

	<b>INODAYA Hospitals - Kakinada</b>		Documentation code: INH/PRE:Doc.No:12
	<b>POLICY ON ENHANCED COMMUNICATION WITH PATIENTS AND/ OR FAMILIES DONE EFFECTIVELY</b>		Prepared date: 11/11/2025
	Reference: PRE. 8c. NABH Standards – 6 <sup>th</sup> Edition		Issue Date:11/11/2025
	Issue no: 01	Review No: 0	Review date: 10/11/2025

### 1.0 Purpose

To ensure effective, timely, clear, and compassionate communication with patients and/or their families in order to support informed decision-making, patient safety, continuity of care, and patient satisfaction.

### 2.0 Policy:

- The hospital is committed to effective and enhanced communication with patients and/or their families throughout the continuum of care. All healthcare providers shall communicate relevant information in a clear, respectful, culturally appropriate, and understandable manner, ensuring patient and family involvement in care decisions.

### 3.0 Scope:

This policy applies to all hospital staff, including medical, nursing, allied health professionals, administrative personnel, and support services involved in patient care and communication.

### 4.0 Definition / Abbreviation

**Effective communication:** The successful joint establishment where patients and health care providers exchange information, enabling patients to participate actively in their care from admission through discharge, and ensuring that the responsibilities of both

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patients and providers are understood. To be truly effective, communication requires a two-way process (expressive and receptive) in which messages are negotiated until the information is correctly understood by both parties. Successful communication takes place only when providers understand and integrate the information gleaned from patients, and when patients comprehend accurate, timely, complete, and unambiguous messages from providers in a way that enables them to participate responsibly in their care.

**Patient and / or Family Education:** Providing general or specific information about symptoms, management of symptoms, medication, or other subjects related to treatment and plan of care.

**Significant Others:** Individuals who the patient identifies in their Psychosocial History and throughout their hospitalization as supportive persons in their life.

**Communication barriers:**

- Fatigue
- Lack of interest and motivation
- Type of patient
- Language
- Patient with speech and hearing disability

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The hospital has staffs who act as interpreters in case of need for a particular language, to help in the patient interaction and counseling.

### 5.0 Responsibility

#### Roles and Responsibilities

- **Healthcare Providers:** Ensure effective, empathetic, and timely communication with patients and/or families.
- **Nursing Staff:** Reinforce information, provide education, and clarify patient and family concerns.
- **Hospital Administration:** Support systems, training, and resources to enhance communication.
- **Quality Team:** Monitor effectiveness through audits, patient feedback, and improvement initiatives.

### 6.0 Components of effective communication in healthcare

- Two way dialogue – Establishing a rapport where the client and or family is equally involved in the conversation and actively participates in the conversation.
- Atmosphere of care of respect – Ensure a safe environment for free communication that also includes privacy and confidentiality
- Use of simple language – Explanation of medical terms in a way that can be easily comprehended by a non-medical person

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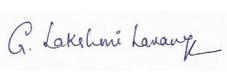
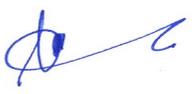
- Use of non-verbal communication – Non-verbal gestures such as offering a chair, water or even a friendly demeanor plays a major role in establishing effective communication
- Feedback – Allowing the client and or their family to clarify any doubts and express their views.

### 7.0 Procedure

7.1 Communication between staff, patients, families, and significant others must take into account the patient's right to privacy and the confidentiality.

7.2 All pertinent health care professionals must include, but not limited to the following guidelines to ensure effective communication.

- 7.2.1 Greeting Namaste and establishing the rapport
- 7.2.2 Listening patiently
- 7.2.3 Having a favorable body language which includes the day the attire of health care professional, sitting posture , eye contact etc.,
- 7.2.4 Showing empathy ( putting ourselves in patient / family's position)
- 7.2.5 Avoiding unnecessary medical jargon
- 7.2.6 Not being judgmental

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7.2.7 Clearing the doubts and confirming whether they have any questions

7.2.8 Greeting, thanking

7.3 Situations where improper communications leads to adverse events includes, but not limited to the following

7.3.1 Verbal orders

7.3.2 Emergency situations

7.3.3 Hand-over communications

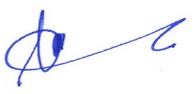
Verbal orders and Emergency situations

Verbal orders are to be limited to the barest minimum required for patient safety. Verbal orders shall follow the “read back” procedure.

Situations where verbal order to nurses are allowed:

- Lifesaving situations - Serious nature of patient condition such that if medication is not administered, it may lead to permanent harm or even death.
- Ant diabetic Drug orders

The diabetic orders and the life saving drug orders shall be signed by the doctor within 24 hours.

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Situations where verbal order to doctors / nurses are allowed:

- Reporting of critical laboratory value and critical tests values

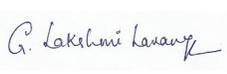
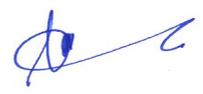
If patient sample testing shows values beyond Critical Laboratory Values and the results of critical tests (even if the values are within normal limits) is reported by the laboratory technician to the patient's physician /Duty Registrar or Resident /Nurse (in case the patient is admitted). In case of outpatients, the information is given to the patient's physician.

For all verbal orders involving critical lab values and critical tests, the read back procedure is followed.

For all verbal orders, the receiver of the order shall write down the complete order and then read it back and verify the same from the individual giving the order.

If read-back in emergent situations such as a Code in the Emergency Department, in the operating room, ICU or any patient care area would or could jeopardize the care of the patient, a "repeat back" is acceptable.

Verbal orders are entered into the patient's medical record with the date, time, name, and titles of the people sending and receiving the order/result, and signed and dated by the individual receiving the order.

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Only approved abbreviations are used in the documentation of verbal orders.

Verbal order is permitted between doctors provided they follow elements included in a verbal medication order such as:

- Date and time
- Name of the patient
- Drug name (brand or generic)
- Dosage form (e.g., tablets, capsules, injections, inhalants, etc.)
- Dose, frequency and route
- Maximum dose in 24 hours if 'prn'

The content of verbal medication orders is clearly communicated.

- The name of the medication is confirmed by spelling, if necessary for clarity.
- In order to avoid confusion with spoken numbers, a dose such as 50 mg is dictated as "fifty milligrams...five zero milligrams" to distinguish from what could be heard as "fifteen milligrams". When writing the verbal order, the dose may be written in numerical format.
- When writing the verbal order, standard approved abbreviations shall be used.

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- The consultant should counter sign the order within 24 hours of giving the verbal order

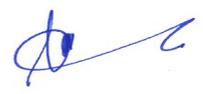
### Hand-over communications

Inodaya Hospitals, Kakinada shall follow ISBAR tool during handing over process to ensure effective communication.

- I - Identification (of staff and patient)
- S - Situation (Current problem)
- B - Background ( Past History, Co-morbidities, Care plan )
- A - Assessment (Vitals, Pain, drains etc.,)
- R - Recommendation (Investigation due; Medications to be given; pending Consultations, other care dues, Discharge / transfer plan etc.)
- E - Education (identification and completion of Patient and / or family education ` requirements)

Nursing department of INODAYA Hospitals, Kakinada shall follow KARDEX Form for effective hand-overs.

8.0 INODAYA Hospitals, Kakinada has identified the list of special situations where effective communication is mandatory. The list includes , but not limited to,

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8.1 Breaking bad news

8.2 Disclosing death

8.3 Handling an aggressive patient / family

8.4 Communication in case of emergency / disasters

8.5 Disclosure of an adverse event

8.6 Complicated interventions

8.7 Handling Patient – staff argument etc.,

INODAYA Hospitals, Kakinada shall manage all the special situations as listed above using the following checklist

- Identify who is responsible for handling the situation – for example primary consultant is responsible for breaking bad news, disclosing deaths, disclosure of an adverse event, details about complicated interventions. Head of the Department and HR personnel in case of managing employee issues; Guest relations staff / counsellors in case of managing an aggressive patient / family.
- Identify the patient and / or family's preferred language for communication and to have interpreters if required

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- Identify whether the patient has a sensory or communication need (requirement of Hearing aids , glasses etc.,)
- Ensure adequate privacy and confidentiality during communication
- Ensure availability of all pertinent information about the patient’s condition (E.g., investigation / diagnostics details, medication details etc., )
- Ensure unambiguous communication to relevant people using simple language  
Ensure care plan gets discussed (Further plans- curative; palliative, supportive etc.,)
- Identify patient cultural, religious, or spiritual beliefs and practices that influence care
- Effective communication during end of life - Address patient communication needs during end-of-life care; Monitor changes in the patient’s communication status during end-of-life care; Involve the patient’s surrogate decision maker and family in end-of-life care; Address patient mobility needs during end-of-life care; Identify patient cultural, religious, or spiritual beliefs and practices at the end of life; Make sure the patient has access to his or her chosen support person.

**9.0 INODAYA Hospitals, Kakinada has identified the list of unacceptable behaviors of staff which is not expected from the staff either by the Patient/ family or by the Hospital leadership. The list includes, but not limited to,**

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- 9.1 Alcohol and smoking at work place
- 9.2 Abusing a patient
- 9.3 Inappropriate behavior with women
- 9.4 Employees arguing in the corridor
- 9.5 Disrespect to any religion
- 9.6 Any behavior violating the patient right
- 9.7 Talking bad about professional colleagues of same or different specialty
- 9.8 Talking bad about alternate approved system of medicine
- 9.9 Corruption etc.,

INODAYA Hospitals, Kakinada shall implements measures to reduce the risk and plan to mitigate unacceptable staff behaviors in the hospital.

All Healthcare professionals shall be oriented on unacceptable behaviors during the induction and orientation program and refresher training program as applicable.

Responsibilities of Employees:

Any employee who experience or witnesses unacceptable behavior while in Inodaya Hospitals premises should immediately report directly to their HOD / Chief Security

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Officer at his office or Security control Room/ announce Code Grey / can raise incident reports

HR shall constitute a disciplinary committee with the approval of unit operational head and medical head to carry out a detailed investigation then refer with a comprehensive report to the leadership team. The detailed RCA will be done within 45 days and the report is forwarded to the leadership team. Necessary corrective and preventive actions shall be implemented as per the recommendations of the disciplinary committee.

**10.0 Potential communication barriers**

Potential communication barriers are identified through Interdisciplinary Care Team rounds and action taken accordingly. There is a list of identified interpreters and their services are utilized as per need. Apart from that, all staff of our Unit can assist during interpretation for local languages.

**11.0 Monitoring effective communication**

INODAYA Hospitals, Kakinada shall monitor the communication effectiveness through monthly analysis of Patient feedbacks/ complaints, Incident report analysis; feedback from consultants etc. The issues pertaining to the lack of effectiveness are periodically addressed in the Clinical and staff meetings.

**12.0 Training on Communication**

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INODAYA Hospitals, Kakinada and its staff, including the medical staff, shall be committed in meeting the unique needs of the patients they serve.

Inodaya Hospitals, Kakinada shall target recruitment efforts to increase the pool of diverse and bilingual candidates; ensure the competency of individuals providing language services; Incorporate the issues of effective communication, cultural competence, and patient- and family-centered care into new or existing staff training modules as group discussions, role plays, role- modeling, simulation activities, videos etc., and also Identify staff concerns or suggestions.

HODs shall periodically identify the training need for their staff if there is a requirement of training on effective communication and will institute measures to provide the required training. The training need on effective communication also gets documented in the staff performance appraisal as applicable.

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