"Must Do With Me" Case study

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What was the problem you were trying to fix?

Communication in Intensive care is compromised due to non-verbal barriers (Endotracheal and Tracheostomy ventilation). These have a negative impact to patient care, resulting in frustration and misunderstanding between patient and staff.

In August 2013, Crosshouse Hospital ICU were successful in their bid to NHS Education for Scotland; Effective Practitioner department in gaining funding of £2000 to help conduct a project that would hopefully Improve the patient experience in ICU through adaptive communication strategies.



Our Aim

A new education and resource tool our aim to improve standards in communication with the ventilated patient. We planned to improve multi-disciplinary collaboration, patient outcomes and gain the best possible ICU environment for 'Every patient, every time'

As the plan was to employ a multi-disciplinary approach (MDT) to our project we initially contacted Augmentative and Alternative Communication Department (via SLT) and had the support of one of our consultant anesthetists. Additionally our project has been supported by our Clinical Improvement Department

Integration and Collaboration of Patient Care

Historically ICU has always been considered and indeed is, a specialised unit caring for critically ill patients and their families. In keeping with The Healthcare Strategy for NHS Scotland (Scottish Government 2010) this improvement project has made us realise that our skills and resources are transferrable organisation wide

Quality Strategy Ambitions

'A change in culture across Scotland in the way that we deliver and engage in our healthcare'

The Scottish Government (2010) The Healthcare Strategy for NHS Scotland

It quickly became apparent that our work was actually part of a collaborative with other pockets of ongoing improvement work. The Older People in Acute Hospital (OPAH) work stream intends to offer assurance that older people are treated with compassion, dignity and respect while they are in an acute hospital and is an organisational priority within NHS Ayrshire and Arran. Sufferers of Dementia face barriers to communication similar to those in ICU and we discovered that basic techniques used in Dementia care could also be transferrable to our patients and vice versa. Simple communication strategies and images can assist in orientation to time and place and distraction techniques used in Dementia care could also be used with the medically sedated patient. As previously mentioned the 'Getting to Know Me' document had never previously been considered for use in the ICU setting - now it is the hope that it will become an fundamental part of individualised care planning for many patients.

What did We Do?

A survey of our ICU staff and also all other NHS Scotland Intensive Care Staff was conducted. The results of which suggested lack of resources and skills to effectively communicate with the ventilated patient not just locally but nationally. We have introduced:

- Communication boards and software (Boardmaker)
- An educational resource staff
- Environmental Improvements (Day/Night clocks and sensory aids)
- "Getting to Know Me" booklet"

These improvements have enhanced not only communication but improved the overall patient journey thus enhancing individualised, person centred care.

Innovation

On the 4th April 2014, we trialed the use of an Electrolarynx (Blom-Singer) on a ventilated patient. As far as we are aware this had not been done in the UK prior to this date.

The artificial larynx is a hand held device which generates an artificial voice using vibration of the patient's articulation.

This was a great success and it made a huge impact on the patient. She was, for the first time in 15 days able to "speak" and was quoted as saying "This is brilliant". This was a key moment in our study. By simply utilising a MDT approach had enabled us to collectively make an impact on patient psychosocial wellbeing. We as a team had allowed a patient to communicate with her family and it was overwhelming to watch how a small device could make such a big difference.

The Way Forward

ICU is dedicated to supporting the delivery of the Quality Strategy through improvements in clinical practice. This is the first stage of a 'macro' improvement project within ICU which when completed shall become an integral part of our ICU toolbox. In a short few months we have made beneficial changes to patient care and have benefited from gaining an improved MDT approach

This is just the beginning of our journey – we must now measure our improvement by evaluating the patient experience.

We hope to eventually disseminate our findings with the aim of improving the patient experience not just in our unit but throughout the country!

The Patient has The Right to Speak, let's give them a voice.

The **"Must do with Me"** elements are listed below. Our aim is that we should reliably provide the opportunity to do these things for every person that uses health or care services in Scotland.

1. What matters to you?

 Your personal goals and the things that are important to you have been discussed and form the basis of your care or treatment

2. Who matters to you?

✓ We have asked you about the people that matter most in your life and we have given you the opportunity to involve them in the way that you choose

3. What information do you need?

✓ We have provided you with understandable full information and supported you to make decisions that take account of your personal goals and the things that are important to you.

4. Nothing about me without me

(How involved you are in decisions and communications about your care)

 Nothing is ever said about you without you. All information exchanges and communication between professionals or between different services or supports are transparent and always provide you with the opportunity either to be present or to contribute to the process.

5. Personalised contact

✓ As much as possible, the timing and methods by which you contact and use services or supports are flexible and can adapt to your personal needs

