Communication in ICU

Improving the Patient Experience

Nina McGinley Staff Nurse

Linda Page Lead SLT for AAC
ICU – What was the problem

Compromised Patient Communication
• Endotracheal Intubation
• Tracheostomy)

Negative impact
• frustration
• misunderstanding between patient and staff.

*Patients deserve The Right to Speak*
Implications to Poor Communication

Patient’s are at greater risk of:

- medical error
- poorer outcomes
- It is a patient’s right to be informed
- Poor communication can also have an impact on the weaning process

Our aim was to improve our standards in communication with the ventilated patient.
1st Step

• Apply for Effective Practitioner funding
• Applied for Improvement Science Fundamentals
• Ascertain Staff Learning Needs
Staff Questionnaire
Do we meet the needs of patients with communication difficulties?

- Excellent: 5%
- Very Good: 10%
- Room for Improvement: 60%
- Improvement Required: 25%
What is Augmentative & Alternative Communication?

AAC describes any method of communication which is used to replace or supplement speech.

- Symbols
- writing
- Signing
- Voice output device
Who uses AAC?

Children and adults of all ages and diagnosis including....

*Cerebral palsy  *Parkinson’s Disease
*Head injury  *MND
*Learning difficulty  *Stroke

*also some short term use of AAC by patients in ICU or post surgery
What does voice output AAC look like?
# Alphabet charts

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AAC systems

Chosen and set up to meet the individuals needs –

* direct access
* switch access
* eye gaze control
* listener supported
Conversation partner is key….

- How does the individual communicate – is their system available to them?
- Make sure you understand how to support.
- How does the patient indicate ‘yes’ and ‘no’?
- Watch the patient carefully for signs they want to tell communicate.
- Make eye contact
- Take time to communicate – it takes longer using AAC
Staff Learning Needs

• Survey Monkey Tool

Findings very similar:
• Staff felt more could be done in improving patient communication.
• Lack of specific tools to effectively communicate
• Failure to involve the Multi-disciplinary teams (Speech and Language Therapy and Alternative and Augmentative Communication)
Our ‘Big’ Unit Aim

**Introduction of a Sedation Bundle in Intensive Care Unit (ICU) Crosshouse Hospital and achieve 95% compliance with all components by Dec 2014**

**Primary Driver**
- Introduction of a Sedation Bundle in ICU
- Crosshouse hospital
- Achieve 95% compliance with all components by Dec 2014

**Secondary Driver**
- Effective communication strategies
- Person centred communication boards for ventilated patients
- Staff education re: communication boards
- Collaboration of MDT at ward round and daily goals sheet

**Specific Ideas to test or change concepts**
- Test RAS/CAM ICU tool(s)
- Introduction of Dexmedetomidine
- Reduce administration and duration of sedative agents
- Provide Staff education (Delirium)
- Introduce criteria led daily sedation breaks

**Assessment and management of sedation/delirium**
- Validated tool for assessment and management of sedation
- Validated tool for assessment and management of delirium
- Staff education
- Review of current sedative agents algorithm

**Effective pain scoring and management**
- Review current pain management of ICU patients

**Person centred communication boards for ventilated patients**
- Staff education re: communication boards
- Collaboration of MDT at ward round and daily goals sheet

**Follow up patients at clinic to understand their experience**
- Test Communication boards
- Evaluate the impact of learning on staff
- Earlier referral/involvement of SALT
Improving Communication

Improving the patient experience in ICU through use of alternative and augmentative communication strategies.

**Aim**
95% of staff in Crosshouse Hospital ICU will have received training/education in a new learning resource for improving communication with intubated patients by Dec 2014.

**Primary Driver**
- Improved Patient Outcomes
- Effective Multi Disciplinary Team Collaboration
- Best possible ICU Environment

**Secondary Driver**
- Eliminate Communication Barriers
- Improve sedation management
- Improve pain management
- Improve weaning process
- Identification of staff learning needs
- Provision of staff learning resource
- Effective combined partnership working with SALT, AAC and nursing staff

**Specific Ideas to test or change**
- Simple communication boards (Whiteboards)
- Boardmaker software
- Designated Relative email facility
- 1:1 Staff Education
- Local and national questionnaire
- Survey monkey
- Earlier referral/involvement of SALT
- Bedside Patient information charts
- Clocks

**Enhance Natural Sleep**
- Visual Aids
- Reduce ICU Delirium
Improvement through use of EP

- Introduction personalised communication boards
- Purchase of Boardmaker software
- Develop Staff Education Package
- Initial testing with patients
Aim
Development and Roll out Communication Board

Use of PDSA for testing change

Cycle 1 Purchase Boardmaker Software

Cycle 2 Provide staff education on product software

Cycle 3 Devise ICU pt specific board, test with 1 pt

Cycle 4 Revised board following pt and staff feedback retested with different pts

Implement new process
ElectroLarynx

• On the 4\textsuperscript{th} of April 2014 we trialled the use of an artificial larynx on a ventilated patient.
• As far as we were aware this hadn’t been trialled in the UK before.
• The patient was able to generate an artificial voice using the device and this had a positive impact for the patient.
Aim

Testing of Electrolarynx

Use of PDSA for testing change

Cycle 1  MDT Discussion around suitability of EL, sourcing of equipment

Cycle 2  Testing tool with suitable patient, great result (trachy)

Cycle 3  Tested with different pt (ET tube) not so good!

Cycle 4  MDT around suitability and selection process........await nxt pt!

Cycle 5......watch this space!!
Our Progress to date

- Collaboration with Alternative and Augmentative Communication Team
- Implementation of Visual Aids
- Staff Education
- Boardmaker Software
- Enviromental Changes
Next Steps?

- Initial testing of ‘Getting to Know Me Document’
- Develop further Boardmaker – email facility
- Environmental Changes
- Continued collaboration with colleagues in AAC and Clinical Improvement
- Dissemination of our progress
Clinical Improvement in ICU

Future Improvement Projects in ICU
• Sedation and Delirium Management
• Pain management
• Early Mobilisation

Patients have a right to speak, let's give them a voice
Thank-you
Any questions?