

1. Structured Assessment: Systematic checklist for evaluation.
2. Holistic Understanding: Combining observed interactions and feedback
3. ICU Focus: Targeted barrier identification in critical care.

WEAKNESS

1. Subjectivity in Observations: Potential bias in assessment.
2. Feedback Reliability: feedback may be affected by their health condition and stress levels

OPPORTUNITIES

1. Training Programs: Improve healthcare provider communication skills.
2. Enhanced Communication: Better patient satisfaction and outcomes.
3. Policy Development: Improve healthcare communication standards.

THREATS

1. Resistance to Change: Reluctance in adopting new strategies.

THEORETICAL KNOWLEDGE	PRACTICAL KNOWLEDGE
Read briefly about quality tools theoretically.	Applied quality tools like RCA, Checklists, PDCA cycle for analysis.
Studied about different types of studies in epidemiology	Used observational study in project.
Read about importance of effective communication.	Applied the knowledge to formulate the checklists for the study.

SUGGESTIONS

1. On-site Counseling Services for families to address their emotional and psychological needs.
2. Single key decision maker should be selected to receive all information from the doctor, ensuring clarity and streamlined communication.
3. Strengthening fixed timings and place for family counselling of ICU patients.
4. Provision of 3-days case-summary to attendants.
5. Strengthening real time feedback systems for attendants.
6. Training of staff to effectively communicate adequate information.

LEARNINGS

- NABH 5 TH EDITION-Understanding the hospital quality requirement as per the accreditation.
- Hand hygiene Audit
- Importance of clinical documentation(open file audit)
- HIRA audit
- Bundle of care Audit

USEFULNESS

.
- Understanding concept and importance of audits in depth.
- Exposure to different quality tools used in health care contributing to patient safety and quality of care.
- Career exploration and clarification.
- Networking and professional connections

HARDSHIPS

- Tracking conversations with consultants, who had no fixed time, often conflicting with family meeting time
- Due to lack of practical exposure, time taken to collect data is high.