

Building Relationships to Bridge Barriers

How Communication Enhanced Neonatal Care in Kosice

BY BARBARA A. GABRIEL

Around the world, the effective delivery of healthcare services depends upon the strength of relationships established among professionals in the healthcare system as well as between health professionals and the patients they serve. One goal of AIHA partnerships is to strengthen such relationships into sustainable bonds that can help ensure the efficiency and quality of healthcare in the NIS and CEE. The methods used to accomplish this are often varied and dictated by the culture of the specific countries involved. In Kosice, Slovakia, both interpersonal communication enhancement strategies and cutting-edge technologies are being used by partners to bring together physicians, nurses, and patients in productive working relationships.

Building Effective Healthcare Teams

NIS and CEE nurses are the hospital staff members with whom patients and their families are most often in contact. However, their limited roles and a traditional lack of support from physicians sometime contribute to the difficulty nurses have in giving patients the best possible medical care and support. Many partners have discovered that when nurses take on larger responsibilities in patient care and physicians begin to respect their suggestions for treatment options, effective physician/nurse teams develop. Additionally, nurses with greater responsibility for patient care are more able to respond to the concerns of patients' family members, and

can help them prepare for caregiving after hospital release.

Effective physician/nurse teams and family involvement are especially important when the patient is a newborn. To accomplish their goal of improving care for premature and low birth-weight babies at the Faculty Hospital and Polyclinic in Kosice, AIHA Kosice/Providence partners made nurse education and parental involvement a priority.

The sixth largest obstetrical hospital in the US, Women and Infants' Hospital of Rhode Island provides a full range of obstetrical, gynecological, and newborn services to the southeastern region of New England. In 1995, they joined Hasbro Children's Hospital at the Rhode Island Hospital to work to improve maternal and child health in Eastern Slovakia through their AIHA partnership with Faculty Hospital in Kosice. With assistance from multiple initiatives introduced through the partnership, hospitals in Eastern Slovakia experienced a drop in their total infant mortality rate from 14 per 1,000 births in 1995 to 10.9 per 1,000 in 1997. Over the same period, neonatal mortality in low birth-weight infants in Faculty Hospital dropped 67 percent (see "Kosice's Perinatal Mortality Declines in Response to Regional Efforts," page 48).

These results represent just a few of the impressive outcomes from more than 35 exchange visits involving 90 US physicians, nurses, and administrators who traveled to Slovakia.

To facilitate their goal of improving the neonatal intensive care unit (NICU) at Faculty Hospital, the partners developed a comprehensive approach to improving patient care that incorporated nurse and family education as well as medical and technological assistance. While Kosice health professionals have a good, solid base of medical education and knowledge, policy and procedures were sometimes lacking in areas such as infection control, referrals, physician/nurse relationships, and patient education. According to



Debbie Greiner, a nurse practitioner at Women and Infants' Hospital of Rhode Island, examines a NICU patient while a colleague from Faculty Hospital and Polyclinic in Kosice looks on.

medical staff at Women and Infants', it was often the nurses at Faculty Hospital who took the lead in initiating critical change in these areas.

The infection control measures recommended by visiting US partners ranged from simple, yet essential, procedures such as adequate hand-washing to curbing the overuse of broad-based antibiotics for infants with uncertain infections. "Nurses took the initiative in several infection control measures," says Debbie Greiner, a nurse practitioner at Women and Infants' who made three visits to Slovakia. "The

nurses took the concept of individual care (the practice of each infant having his or her own items) and implemented it themselves. When we first visited Faculty Hospital, everything was shared among the babies; there was a lot of cross-contamination. The nurses began to make sure that each baby had his own linens, diapers, skin lotion, and equipment, and that's when triaging came into effect. They had to figure out how not to constantly move scarce equipment from baby to baby."

Greiner points out that nurse education is often a key to effecting practical change, which ultimately can have life-

low-tech techniques to their Slovakian counterparts, including the practice of regularly touching and stimulating newborns. "These babies were formerly laid flat on their backs. There was no verbal contact, no physical stimulation," says Greiner. New procedures now encourage regular contact with infants and call on them to be "nested" into comfortable positions.

Another source of improved patient care is a new emphasis on parental involvement. "The hospital implemented extensive change to the total environment to make the unit more parent-

Members of Faculty Hospital's NICU nursing staff, headed by Agi Hikkerova, agree that visiting the US helped them learn how to involve parents in the treatment process. "The information we give parents is now more uniform," comments one NICU nurse. "There are no longer large differences of opinion among nurses on how to solve problems, so we aren't telling parents different things. This has led to more discussions and closer relationships with parents."

"The last time I visited Faculty Hospital, the parents were smiling, communicating with the nurses, and the nurses were more proactive in instructing and supporting the mothers," says Greiner. "Nurses in the NICU at Faculty Hospital work extremely hard, using critical thinking skills to analyze individual treatment."

Continuing nursing education made possible by the Kosice/Providence partnership in the form of training courses, seminars, and study tours helped give nurses at Faculty Hospital the skills and confidence necessary to bring about significant changes in the improvement of patient care. As nurses began to use their new skills and became more active in treatment, physicians took notice and began to regard them more as medical colleagues than as service staff. "Nurses are beginning to assimilate and use information rather than just follow protocols. They are talking to one another about individual treatments," says Dr. Cashore. "And physicians are really beginning to ask nurses for their input on patient care."

Faculty Hospital's NICU nursing staff adds that because of partnership training, physicians—now aided in their patient care responsibilities by nurses—have more time to concentrate on other duties. However, staff nurses also add that there is still work to be done in improving physician/nurse relationships. "We must still learn to com-

The Kosice/Providence partnership has taken advantage of modern technology to form and sustain professional and personal relationships between medical professionals and other individuals in the US and Slovakia.

saving results. "We were fortunate to work with a wonderful group of nurses who were willing to do the work required," she says. "I think that the progress made in Faculty Hospital's neonatal nursery was largely because of the nursing staff there. Nurses were the ones on the front lines who often had to struggle with physicians to make subtle changes."

Greiner says that a number of improvements in patient care are now noticeable in Faculty Hospital's NICU, including sterilization procedures, nursing protocols, nutrition, skin care, and effective triaging techniques. Challenges to the US team instructing Slovakian nurses included severely limited access to technology and materials. "We tried to teach things that they could take back to their units. They have a lot of limitations; they can't even afford rocking chairs," says Greiner. Still, nurses like Greiner were able to impart important

friendly," says Greiner. "On my first visit, the impression I had was that parents were completely ignored. I'll never forget a day that the Faculty Hospital nurses were visiting our hospital, and one made the comment, 'You tell parents everything?' and I said, 'Yes, we do.' They were able to see first-hand how we tried to make our unit as parent-friendly as possible, and how we started preparing parents for the babies to come home from day one." Both Greiner and Dr. William Cashore, associate chief of pediatrics at Women and Infants' Hospital, emphasize the importance of bringing Slovakian nurses to the US to see a parent-friendly NICU in action. "These types of visits are extremely important," says Dr. Cashore. "We could not have helped them improve their care by just telling them what to do. [It was better to let them see how] it could be done in a very busy place with many parents around."

municate more effectively,” says one nurse. “When we are able to do this, treatments will also be more effective.”

According to Greiner, the new atmosphere in the NICU at Faculty Hospital illustrates how improved interactions between physicians and nurses and between nurses and parents can improve overall patient care. “When I first visited the NICU, everybody disappeared; nobody talked,” recalls Greiner. “Now, staff members are talking to one another; physicians and nurses are laughing together, telling jokes, and socializing. They’ve learned through their exposure to American culture that it’s okay to develop professional relationships and use those relationships to problem-solve.”

Building Connections Through Modern Technology

Enhanced medical care can also result from connections that bridge the barriers presented by borders, oceans, and language. The Kosice/Providence partnership has taken advantage of modern technology to form and sustain professional and personal relationships between medical professionals and other individuals in the US and Slovakia. Over the length of the partnership, videoconferencing has been used more than 34 times to facilitate conferences, seminars, and workshops between the two countries.

As Women and Infants’ Hospital prepares to graduate its partnership with Faculty Hospital, US doctors are seeing solid results from their work in Eastern Slovakia. In a recent videoconference facilitated by Dr. Peter Krcho, a medical doctor at Faculty Hospital’s NICU, colleagues at the two hospitals discussed specific infants they had treated. Dr. Cashore saw a healthy 14-month-old who was born prematurely when the doctor was visiting Slovakia. After Faculty Hospital’s staff consulted with Dr. Cashore in developing their

treatment plan, the baby survived and developed normally. The proud parents held up their son to the camera and conveyed their deep thanks. Other parents of children who have been saved with new neonatal techniques, but now suffered developmental disabilities, conferred with Dr. Cashore on their treatment. Another parent questioned whether her child, born prematurely but now 14 months old, should begin receiving vaccinations.

Dr. Krcho spoke about the importance of such high-tech communications in caring for very small babies—babies who did not survive prior to the partnership’s NICU improvements. “Our doctors have no experiences with such small newborns,” says Dr. Krcho. “They are afraid to care for them as they would for full-term babies. This is one example of how videoconferences can help us solve problems.” He adds that it is also very beneficial for partnership physicians in Slovakia and the US to see the results of their labor. “We are very, very happy to show you these babies and their parents,” he emphasized to his US partners. “It is very fulfilling for us.”

“I wanted to be a part of this because problems like these transcend language and culture.”

Through e-mail and other advanced communications techniques, doctors and nurses at the US partner hospital will continue to consult with their colleagues. “I think they have acquired the basis of knowledge and experience now to allow them to sustain and progress,” says Dr. Cashore. “They can grow from here as long as they are given a little bit of support,” agrees Greiner.



Dr. William Cashore, Associate Chief of Pediatrics at Women and Infants’ Hospital, examines an infant during a trip to Slovakia.

Photo courtesy of Deborah Greiner.

Building Connections Between Parents

The ability to make connections between parents with similarly ill newborns in the US and Slovakia is a further testament to the power of modern communication technologies to enhance both medical and emotional support in healthcare settings around the globe. In Eastern Slovakia, where many premature and low birth-weight babies previously had slim chances of survival, caring for the needs of NICU children is uncharted territory for parents. “It’s important for parents to know that there are others out there having the same experiences,” says Bridget Aguiar, a social worker at Women and Infants’ Hospital. “Unless someone else has been through it, they can’t understand what it’s like.”

Another in a series of videoconferences was held in October to connect the parents of former NICU children in Providence and Kosice. US parents were excited about sharing their experiences with Slovakian parents, who often face much more difficult circumstances when their babies are born prematurely. Sharon Anderson, the mother of healthy twin boys born prematurely four years ago, is active in a parent-to-parent support network at Women and Infants’ Hospital in

which parents of children who have graduated from the NICU offer support to parents with premature infants currently receiving care. Concerning her participation in the teleconference, Sharon says, “I didn’t hesitate to volunteer; I wanted to give something back.”

Wendy Zucker, a social worker who got involved in working with the parents of children with special needs after her own daughter was born with congenital heart problems, echoes Anderson’s sentiment. “I wanted to be a part of this because problems like these transcend language and culture.”

The formation of strong individual relationships between colleagues and with parents enhance the work of AIHA partnerships, benefiting partners on both sides of the Atlantic. As for what Greiner herself gained from her role in the Kosice/Providence partnership, she lists two main things. “I now have a better appreciation of the importance of effective communication in facilitating change in the healthcare world. Because of the language barrier, I discovered first-hand the need for trust and communication skills,” she explains. “These are essential elements in today’s changing world, and ones that I bring to my work with my peers and patients.” Secondly, Greiner says she has developed an appreciation for how small changes can facilitate bigger ones. “As we continually strive for cost containment in the healthcare world, I was able to see that the little changes that nurses can make have a big impact on improving patient outcomes.”

Such insights, gained as a result of the rich connections formed through AIHA partnerships, help continue the work of partners long after their graduation from the program.

Barbara A. Gabriel is a staff writer at AIHA.

In the print version of *CommonHealth*, the text on this page was found on page 49 as a jump.