WORKING TOWARDS IMPROVED COMMUNICATION BETWEEN PATIENTS, VISITORS AND STAFF USING ESSENTIALS OF CARE

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INTRODUCTION

The New South Wales Health Care Complaints Commission Annual Reports from 2006/07 to 2009/10 rank communication second only to treatment as the major source of complaint. The Garling investigation in 2008 also reported that the public had a major issue with communication from health professionals (Garling, 2008). Areas of concern included patients and families not knowing who their doctors were, insufficient information about their condition and treatment, test results often not being explained in a simple language and patients/families not being involved in care and treatment decisions. In response to the Garling report, nurses in an acute medical ward of a major metropolitan tertiary referral hospital initiated an innovative project to assess and improve the communication provided to patients during their admission. A Practice Development framework was used to engage clinicians in decision making and evoke culture change by working collaboratively to improve communication.

Practice Development and Essentials of Care

Practice Development was defined by Manley, McCormack and Wilson(2008:.9) as 'a continuous process of developing person-centred cultures enabled by facilitators who authentically engage with individuals and teams to blend personal qualities and creative imagination with practice skills and practice wisdom. The learning that occurs brings about transformation of individual and team practices.'

The Essentials of Care Program (EOC), first introduced to New South Wales public hospitals in 2008, has as its basis the fundamental philosophical tenets of Practice Development. The aim of EOC is to enable nurses and midwives to focus on the development of a clinical environment that enhances patient care, teamwork and individual satisfaction (New South Wales Health: Nursing and Midwifery 2009).

The aim of this paper it to report the findings of an Essential of Care (EOC) project that used a Practice Development framework to engage clinicians in reflecting on their practice in order to improve communication between staff and patients in an acute medical ward.

PROJECT AIM

The project aimed to use a Practice Development framework to provide patients with a better experience in terms of communication by:

- Identifying problems with communication to patients about their care;
- Identifying problems with communication between health professionals;
- Engaging staff in developing and implementing practice change initiatives;
- Monitoring ongoing compliance and patient satisfaction with care and in particular with communication about the care they receive.

Advice on the need for ethics approval was sought from the Hunter New England Human Research Ethics Committee. This project was part of a larger State-wide EOC evaluation program that has ethics approval.

METHOD

A ward project team was established, consisting of nursing staff including the Clinical Nurse Consultant and EOC facilitators and a project plan was developed.

Data Collection

All data collection occurred over a two week period in February and March 2009.

Patient Interviews

All inpatients on a medical ward excluding those diagnosed with dementia were given information and consent forms and invited to participate. Consenting inpatients participated in face to face interviews conducted by an independent EOC facilitator.

The interview questions were designed to gain insight into patients' perceptions of communication regarding to the care they received during their hospital stay and included:

- Can you tell me what your day has been like so far?
- Do you know what tests you have had done and why? Has anyone explained them to you?
- Are you comfortable with the amount of information you have received regarding nursing care and disease processes?

Ward Observations

EOC facilitators spent time observing and making notes on staff, patient and visitor interactions and conversations. The observation periods were randomly selected by the project team and included periods on weekends and after hours. Interactions and conversations between staff, visitors and patients were observed and notes taken.

Data Analysis

Content analysis was conducted of both the interview and observational data and common themes were identified.

RESULTS

Patient Interviews

A total of six patients out of 32 who were initially targeted consented to participate and were interviewed. There were many positive comments about communication with staff but a common thread throughout the interview data was that communication was inadequate regarding certain aspects of the individual's care. Some reported that they felt they were 'being kept in the dark' or not consulted or not included in decision making around their care in some instances. The following are some examples:

> *A. 63 year old male patient:*
>
> *Care just happens …/ no involvement…/ they like to keep you in the dark. For example I was supposed to get a CT scan, everyone*

else seemed to know but me. I found out when someone turned up at the bed to get me for the test…/.

B. 43 year old female patient:

They stand at the end of the bed and discuss me like I am not here. When I go to say something one of them puts their hand out in a stop signal to stop me talking…/.

And another comment from a 68 year old male patient:

I am still a bit in the dark…/ I want them to talk to me simply…/ they come to the bedside and talk to each other, they do not talk to me, I am just there, they sort of ignore me.

Ward Observations

A total of ten and a half hours of observations were conducted by EOC facilitators with an average observation time period of between thirty and sixty minutes per session. The observation data revealed a lack of information being given to patients and families, including test results and scheduled procedures. Families could not find the patients if they were out of the ward and nurses often did not know where patients were located if they were not in their ward beds. Information regarding transfer and discharge was also poorly communicated between the ward team and patients.

OUTCOMES

Strategies to Engage Staff

The interview and observation data provided a starting point for the project team to engage all ward nursing staff in discussing the issues highlighted and developing strategies to improve communication. Five feedback sessions were conducted with an average of six nursing staff attending each session. Role play was used as one of the strategies to present observed communication styles. In addition, data were shared with staff at team meetings and a copy of all observation notes were placed in the ward EOC folder for easy assess.

Action Plan

An action plan was developed by the team as a result of reflections on practice and feedback sessions. Currently there have been four major initiatives developed and implemented. These are the development of:

- Staff photo magnets identifying staff and which staff are caring for a particular patient. These photo magnets are placed on a centralised notice board and visible for staff, visitors and patients.

- A ward information brochure for patients and families containing ward values, basic information such as visiting hours, meal time, direct telephone numbers and discharge times.

- Pink magnets with locations such as radiology, dialysis, nuclear medicine which were placed on the patient list whiteboard when a patient is transferred out of the ward. This made it easier for staff and families to locate the patient's whereabouts.

- A patient flow folder containing a daily waiting list report of patients awaiting transfer to other facilities, admissions and discharges. This ensured that all staff had access to the most updated report to assist with patient and family enquiries.

To ensure, smooth transition of the practice changes regular education sessions were given to all ward staff including nurses, administrative staff and other wards personnel to ensure consistency of practice. Staff were encouraged to remind each other to ensure actions were followed through and the Nursing Unit Manager provided positive feedback when observing staff complying with the changes.

Ongoing Compliance

A patient survey audit tool has been developed as part of this project to monitor patient satisfaction with the communication they receive about their care. The audit will be carried out every 6 months to ensure compliance with practice change and help inform future decision making around communication practice change initiatives. Results so far have been positive with 92% of patients indicating they are satisfied with the level of communication they have received while an inpatient. In the survey patients are also invited to provide written comments and these have been positive as well. One patient wrote:

I was aware of what was going on with my situation and information was explained very well, and *my needs have always been met.*

CONCLUSION

The practice change initiatives are now embedded into daily practice and six and 12 month post implementation audits suggest a high level of patient satisfaction with communication received about their care.

The team will continue to work with the issues identified as a result of this project and the ongoing development and implementation of new initiatives to improve communication even further from a multidisciplinary perspective.

This project is testament to the process of Practice Development and the EOC program, where there has been a demonstrated commitment to practice change when all staff are engaged to work collaboratively with shared values and common goals.

Acknowledgments

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