

	INODAYA Hospitals - Kakinada		Documentation code: INH/PRE.Doc.No:10
	Effective Communication		Issue date: 11/11/2025
	Reference: PRE. 8.a & b. NABH Standards – 6 th Edition		Issue no: 01
	Prepared date: 11/11/2025	Review date: 10/11/2026	Review no: 00

1.0 POLICY:-

Staff of the Organization needs to address or communicate with the patients/families, healthcare workers and among healthcare workers as well effectively

2.0 PURPOSE: -

- Delivery of healthcare is a complex process which involves lot of human interaction between patients/families and healthcare workers and among healthcare workers as well. It has been proven that majority of the errors that happen in health care are related to communication.
- It is also proven that the patient outcomes are better with good communication
- The purpose of effective communication is to share a common meaning.

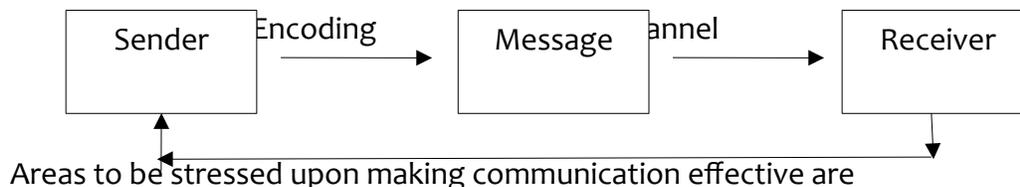
3.0 SCOPE:-

Organization wide

4.0 RESPONSIBILITY:- All staff

5.0 COMPONENTS OF EFFECTIVE COMMUNICATION:

“Communication is a transactional process to create meaning.” There are 3 components of communication. Those are sender, receiver and message. In a typical doctor-patient interview, doctor assumes the role of sender as well as receiver. The meaning which needs to be communicated is not in the message as the doctor may have a different meaning and the patient may have a different one.

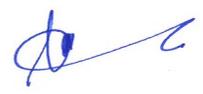


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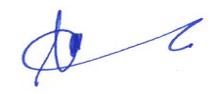
6.0 Procedure:

- 6.1** Patients and their family members shall be provided with appropriate education and training pertinent to the diagnosis, problems or needs identified during initial and ongoing assessment.
- 6.2** Assessment of educational needs shall include readiness to learn, ability to learn, (will take into account the individual’s literacy including health care literacy and educational level) age specific/developmental needs, cultural considerations, emotional barriers and motivating factors, physical, cognitive limitations and the financial condition of the patient. The assessment findings shall be used to educate the patient according to the knowledge.
- 6.3** The nurse and the treating physician or designated staff or counselors shall have the responsibility for ensuring that the patient receives appropriate education.
- 6.4** The patient and the family shall be provided with specific knowledge and skills to cope with health care needs. These instructions shall include, but are not limited to:
- a. Expanding the patient’s knowledge and understanding of their diagnosis and treatment needs.
 - b. Pain Management
 - c. The safe and effective use of equipment ordered for their use.
 - d. Dietary requirements and any potential interactions with medications.
 - e. How and when to take medications in a safe and effective manner and (any specific precautions related to their needs.)
 - f. Instruction in rehabilitation techniques to facilitate adaptation to and/or functional independence in the environment.
 - g. Directions on whom to contact and how to contact people (i.e. physicians, outside agencies, etc.) for further information regarding their care and treatment.

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- h. How to access available community resources as needed.
 - i. Providing an opportunity for the patient and/or family to ask questions that allow them to make informed decisions concerning their care and treatment.
 - j. Clearly informing patients and families about their responsibilities in the patient’s care.
 - k. Providing information about rehabilitation potential and resources.
 - l. Promoting maximum achievable recovery and functioning.
- 6.5 The **Special situations** identified for effective communication with patients and families are identified as below:**
- a. Breaking Bad news
 - b. Disclosing Death
 - c. Handling an aggressive patient/family
 - d. Communication in case of emergency/disasters
 - e. Disclosure of an adverse event
 - f. Managing an angry employee
 - g. Handling patient staff argument etc.
- 6.5.1 A to E situations shall be disclosed/handled by the concerned treating consultant and Dy. M.S in his absence.
- 6.5.2 F and G situations shall be addressed by the Operations head and Administrator.
- 6.5.3 In **breaking the bad news**, disclosing death, handling aggressive patients/families, disclosing an adverse event; the treating consultant shall give enough time to the family members and take them to a separate designated room located on the first floor to address the needs of the family members.
- 6.5.4 All the staff shall be trained on the special situations accordingly.
- 6.5.5 The Interdisciplinary Team shall serve as one resource to review hospital wide policies relating to patient education, to coordinate patient/family

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education efforts interdepartmentally, and to plan continuous quality improvement - activities related to patient/family education.

6.6 Patient Education shall require documentation in the patient’s medical record.

7. The Patient/Family Education Record shall be utilized for all inpatients that avail services at Inodaya Hospitals- Kakinada as necessitated by the clinical condition

8. Specific areas of assessment shall include, but are not limited to the following

- Learning needs
- Learning abilities
- Learning preference
- Readiness to learn
- Culture or religious practices
- Emotional barriers
- Desire and motivation to learn
- Physical and / or cognitive limitations
- Language barriers
- Financial implications of care choices

9. Each discipline involved in patient/family education shall document the date education initiated, and print their name on the form.

10. This shall allow all disciplines to communicate the status of each patient/family’s education, and a process to verify that patients and families receive and understand the education provided.

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11. Education shall also help patient and his or her family to give informed consent, participate in the care process, to take care decisions, and to understand any financial implications of care choices. The educator shall encourage the families to ask the questions and to speak up as active participants. The organization shall ensure the verbal information is reinforced with written material (whenever possible) that is related to the patient's needs and consistent with the patient's and family learning preferences.
12. The organization shall identify health needs/problems in the community and shall coordinate with different governmental and non-governmental organizations in imparting education and on common disease prevention.
13. The organization shall cooperate with other outside organizations for continuity of care by formal and informal communications with appropriate foundations and governmental/ nongovernmental organizations (which shall also include Prime Minister's and Chief Minister's Relief Fund) for financial help. To help patients to access community resources, the medico-social worker shall help and counsel patients in choosing and utilizing such facilities.
14. Language, culture barriers shall be identified and measures adopted to overcome for effective learning / teaching process by the Interdisciplinary Team within 48 hours of patient admission. Interpreters shall be used whenever necessary
15. Education and training shall help meet patients' ongoing health needs.
16. At the time of discharge a detailed discharge summary shall be given to all patients which include when to resume daily activities, preventive practices relevant to the patient's condition or health goals, dietary requirements, physiotherapy needs and when appropriate, information on coping with disease or disability.

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17. Safe and effective use of equipment shall also become a part of education for some patients in which they shall be taught about the purpose of using such equipment, pre-requisites, equipment operation and safety measures to remember while using the equipment based on manufacturer's instructions. Inodaya Hospitals shall also take the help of equipment suppliers to teach the patients and to continue to help them even after discharge. This shall also be checked by asking the patient to do return demonstration when in the hospital.
18. Safe use of medication shall be explained by the physician, nurse or the appropriate qualified staff to the patients or the family.
19. Nutritional guidance shall be given to all the in- patients. The dietary department of the hospital shall cater to the nutritional needs and provide necessary counseling to patients and family at the time of discharge.
 - a. Imparting education requires various techniques and methods. Regular group sessions shall be conducted for identified disease populations.
 - b. The feedback from the family or the patient shall ensure that the information is understood.
 - c. Family meetings shall also be conducted to inform patients of their condition.
19. The employees are sensitized in unacceptable communication. They are trained to avoid abusing patients, hurting the religious or cultural sentiments and any communication with disrespect to the patients. Argument with patient/ patient family, employees is discouraged and talking about the organization/ any employee in a degrading manner also constitutes unacceptable communication

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