Impact of Liaison Officers in a Tertiary Care Hospital (Modern Government Maternity Hospital Petlaburz Hyderabad) on Patient Care – A Project

Sodumu Nagamani¹, Anantha Lakshmi Paga²

ABSTRACT

Introduction: There is an increased concern about the services delivered by the hospitals and more importantly the quality of services offered. This project explored the role of liaison officer in a government teaching hospital to improve communication and administrative function between healthcare provider and patient families.

Material and methods: Three liaison officers with master’s degree in social welfare are identified. They were allocated a well-furnished room for being approachable to the patients and their attenders round the clock. Their duties were to clarify, counsel and direct patients & their family members about any query regarding admission process, treatment or any socio-psychological help on one to one basis. Number of patients/attenders approaching liaison officer, their queries and what was done was entered in a register.

Results: This project included statistics from April 2018 to March 2019. 64% of high risk cases who are admitted in ICU approached liaison officer for various reasons most important was for socio-psychological issues and 9% of attenders were worried about patient condition in the Labor room or ward. 4% wanted information about family planning methods, 6% had doubts regarding their diet to be taken after delivery. Immunization schedule was explained to 5% of the cases. 4% of the anemia patients were helped with their treatment. Wrong Entries in the birth register and KCR Kits were rectified.

Conclusion: With the availability of liaison officer round the clock in the hospital has helped both patient healthcare providers and patients to run the hospital smoothly. There was not a single case of violence or argument between patient and health care providers. Health care providers had more time to concentrate on management of the patient. Presence of liaison officer in the hospital premises round the clock has created a positive and peaceful environment in the tertiary care teaching government hospital.

Keywords: Liaison Officers

INTRODUCTION

All over the world and in most countries whether developed countries or emerging countries, health care represented mainly by hospitals remains an important sector providing basic and advanced health services to patients. All over the world and in most countries whether developed countries or emerging countries, health care represented mainly by hospitals remains an important sector providing basic and advanced health services to patients. A number of researchers reported that public hospitals, particularly those in emerging and developing countries, are perceived to be not performing well and also are characterized by low quality and trust compared to the quality of private hospitals although public hospitals are funded from the governments.

Quality of health services is the most important factor in the success and sustainability of health organizations, thus increasing loyalty and customer satisfaction of provider organization² Improving service quality can have advantages such as increasing trust and customer loyalty, profitability, and reducing cost for an organization and ultimately gaining competitive advantage. The potential for positive improvements in Hospital were demonstrated through small and inexpensive systemic changes to the health system, e.g. employment of a full-time liaison officer.² This project explored the development of a liaison officer in general practice, to support delivery of integrated care for patients with complex health needs also it is seeked to improve communication and administrative function between different health care providers and patient & their family – in planning and delivery of management.

MATERIAL AND METHODS

This project was done in modern government maternity hospital, Petlaburz, Hyderabad from April 2018 to March 2019. It is a teaching Government Hospital with tertiary employment of a full-time liaison officer.

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care situated in the old city area of Hyderabad, state of Telangana. It is a health care institution, providing obstetric and gynecological services to the patients, with specialized medical equipment and a teaching institution to medical students and nurses.

3 liaison officers with master’s degree in Social welfare were identified. They were allocated a well-furnished room near causality/admission room, so that liaison officer was available for clarification of doubts and any help needed either by doctors or by patient attenders round the clock. Patients or their attenders who have any query were directed to the liaisons officer to do the needful to them.

Following duties were assigned to Liaison officers

a. Coordinating multiagency responses to incident. The need for this kind of role is pretty straightforward – in the event of a serious incident a lot of different agencies and resources can be brought to gear- require coordination - Acts as a central point for all agencies and personal representing the agency.

b. Facilitates meeting and co-operation among agencies.

c. To identify the risk patients, to review regularly care plan and ensure that patient relatives understand the same.- to set up and to coordinate one-to-one meeting

d. To liaison with doctor’s /nurses/ to clarify action and report back the progress

e. In case of an untoward event to counsel and console the attenders, to arrange transport and do the necessary paper work.

f. To maintain confidentiality of all patients.

All the queries for which they were approached and counseling done by them was recorded in a register. This data has been analyzed and presented as project report.

RESULTS

Number of patient attenders approaching the liaison officers for their queries were tabulated. Among these cases high risk case attenders approaching were also tabulated separately for the year April 2018 to March 2019.

Results were shown in a chart form, where BLUE indicates the total number of attenders approached for counselling and among these cases 64% were high risk cases which were complicated and critical that were referred or brought in serious condition, for which liaison officer’s service was sought for and are indicated by RED.

For those that were referred or brought in serious condition,

<table>
<thead>
<tr>
<th>Months</th>
<th>Patient condition in ward</th>
<th>Family planning methods</th>
<th>Nutrition and Breast feeding</th>
<th>Immunization</th>
<th>Anemia</th>
<th>Birth certificate correction</th>
<th>KCR kit</th>
</tr>
</thead>
<tbody>
<tr>
<td>April-18</td>
<td>16</td>
<td>08</td>
<td>08</td>
<td>10</td>
<td>08</td>
<td>09</td>
<td>13</td>
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<tr>
<td>May-18</td>
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<td>11</td>
<td>07</td>
<td>05</td>
<td>04</td>
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<tr>
<td>June-18</td>
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<td>14</td>
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<td>17</td>
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<td>July-18</td>
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<td>10</td>
<td>20</td>
<td>10</td>
<td>07</td>
<td>07</td>
<td>24</td>
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<td>Aug-18</td>
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<td>Sep-18</td>
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<td>02</td>
<td>07</td>
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<tr>
<td>Oct-18</td>
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<td>16</td>
<td>14</td>
<td>10</td>
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<td>10</td>
<td>17</td>
<td>08</td>
<td>04</td>
<td>03</td>
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<tr>
<td>Dec-18</td>
<td>25</td>
<td>04</td>
<td>09</td>
<td>08</td>
<td>10</td>
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<td>06</td>
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<td>Jan-19</td>
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<td>08</td>
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<td>Feb-19</td>
<td>18</td>
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<td>10</td>
<td>10</td>
<td>08</td>
<td>02</td>
<td>02</td>
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<tr>
<td>Mar-19</td>
<td>25</td>
<td>13</td>
<td>09</td>
<td>07</td>
<td>10</td>
<td>05</td>
<td>03</td>
</tr>
<tr>
<td>Total</td>
<td>211 (9%)</td>
<td>104 (4%)</td>
<td>132(6%)</td>
<td>117 (5%)</td>
<td>91(4%)</td>
<td>74(3%)</td>
<td>111(5%)</td>
</tr>
</tbody>
</table>

Table-1: Month wise data

Figure-1: Number of low risk and high risk cases approaching the Liaison officer
transitions can give
and health care spending,
or "handoffs," are vulnerable exchange points
Doctors must accept responsibility
hence
4,5
9,10
to patients’ having serious
3
16
and they expose chronically
ill people to lapses in quality and safety. It is during these
transitions that mistakes commonly occur; for example,
information about medication that a patient may have been
prescribed while in the hospital may not be accurately
communicated to the attenders while discharging the patient.
In addition to medication discrepancies,8 transitions can give
rise to adverse clinical events;9,10 to patients’ having serious
unmet needs;11 and to patients’ poor satisfaction with care.12,13
A recent multinational survey comparing the experiences of
chronically ill adults from eight countries confirms these
findings.
Population needs have changes. Previously, patients were
most often considered to be too ignorant to make decisions
on their own behalf. Thus, informing patients about the
uncertainties and limitations of medical interventions
served only to undermine the faith that was so essential to
the therapeutic success. Doctors felt comfortable in making
decisions on behalf of their patients. Later on, the distance
between the doctor and patient has widened. Expectations
of the patient are very high, expecting 100% result in curing
the disease or saving lives. These high expectations are the
actual cause of conflicts, especially when they are not
fulfilled, between the doctor and patient leading to outburst
in the form of violence against doctors.14
In this scenario, we deal with a large number of high risk
cases either referred either from other hospitals or our own
admissions. These are critical cases where multiple organs
are affected by the disease, in these cases counselling and
reassurance has to be done repeatedly and very frequently
by the patient health care provider, who is otherwise busy
with the treatment of the patient – and Family members are
often in shock and are unable to understand or retain the
information given to them. Intense emotions such as anxiety,
grief, sadness, and fear are present throughout the care
pathway. These areas often remain unaddressed and therefore
constitute the most unmet needs among relatives15 hence
cannot do justice in explaining the treatment modalities and
protocols. This has led to a misunderstanding and no trust
between doctor and patient- and emotional outburst and
physical violence.
This trust between patient and doctor cannot be separated
from other socio-economic problems. Since the causes for
deteriorating doctor patient relationship are multifactorial,
so the solutions to restore that trust have to be integrate and,
multidisciplinary. Thus patient-centered care has replaced
a one-sided, doctor-dominated relationship in which the
exercise of power distorts the decision-making process for
both doctor and patient. Such an alliance must take into
account not only the application of technical knowledge, but
also communication of information calculated to assist the
patient to understand, control, and cope with overpowering
emotions and anxiety.16 Doctors must accept responsibility
for both a technical expert and a supportive interpersonal
role. Mutual participation, respect, and shared decision-
making has replaced passivity.
But, doctors –health care providers no longer have the

<table>
<thead>
<tr>
<th>Maternal mortality</th>
<th>38</th>
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<tbody>
<tr>
<td>Maternal near miss</td>
<td>190</td>
</tr>
<tr>
<td>No. Icu admissions</td>
<td>1723</td>
</tr>
<tr>
<td>Operative deliveries</td>
<td>7828</td>
</tr>
<tr>
<td>Vaginal deliveries</td>
<td>10603</td>
</tr>
</tbody>
</table>

Figure-2: Total number of deliveries 18431 (April’18 to March’19)
capacity to meet the increasing needs. Hence a new
integrated apparatus is required to enable to work effectively
together, to get respect at the same time speaking the view of
the patient care and to deliver personalized care. To support
delivery of integrated care for patient with complex health
needs—patient liaison officer was created. It is suggested
that the role of liaison officer is effective in enhancing
continuity of care from a study conducted.17

By this project we have realized that both Patient, their
families and Doctors are benefited by the presence of Liaison
officer round the clock in the hospital

Benefits to the patients

• The relatives and attendees of patients have a place
and person to communicate between them and doctors.
They are also happy to know relevant information about
patient at any time by approaching Liaison officer. They
are not kept in the dark about in happenings in the labor
ward or ICU
• Felt better and special as they have someone to go back to.
• To enable the patient voice to be heard in the process of
delivering health care.
• Doubts about nutrition to take antenatal and postnatal
period were clarified.

Benefits to doctors and Institute

• Health care providers are going to do less burdened with
administration and thus can concentrate more on patient
care and treatment.
• This has strengthened the communication between the
staff and listening skills have improved.
• It was brought to notice that there were plenty of spelling
mistakes in birth certificate issued, which was corrected.
• There was not a single case of violence or arguments
seen in the hospital after appointing liaison officers.
• It was noted by the health care providers that there was a
lot of ease in delivery the treatment to the patient.
• Availability of the liaison officer in the government
hospital was spread by word of mouth and thus their
services were frequently sought for and utilized.

CONCLUSION

Positive uptake and feedback indicates significant potential
for developing this role of liaison officer. With the advent
of this project there was a lot of good will and a positive
attitude which helped in the easy of administration. There
was not a single case of violence or anger seen in the patient
attendees even in an event of a negative result.

It is advisable that in all government hospitals these liaison
officers should be identified and their services must be
utilized to the complete extent for the benefit of doctor
and patient. Our research indicates that in high-trust
environments, people show up to do their best work. We
advise to self-explore the role of liaison officer in other
public sector hospital and improve the health services and
gain trust of the patients.

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