## **Posters**

## CQ - Clinical Quality - CQ - Patient Centredness



998 IMPROVING COMMUNICATION ON MEDICAL WARD **ROUNDS IN PATIENTS WITH LIMITED ENGLISH BY** IMPLEMENTING MEDICAL COMMUNICATION CHARTS

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Aim: To improve communication on the medical ward round with patients with limited English through implementation of a medical communication chart.

Introduction: King's College Hospital (KCH), London, is situated in Southwark in which 11% of households have no members that speak English as a first language, 4.1% of London's population report they do not speak English well. Language barriers impair healthcare delivery including during daily ward rounds. This has been exacerbated by the need for PPE during the SARS-CoV2 pandemic. Effective communication between healthcare teams and patients is essential for high quality, patient-centred care. Communication tools commonly used include online, telephone and face-to-face translation services but these have limitations.

Method: Face-to-face patient questionnaires were conducted in the pre-QIP (baseline) group to assess communication on medical ward rounds. Medical communication charts were designed by adapting pre-existing aids commonly used by speech and language therapy. Charts were translated into commonly spoken languages among KCH inpatients. Patients with limited English were selected from both COVID-19 and non-Covid wards. Pre-intervention and post-intervention questionnaires were completed in three Plan-Do-Study-Act (PDSA) cycles.

Results: At baseline, patients agreed or strongly agreed that the ward round addressed physical symptoms (8/8), concerns or anxieties (7/8), ongoing needs (7/8). Only 2/8 doctors felt they could communicate effectively with patients. In PDSA 1, 4/5 patients reported high satisfaction in communicating physical symptoms, anxieties or concerns preintervention with 5/5 post-chart implementation. 5/5 patients reported high satisfaction in communicating ongoing needs pre-intervention but only 3/5 post-intervention. In PDSA 2, 2/5 patients reported increased satisfaction in communicating physical symptoms, concerns or anxieties with 4/4 doctors reporting improved satisfaction in communication in PDSA 2 and 2/3 doctors reporting higher satisfaction in communication in PDSA 3. Conclusion: Medical communication charts can help in delivering high-quality, patient-

centred care in multicultural and multilingual healthcare settings within the NHS.

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