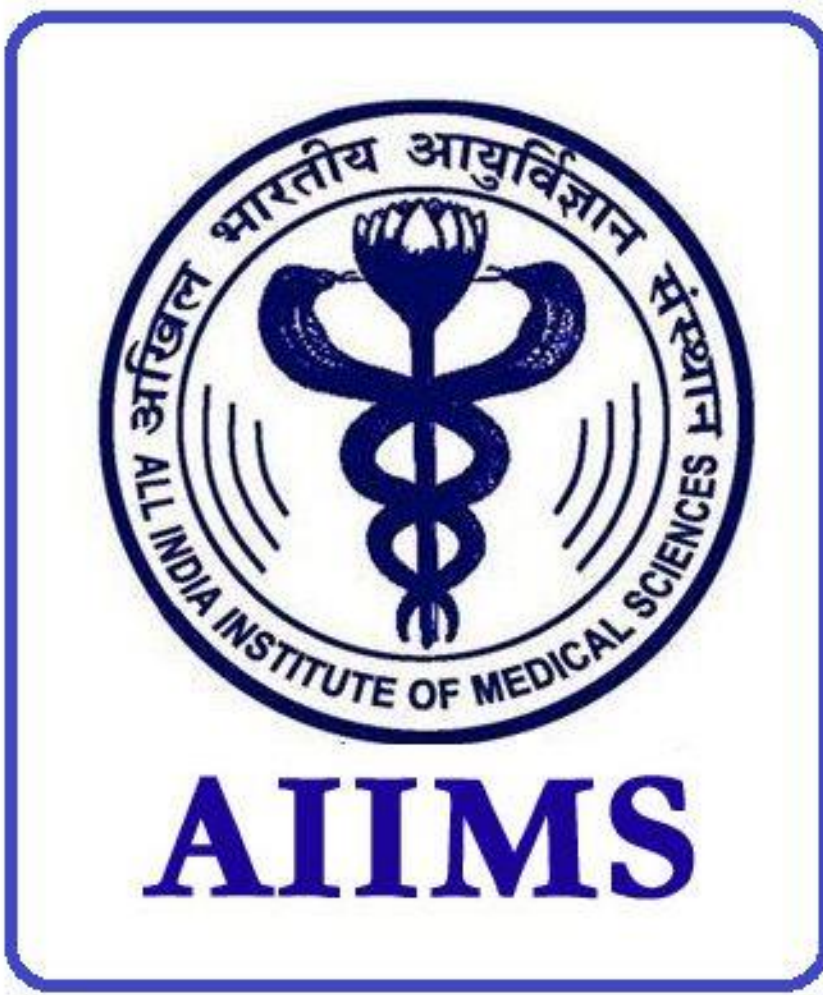




COMMUNICATION WITH PATIENTS' RELATIVES IN LABOUR ROOM: A QUALITY IMPROVEMENT STUDY

Sivalakshmi Ramu, MBBS, Nilanchali Singh, MD, Maninder Kaur, MD, Vartika Sharma, MBBS, Rinchen Zangmo, MD, Nimisha Agrawal, MD, Deepali Garg, MD, Jyoti Meena, MD, Kallol Kumar Roy, MD, Aparna Sharma, MD

Department of Obstetrics and Gynaecology, All India Institute of Medical Sciences, New Delhi, India

INTRODUCTION

- Effective doctor-patient communication is a prerequisite for a successful and robust healthcare delivery system function and for building a therapeutic doctor-patient relationship
- This quality improvement (QI) study aims to improve this relationship by implementing a regulated counseling system in the labor room to help patients and their families better understand the labor process and further course of their hospital stays

BACKGROUND

- AIIMS-Delhi has a 13-bed labor ward where there is a communication gap between doctors and patients
- Patients and their families are often not adequately informed of their condition and pregnancy outcome, and they are rarely involved in the decision-making process.
- The reasons being:
 - Lack of time among doctors due to heavy patient load
 - Inadequate communication skills training and regular monitoring on the quality and content of information
 - Lack of departmental policies and predefined standard operating procedures for counselling

METHODS

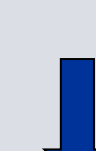
Multidisciplinary QI team formed in the department (POCQI Approach)



Feedback questionnaire provided to patients to assess baseline counselling

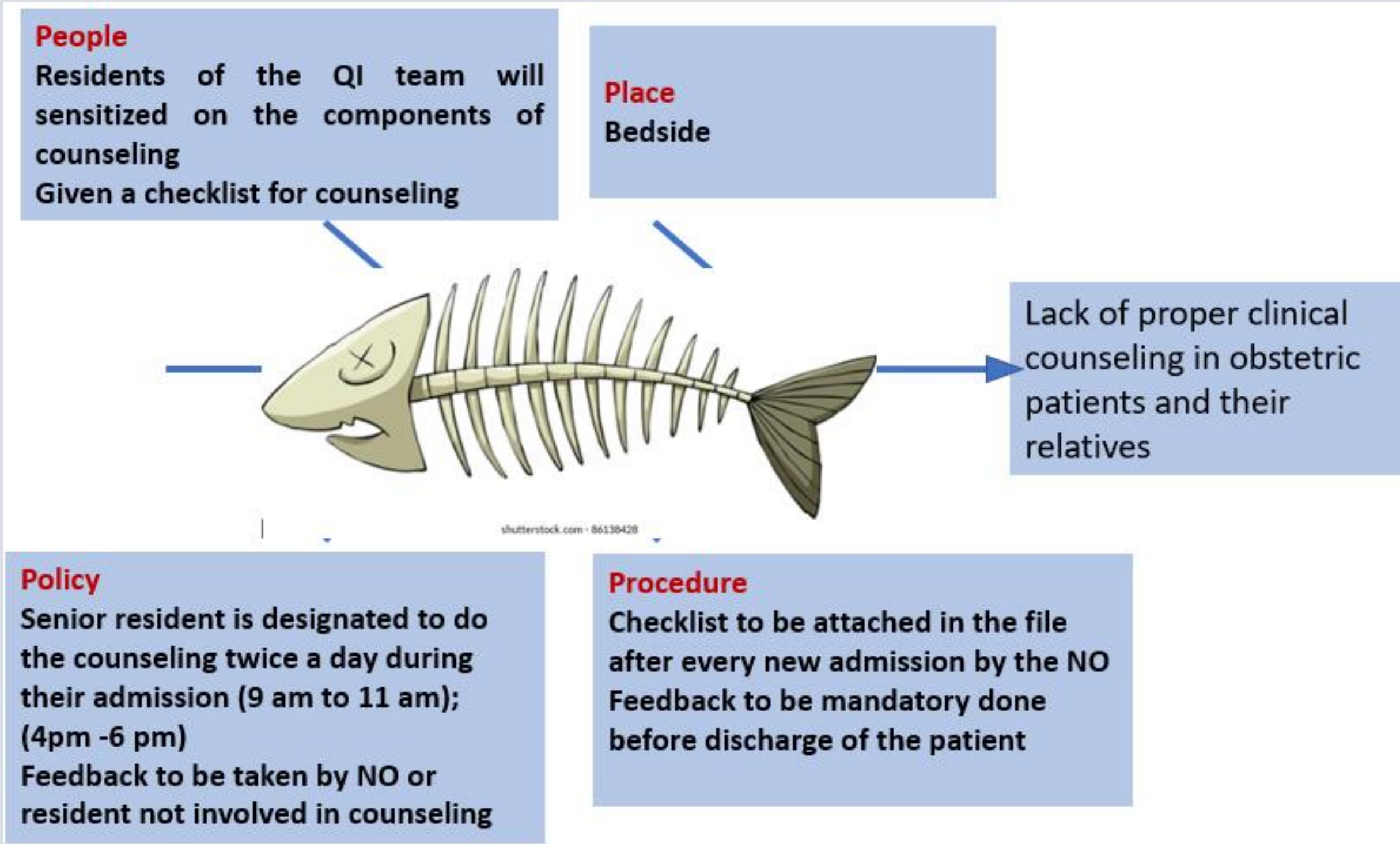


A checklist of essential counseling components was created to standardize counseling



Team members were encouraged to provide counseling and feedback

Fish bone analysis

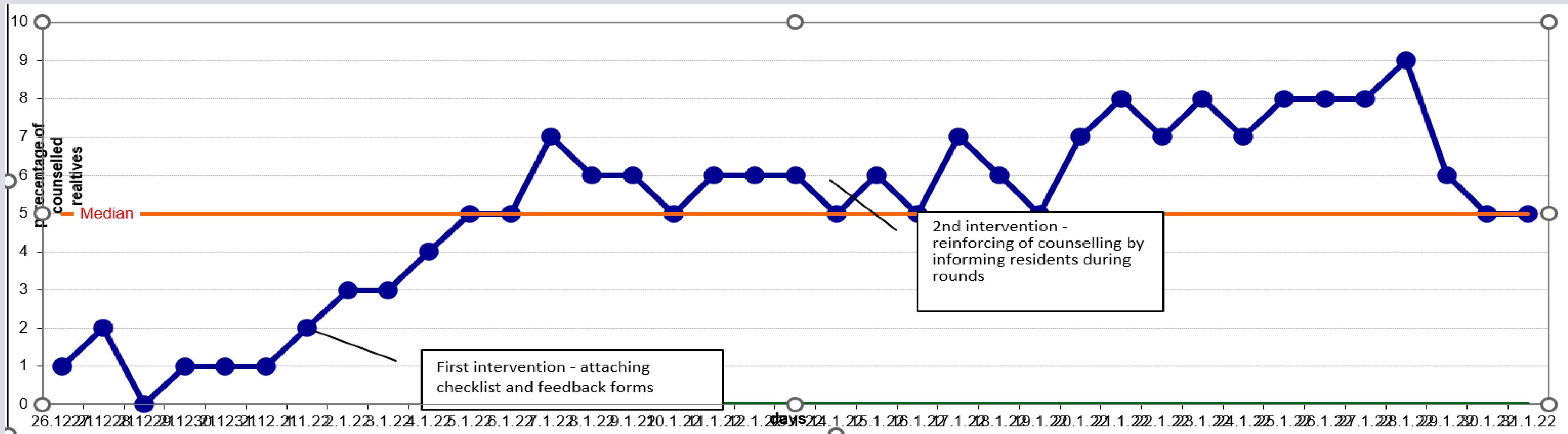


Daily counselling of patients relatives



RESULTS

The percentage of appropriately counselled relatives of pregnant women admitted in labour room increased from baseline of 0% to 75% over a period of 3 weeks



METHODS

Plan-Do-Study-Act (PDSA) cycle 1 :

- Residents to counsel the patients' relatives, Labor room team to attach checklists in file on admission
- Missing checklists to be attached in file by in charged resident
- Feedback forms taken over two weeks , initial improvement was notes.
- Next PDSA planned

Plan-Do-Study-Act (PDSA) cycle 2 :

- All ward members to counsel the patients
- Increased surveillance and re-inforcement of counselling process
- Feedback forms taken over next week
- Change in ideas were applied

CONCLUSION

- Family centred counselling of patients provides a better understanding and less dispute between the doctors and the patients.
- Our QI project met the needs and expectations from the family members.
- A good training is essential to comply to counselling as a day-to-day routine in labour room. Mandatory checklists, standardised SOP's, regular surveillance and motivation improves counselling.

FUNDING INFORMATION

No funding was used for the project