Enhancing ICU Communication: Breaking Barriers for Optimal Patient Care

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Introduction

Effective communication in the ICU is vital for optimal patient care and positive outcomes. Clear and empathetic communication between healthcare providers and patient relatives is crucial for reducing anxiety, promoting understanding, and facilitating collaboration in decision-making. It also builds trust, rapport, and enhances overall satisfaction.

Addressing operational challenges in ICU communication requires a multifaceted approach, including gathering feedback from patients and relatives and using methodologies like DMAIC.

This study explores the importance of effective ICU communication and investigates operational challenges, aiming to develop targeted strategies for improvement.

Objectives

- To investigate the challenges and barriers to effective communication in the ICU setting
- To collect feedback from patients and their relatives regarding their experiences with communication in the ICU
- To enhance communication with a larger number of patient relatives during the patient's ICU stay
- To Improve satisfaction levels and reduction in the patient complaints in the ICU, through enhanced communication practices

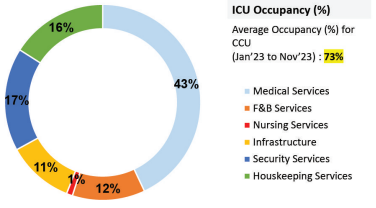
Methodology

1. Study Design:
This study employed a mixed-methods approach, integrating observational and qualitative designs with a pre-post intervention analysis.

2. Data Collection:
- Patient feedbacks/ complaints / suggestions (during hospitalization and post hospitalization)
- Direct observations were conducted using a convenient-based sampling method, involving 36 instances, where in doctor communicating with ICU patient relatives were observed.
- Communication data from patient files were extracted through file audits without sampling.

3. Data Analysis:
- The analysis utilized Fishbone analysis and Ms Excel software. The findings were visually represented through bar graphs and pie charts.

Analysis of Complaints /Suggestions from ICU patients



Plan
- Develop strategies to address doctor shortages and high attrition rates.
- Establish protocols for timely responses to non-medical queries.
- Implement structured communication protocols, such as ICU communication forms.

Do
- Adjust locum rates to attract experienced staff and distribute patient education materials.
- Conduct training sessions on new communication protocols for staff.
- Roll out structured communication forms and monitor their usage.

Check
- Assess staffing levels and attrition rates regularly.
- Gather feedback on patient education materials and communication protocols.
- Analyse data to evaluate the impact of structured communication forms.

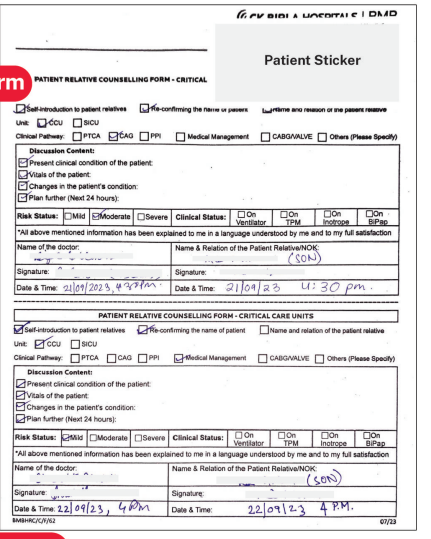
Act
- Adjust workforce strategies based on ongoing assessments.
- Revise materials and protocols based on feedback.
- Continuously refine communication forms and protocols.

Patient Communication Form

- Check the boxes once you have communicated the following:

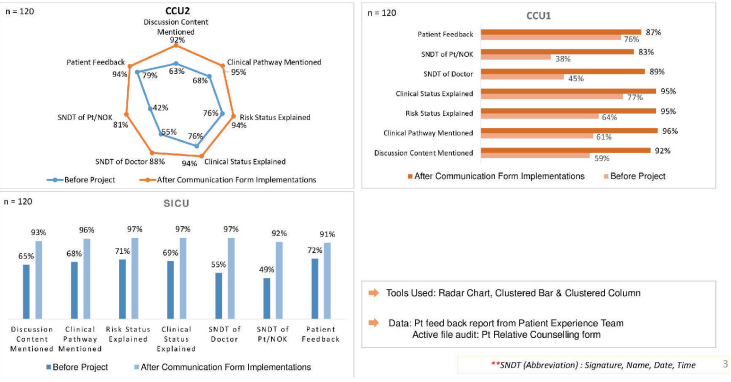
- Self introduction to patient relatives
- Re-confirming the name of patient
- Confirm the name and relation of the patient relatives
- Inform the current clinical condition of the patient
- Inform the vitals of the patient
- Inform the changes in the patient's condition
- Inform the plan further

- Signature of RMO
- Signature of Patient Relative & Relation
- Date & Time



Some of The Booklet Samples

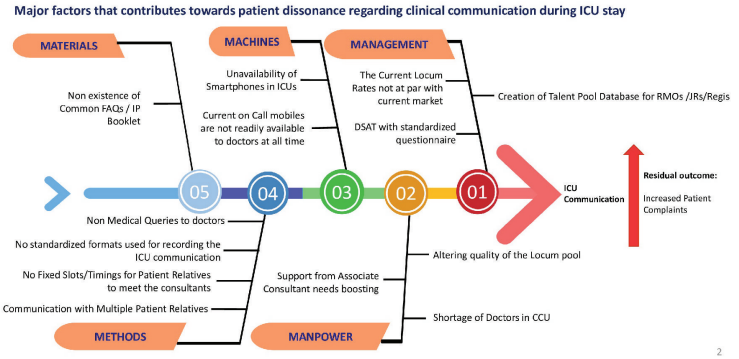
Audit Post Implementation



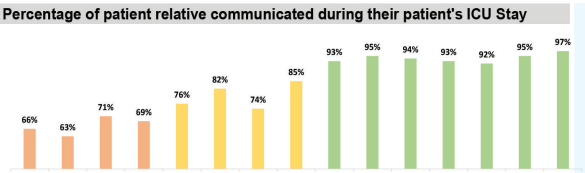
- Tools Used: Radar Chart, Clustered Bar & Clustered Column
- Data: Pt feed back report from Patient Experience Team
  Active file audit: Pt Relative Counselling form

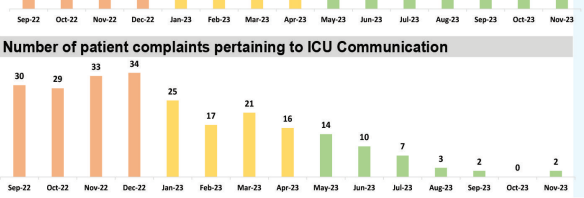
**SNDT (Abbreviation) : Signature, Name, Date, Time

Fishbone Analysis for the Gap in Communication



Results





Result:
Identified challenges and barriers have been significantly mitigated. Patient relative communication during ICU stays increased to 98% from 63%, with patient complaints reducing to 2 from 34 (highest in Dec'22)