STUDY ON

OT COMMUNICATION BETWEEN PROFESSIONAL AND ATTENDANT IN PROLONGED SURGERIES

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BLK-MAX SUPER SPECIALITY HOSPITAL, DELHI

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By

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Under the Guidance of

Alok Mathur

DECLARATION BY STUDENT

I hereby declare that this dissertation titled “OT communication between professional and attendant in prolonged surgeries.” is the bonafide record of my indigenous research work. I announce that it has not been submitted to any other university or institution for the grant of any degree or diploma. Details obtain from the published or unpublished exertion of others has been duly acknowledged in the text.

(Signature)

Jyoti Sejwal

Date :-

CERTIFICATE

BLK-MAX
Super Speciality Hospital

Dated: 02-07-2022

TO WHOMSOEVER IT MAY CONCERN

Sub: Dissertation Completion Letter

This is to certify that **Ms. Jyoti Sejwal** has completed dissertation at BLK-Max Super Speciality Hospital from **29th Mar 2021 till 2nd July 2022** in the Department of **Quality.**

During her tenure, her conduct was found to be excellent.

We wish her all the best for her future.

Yours Sincerely,
For Dr. B.L. Kapur Memorial Hospital,
A Unit of Lahore Hospital Society

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I perceive this opportunity as a big milestone in my career development. I will strive to use gained skills and knowledge in the best possible way, and will continue to work on the improvements, to attain desired career objectives.

ABSTRACT

INTRODUCTION: An ongoing operation theatre procedure in a patient often gives anxiety to the attendant. A regular update about the condition and the expected duration of the surgery can allay the anxiety of the waiting attendant significantly. The initiative is being taken in collaboration with the OT staff including surgeons, OT manager, nursing, and technicians. All patients who undergo surgeries for longer than 4 hours will be included. The attendants will be called, and a documented communication will be done by the OT staff in a dedicated OT communication register. The compliance rate will be monitored regularly till the process is set as a regular practice in the organization. Following that, random audits will be carried out to observe adherence to the process.

RESEARCH QUESTION: Was there any OT communication between Professional and attendant in case of prolonged surgeries.

OBJECTIVES: To analyze the compliance of OT Communication between professional and attendant.

MATERIAL AND METHODS: Audit through manual OT communication records

STUDY DESIGN: Retrospective data collection study.

SETTING: Operation Theatre.

SAMPLE SIZE: - 270 patients

CONCLUSION: According to the study, the Attendant and OT Professional were able to reduce their tension and express their satisfaction thanks to their efficient communication.

INTRODUCTION

Information can be sent and received verbally, nonverbally, or in writing. This is referred to as communication. For effective healthcare delivery, communication in the sector is absolutely essential. It is impossible to overstate the importance of this need because it provides the sole method for evaluating the performance and effectiveness of the institution, the health care provider, and both.

There are various communication techniques suitable for a variety of circumstances. For instance, in verbal communication, it is important to utilise large print font sizes so that patients who are blind or partially sighted may read without putting additional strain on their eyes. Written communication should also be correct and readable, especially for those who have vision problems. Braille, audiotapes, and digital text can all be very helpful. In order to efficiently connect with this and other groups of people, health care organisations like the NHS also use the phone and voice mail when making and confirming appointments. Making informational textual materials accessible to patients with hearing impairments can help & using BSI and text phones can also be highly beneficial. In this circumstance, signs, symbols, gestures, and body language can all be used. Communication with people who have speech impairments can be difficult, but there are technological tools that can help, such as a dedicated computer where the patient can type in their thoughts or feelings and have them read out. Patients with learning disabilities can receive support from their caregivers as well as through visual aids like illustrated booklets, movies, and audio tapes.

Information flow between two or more people is seen as the act of communication. Like two-way traffic, really. Information must have been shared, meaning both the sender and the receiver must have benefited. Only then can communication be called to have occurred. There are numerous elements that operate as a barrier to communication, some of which are: -

- Language: This might be a significant roadblock to communication. For communication to be successful and to prevent misunderstandings, it is essential that both the sender and the recipient understand one another.
- Environment: The setting in which communication occurs is crucial and affects how effective it will be. For instance, having a conversation or trying to convey

information in a noisy, packed ward may be highly distracting and may function as a barrier.

Effective communication is crucial to the delivery of high quality, safe and integrated health. In busy hospital settings, surgeries are performed regularly. Duration of surgery vary from surgery to surgery. An ongoing operation theatre procedure in a patient often gives anxiety, stress to the attendant. A regular update about the patient operation start-time and the expected duration of the surgery alloys the anxiety and reduces the stress of the waiting attendant significantly. Productive and fruitful communication helps in calming down and clarifying the doubts of the patient's attendant and help in better understanding. Accomplished communication authorizes healthcare providers to set up affinity with their patients, solicit crucial health details. Information about the wheel out time from the pre-operative room to the OT and informing about the time taken in the procedure or surgery helps patients' attendant by regular update about their patient. It helps in relieving their anxiety and help them to calmly wait for their patient till the surgery is completed. Once the surgery is over attendant is informed about it when the patient is shifted to recovery room. It alleviates the anxiety of the waiting attendant by giving regular update. Communication brings more transparency and builds accountability, confidence, awareness, and trust among patient's attendants. Patient satisfaction also increases with the communication, and it is the most important factor for the hospital.

RESEARCH QUESTION

Was there any OT communication between Professional and attendant in case of prolonged surgeries?

METHODOLOGY

To answer the present research question, retrospective data research collection study is used. The sampling frame consists of all the patients undergoing prolonged surgery. The analysis is done with the help of OT communication format and by auditing. To know whether the OT communication is effective or not and to check the patient's satisfaction rate feedback analysis is done by gathering the feedback data through telephonic calls and asking few questions to the patient's attendant to whom OT communication was done by the OT professional during patients' surgery. with the help of questionnaire prepared the data is analysed.

To commence the study, OT surgery list is checked regularly with the help of OT list the patients undergoing for prolonged surgeries are identified and then patient's attendant is called, and documented communication is done by the OT staff in dedicated OT communication register by using OT communication format. The compliance rate of OT communication between the OT professional and patient's attendant is monitored regularly till the process is set as a regular practice in the organization. The compliance rate is checked and analysed through continuous audits to observe adherence to the process.

Later to know how effective the study was and to gather the patient's satisfaction feedback, questionnaire is prepared which contains five questions that is asked from the attendants with whom the communication was done during their patient's surgery. The response of the attendant is collected through telephonic interview and based on the interview the feedback analysis is done.

DEMOGRAPHIC DATA: -

Demographic Data	Frequency	Percentage
Gender		
Male	111	41%
Female	158	59%
Age (in years)		
0-15	4	2%
15-64	195	72%
65 above	71	26%

LITERATURE REVIEW

“FEED BACK OF THE PARENTS AND / OR RELATIVES WITNESSING A SQUINT SURGERY OF THEIR WARD IN THE OPERATION THEATER”

In this study, it was discovered that the custom of relatives being present during surgery increases healthcare delivery transparency. It raises awareness of squint surgery and Operation Theatre procedures and fosters the families' trust in the treating surgeon and the medical centre. All of them result in an increase in preoperative anxiety and aversion as you watch the procedure. Most attendees favoured making this technique available to everyone, while over a third of the families suggested making it available only to those who can comprehend surgery and/or can handle the psychological effects of witnessing a member being operated on. Six patients' relatives among total of 50 surgeries carried out throughout the study period declined to be present at the procedure for the patronage reasons: (1.) they were unable to understand the procedure; (2.) they were unable to handle psychological effects; and/ or (3.) they thought the surgeon would perform the procedure more effectively without them. Two of the 44 people present for the procedure left while it was still going on. One relative complained of claustrophobia, while another claimed to feel "sick" and extremely anxious. Operation Theatre had a 170 square foot footprint. Both benefits and drawbacks of having family members attend the procedure may exist. They might boost the families' understanding and receptivity to the surgeon's instructions for postoperative care and subsequent medical care. “In case the patient requires additional surgeries, the sincerity of the original attempt at surgical correction, which was seen by the relative, prevents the emergence of surgeon mistrust”. To determine the advantages of this technique in enhancing the patient to parent to doctor interaction and lowering the incidence of wrongdoing lawsuits, more research is needed.

“ENGAGING PATIENTS AND FAMILIES BEYOND THE POINT OF CARE”

Elevated patient and family engagement (PFE), according to research, results in higher-quality treatments. However, bedside patient activation and collaborative decision-making are no longer sufficient. Hospitals must develop partnership plans that cover organisational structure, political management, and policy development in addition to the point of treatment. How can we bring about this? Accompanied by their dedication to excellence, transformative direction, & focus on high-quality clinical & organisational outcomes, Magner-recognized businesses and those already on the path are well-positioned to guide the shift to a comprehensive PFE model that promotes health. "Business as usual" is no longer sufficient as the healthcare industry transitions from volume to value. The relationship between healthcare professionals, patients, and families must progress further on the bedside to incorporate connections at several levels, including organisational, regulatory, and policy levels as well as coordinating community resources. The entire health system will benefit from holistic engagement, as well as individual care. Families and patients work together to enhance the standard and security of healthcare. Research demonstrates that increasing the effectiveness of PFE measures can make hospital treatment further dependable, safe, & affordable. A well-integrated, multilevel P strategy was found to be strongly correlated with strengthening in “quality outcomes, particularly in conditions like falls, pressure ulcers, catheter-associated urinary tract infections, & central line-associated bloodstream infections, according to the Centres for Medicare and Medicaid Services' (CM Partnership for Patients Campaign)”.

OT COMMUNICATION ANALYSIS

OT Communication format: -

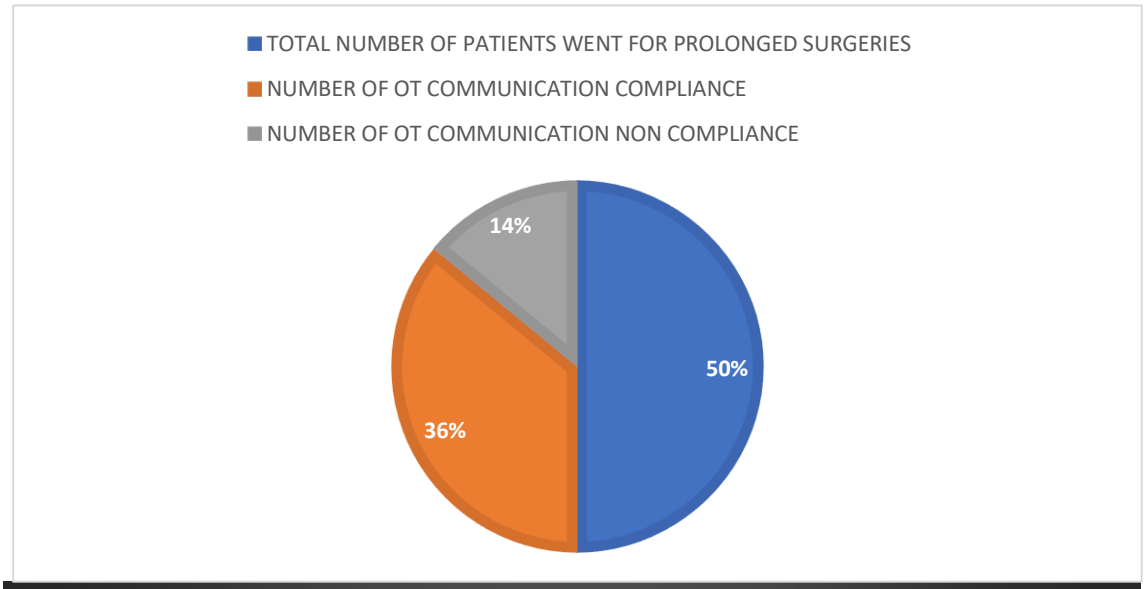
Sheet1 Sheet2 Sheet3

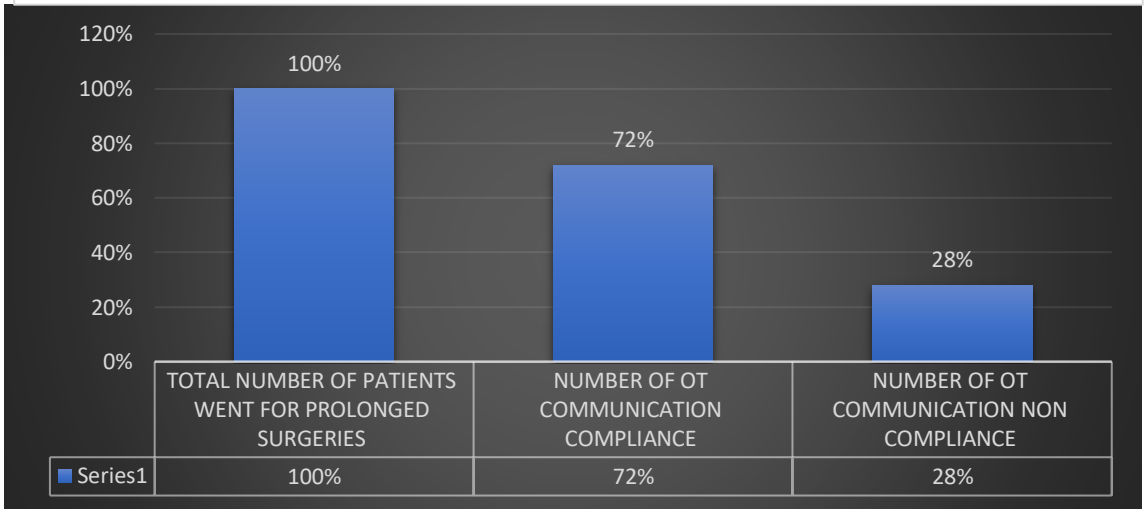
S.NO	PATIENT MRD NO.	PATIENT NAME	SPECIALTY	TREATING DOCTOR NAME	OPERATION START TIME	TIME OF COMMUNICATION	COMMUNICATION RECORD	CONSULTING STAFF NAME, SIGN	OPERATION END TIME
1									
S.NO	PATIENT MRD NO.	PATIENT NAME	SPECIALTY	TREATING DOCTOR NAME	OPERATION START TIME	TIME OF COMMUNICATION	COMMUNICATION RECORD	CONSULTING STAFF NAME, SIGN	OPERATION END TIME
2									
S.NO	PATIENT MRD NO.	PATIENT NAME	SPECIALTY	TREATING DOCTOR NAME	OPERATION START TIME	TIME OF COMMUNICATION	COMMUNICATION RECORD	CONSULTING STAFF NAME, SIGN	OPERATION END TIME
3									
S.NO	PATIENT MRD NO.	PATIENT NAME	SPECIALTY	TREATING DOCTOR NAME	OPERATION START TIME	TIME OF COMMUNICATION	COMMUNICATION RECORD	CONSULTING STAFF NAME, SIGN	OPERATION END TIME
4									

OT Communication analysis: -

TOTAL NUMBER OF PATIENTS WENT FOR PROLONGED SURGERIES	270
NUMBER OF OT COMMUNICATION COMPLIANCE	195
NUMBER OF OT COMMUNICATION NON-COMPLIANCE	75

FINDINGS:-


TOTAL NUMBER OF PATIENTS WENT FOR PROLONGED SURGERIES
NUMBER OF OT COMMUNICATION COMPLIANCE
NUMBER OF OT COMMUNICATION NON COMPLIANCE
14%
50%
36%


120%
100%
80%
60%
40%
20%
0%
100%
72%
28%
TOTAL NUMBER OF PATIENTS WENT FOR PROLONGED SURGERIES
NUMBER OF OT COMMUNICATION COMPLIANCE
NUMBER OF OT COMMUNICATION NON COMPLIANCE
Series1
100%
72%
28%

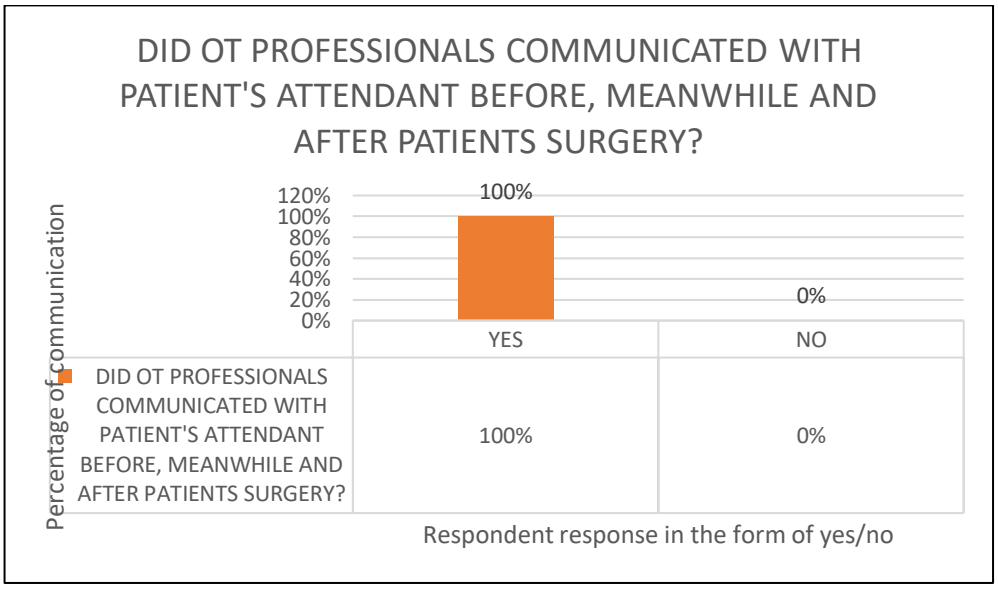
FINDINGS: -

Questionnaire

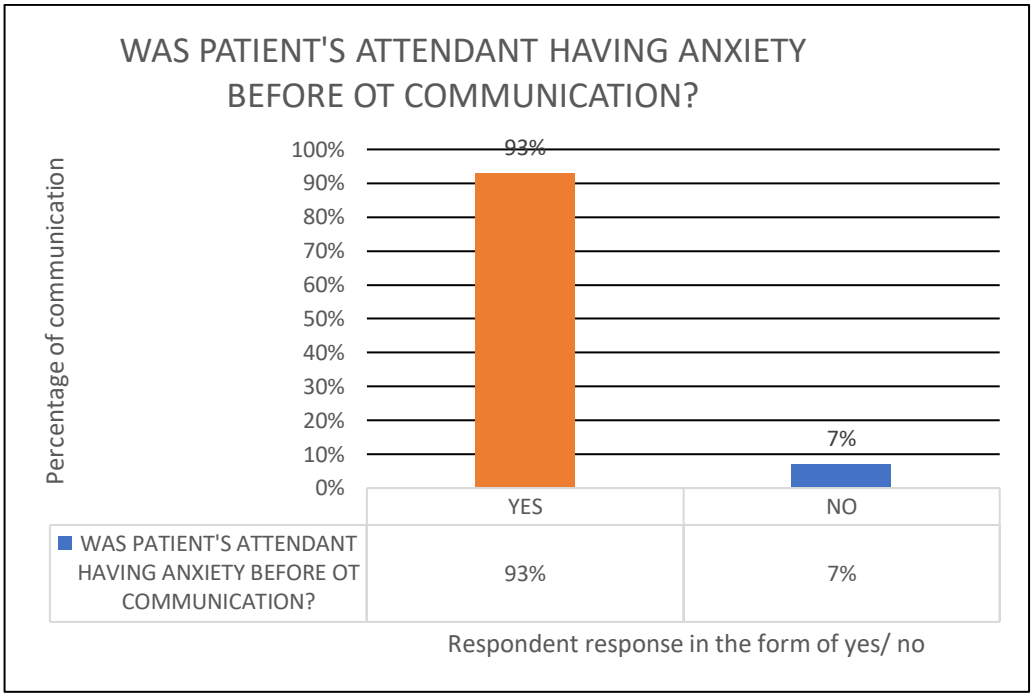
NAME OF THE PATIENT: -		
MRD NUMBER: -		
QUESTIONS	YES	NO
DID OT PROFESSIONALS COMMUNICATED WITH PATIENT'S ATTENDANT BEFORE, MEANWHILE AND AFTER PATIENTS' SURGERY?	170	0
WAS PATIENT'S ATTENDANT HAVING ANXIETY BEFORE OT COMMUNICATION?	158	12
DID PATIENT'S ATTENDANT GET TRANSPARANCY WHEN THE COMMUNICATION WAS DONE?	163	7
WAS OT COMMUNICATION HELPFUL FOR THE ATTENDANTI?	161	9
WAS THE PATIENT'S ATTENDANT SATISFIED WITH THE COMMUNICATION?	166	4

Findings: -

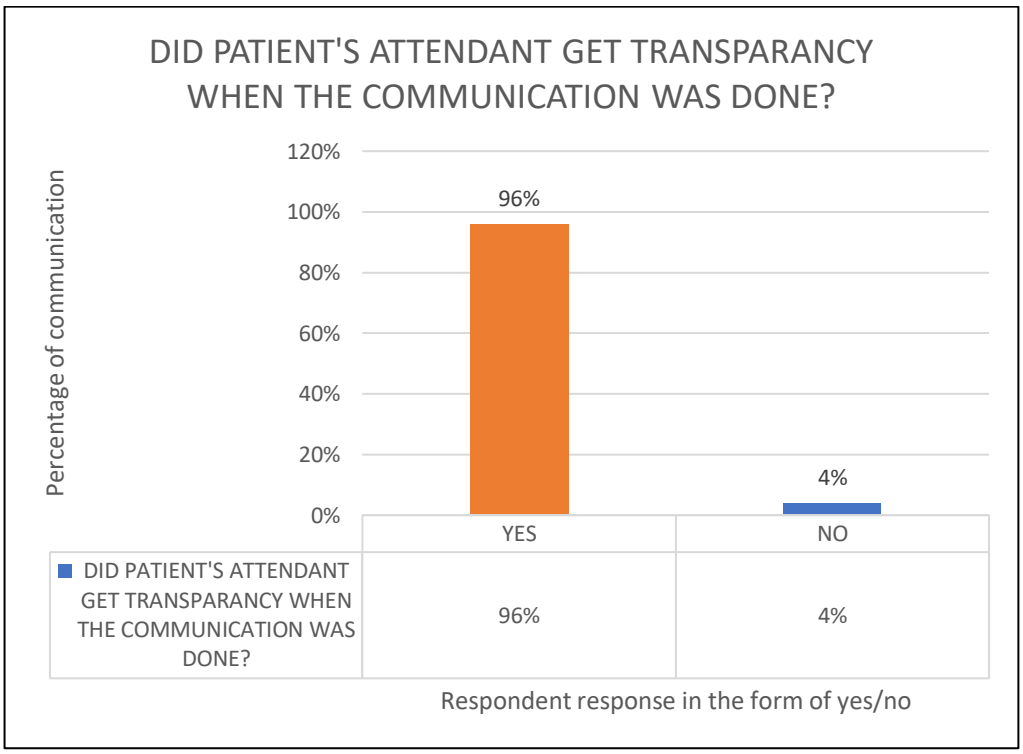
QUESTION1: -



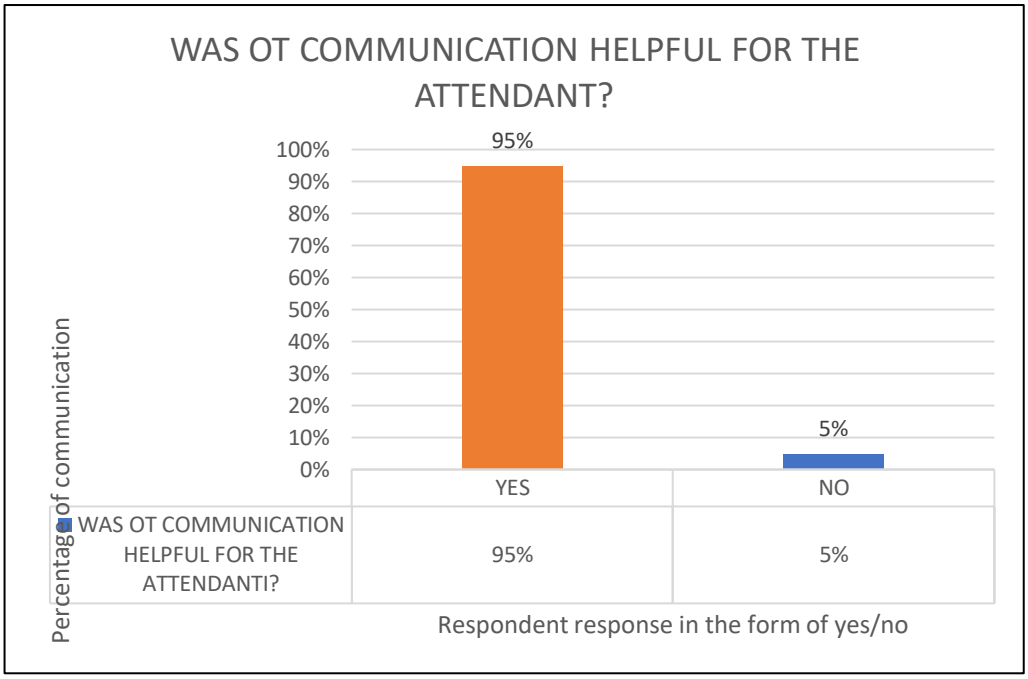
QUESTION 2: -



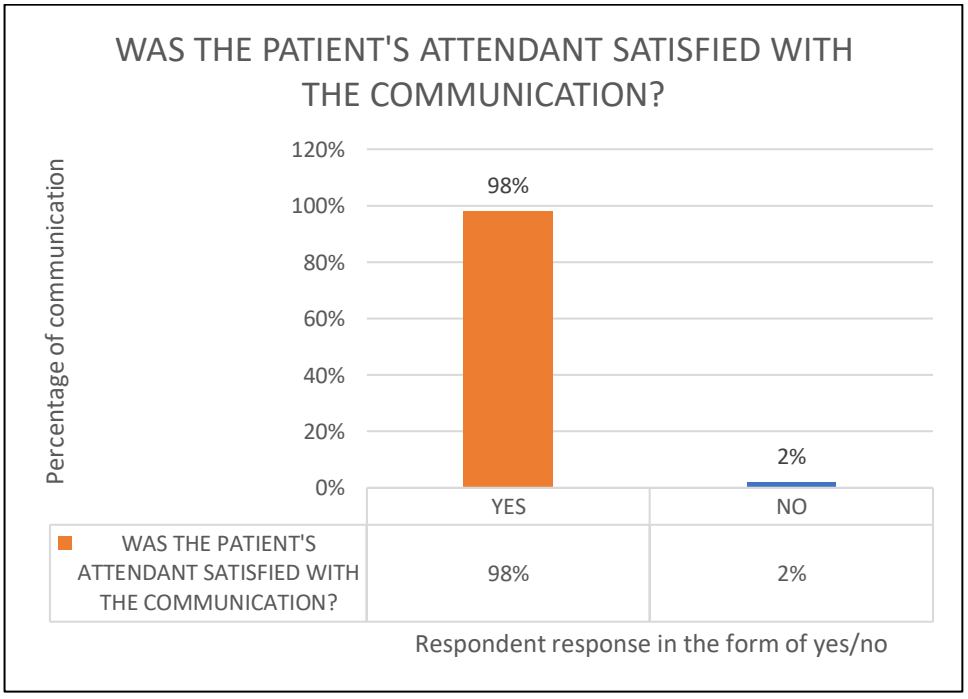
QUESTION 3: -



QUESTION 4: -



QUESTION 5: -



DISCUSSION

With the help of OT communication manual records, the compliance rate is analysed by auditing the records. Total number of patient's undergoing prolonged surgeries is recorded on regular basis. Then with the help of records among how many patients' attendant OT communication was taken place is audited.

According to the analysis

- Out of 270 patients who went under prolonged surgery OT communication was done with 195 patient's attendants whereas, for 75 patients there was no communication taken place between OT professionals and patient's attendant.
- The compliance rate of OT communication between OT professionals and patient's attendant is 72%
- The non-compliance rate of OT communication between OT professionals and patient's attendant is 28%

That means there were 270 patients who has undergone more than 120-minute surgery but out them the OT communication was done only with 195 patient's attendant and 75 patients' attendant were given no information and no communication was taken place during surgery, due to various reasons like their number was unreachable, their phone were busy, and due to lack of staff. The compliance rate is more than non-compliance rate that means OT communication is done on regular basis accordingly and with little input and focus non-compliance rate can be reduced.

With the help of questionnaire containing five questions was asked from the attendants with whom the communication was done during their patient's surgery. The response of the attendant was collected through telephonic interview and based on the interview the feedback analysis is done that is as followed: -

- Out of 195 patient's attendants with whom the OT communication was done 170 responded whereas 25 attendants didn't respond.
- feedback was collected from 170 patient's attendant with the help of questionnaire.
- In Question one 'did OT professionals communicated with patient's attendant before, meanwhile and after patients' surgery?' Out of 170 attendant every one said yes that means all the attendant were communicated during surgery.
- In Question two 'was patient's attendant having anxiety before OT communication?' Out of 170 attendants 158 attendants said yes and 12

attendants said no that means most of the attendants were feeling anxiety before the OT communication was takes place.

- In Question three ‘did patient's attendant get transparency when the communication was done?’ Out of 170 attendants 163 said yes and 7 attendants said no. That means most of the attendant were having transparency and find out the communication effective and informative.
- In Question four ‘was OT communication helpful for the attendant?’ Out of 170 attendants 161 attendant said yes and 9 attendant said no. this means that most of the attendant find out the OT communication helpful and helped them to alloy their anxiety.
- In Question five ‘was the patient's attendant satisfied with the communication?’ Out of 170 attendant 166 attendant said yes and 4 attendants said no, that means most of the attendants were satisfied and find this whole OT communication process effective and helpful.

CONCLUSION

OT communication between OT professional and patient's attendant is a procedure that takes place when the patient is undergoing for prolonged surgery. Patient's attendant is informed and communicated before the surgery begins, meanwhile and after the surgery is done. Based on OT communication format the compliance rate of OT communication was taken out by doing regular audit and continuous monitoring. It not only alloy attendant's anxiety but also promotes trust, loyalty, resolve doubts, and improve accountability.

With the help of questionnaire patient's attendant feedback analysis was done to find out how helpful and effective OT communication was for the patient's attendant. Because it is critical to recognize the importance of OT communication and influence on relationship between the patient or patient's attendants and doctor or care giver. As patients' satisfaction is main metric to estimate overall healthcare quality.

RECOMMENDATION

- Timely information should be given to the patient's attendant through OT communication by the professional.
- For more than 10 hours surgery the patient's attendant communication should be done in every 3 hours.
- Before starting any procedure or surgery procedure should be briefly explained to the patient's attendant for more transparency.
- There should be efficient OT staff so that each and every patient undergoing prolonged surgery can be communicated without any delay in time.\
- Digital display can be placed outside the OT waiting area where the patient's undergoing surgeries start time and end time can be displayed on the screen so that the attendant can have the transparency in the information.

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