

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

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## 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

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 or emerging countries, health care represented mainly by hospitals remains an important sector providing basic and advanced health services to the 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 organization<sup>1</sup> 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.<sup>2</sup>

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 sought 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

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## 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

All over the world and in most countries whether developed countries or emerging countries, health care represented

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 casualty/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

- 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.
- Facilitates meeting and co-operation among agencies.
- 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

with the patient care providers.

- To liaison with doctor's /nurses/ to clarify action and report back the progress
- In case of an untoward event to counsel and console the attenders, to arrange transport and do the necessary paper work.
- 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,

Months	Patient condition in ward	Family planning methods	Nutrition and Breast feeding	Immunization	Anemia	Birth certificate correction	KCR kit
April-18	16	08	08	10	08	09	13
May -18	16	11	07	05	04	10	12
June-18	22	07	14	10	05	20	17
July-18	15	10	20	10	07	07	24
Aug-18	14	09	15	07	08	05	11
Sep-18	20	08	10	09	10	02	07
Oct-18	15	10	16	14	10	03	05
Nov-18	15	08	10	17	08	04	03
Dec-18	25	04	09	08	10	05	06
Jan-19	10	05	04	10	03	02	08
Feb-19	18	11	10	10	08	02	02
Mar-19	25	13	09	07	10	05	03
Total	211 (9%)	104 (4%)	132(6%)	117 (5%)	91(4%)	74(3%)	111(5%)

Table-1: Month wise data

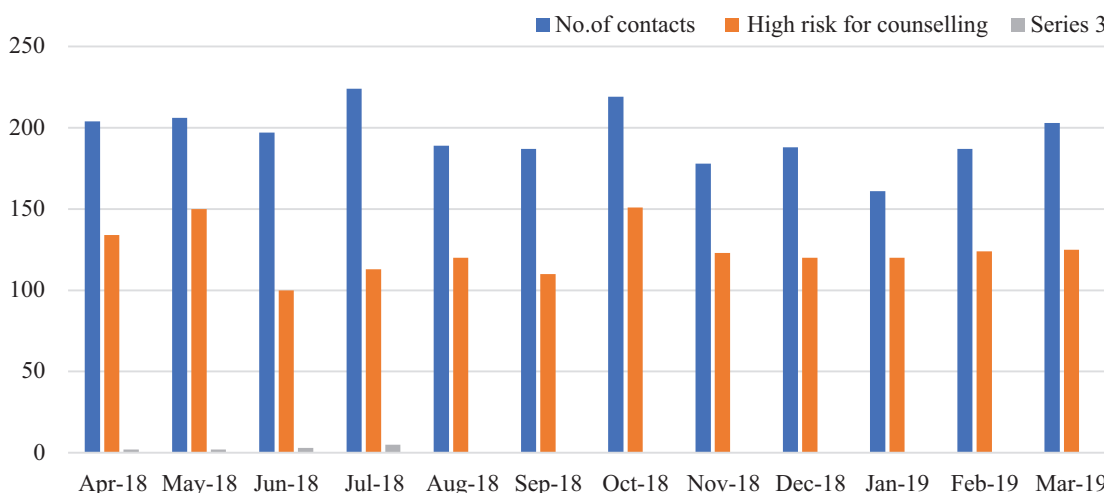
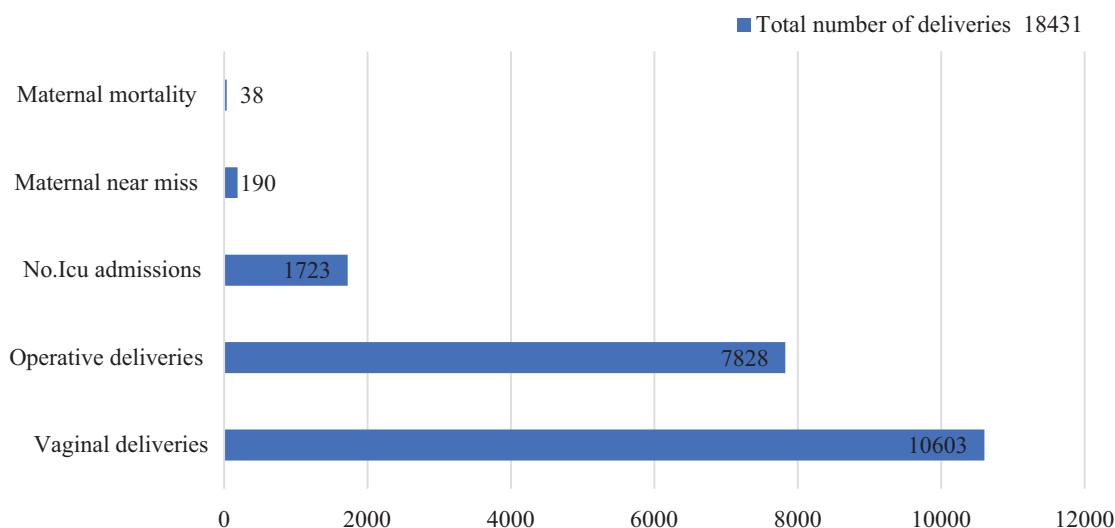


Figure-1: Number of low risk and high risk cases approaching the Liaison officer



**Figure-2:** Total number of deliveries 18431 (April'18 to March'19)

video- counseling was done before admitting them in OICU. Their progress was regularly updated to the attenders and in the event of an untoward event, paper work was done and transport was arranged on priority basis. Relatives were comforted and psychological support was given to them by liaison officer. Figure-1 shows that not only high risk patients but uncomplicated and low risk cases also approached for their queries and were benefited by liaison officer availability. The other reasons that were called for are depicted in the table-1.

Despite this elaborate infrastructure, severe shortages of staff and supplies in public-sector results in low quality health services. India has a doctor-to-population ratio of 1:1,674, compared to the World Health Organization norm of 1:1,000, a situation that results in acute shortage and uneven distribution of doctors. India's urban poor are especially vulnerable, given that primary care facilities in the cities are generally less organized and fewer in number than in rural communities.

Transitions<sup>3</sup>, or "handoffs," are vulnerable exchange points that contribute to unnecessarily high rates of health services use<sup>4,5</sup> and health care spending,<sup>6,7</sup> 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,<sup>8</sup> transitions can give rise to adverse clinical events;<sup>9,10</sup> to patients' having serious unmet needs;<sup>11</sup> and to patients' poor satisfaction with care.<sup>12,13</sup> 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<sup>14</sup>

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 relatives<sup>15</sup> 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.<sup>16</sup> 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

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.<sup>17</sup>

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 ease 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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