

Improving Communication for Patients with Tracheostomy and Ventilator Dependence

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INTRODUCTION

The patient with a tracheostomy and ventilator dependence is unable produce an audible voice due to lack of airflow through the vocal folds. Historically, many patients were left with no viable means of communication until they were weaned from the ventilator. Waiting is often unnecessary and results in prolonged communication impairments. Early communication is imperative for this patient population, and the speech pathology team at VUMC is working hard to change practice patterns, to advocate for these ICU patients, and to restore communication as soon as possible.

PURPOSE

To improve communication for patients with tracheostomy and ventilator dependence. Impaired communication can lead to safety concerns, violation of patient rights, poor quality of life, and may contribute to ICU delirium.

- Safety concerns: "Patients with communication problems were three times more likely to experience preventable adverse events than patients without such problems." (1) Serious medical events have been reported for patients with impaired communication. (2)
- Patient rights: The Joint Commission (2010) set new standards which focus on all patients having their communication needs met. Elements of Performance for R1.2.100, No 4 states, "The organization addresses the needs of those with vision, speech, hearing, language, and cognitive impairments."
- Quality of life: Inability to communicate in the ICU patient can lead to frustration, anger, withdrawal from interaction, and reduced participation in treatment. (6)
- ICU Delirium: Two out of three patients in ICUs experience delirium (www.icudelirium.org). (8) In a Joint Commission webinar, *Call to Action: Improving Care to Communication Vulnerable Patients* (5), it was reported that communication-vulnerable patients have an increased diagnosis of psychopathology.
- The Vanderbilt Promise: We promise to "Include you as the most important member of your healthcare team" and "Communicate clearly and regularly", which is paramount during times of critical illness.

METHODS & COMMUNICATION ACCESS

In collaboration with the Trach/Peg Consult Service, ICU nurses, physicians, and respiratory therapists, the Adult Acute Speech Pathology (SLP) team is making verbal and non-verbal communication accessible for these otherwise silent patients. To improve the consistency and standardization of the assessment and treatment for these patients, the SLP team:

- Developed an evidence-based protocol to assess both verbal and non-verbal communication methods.
- Disseminated this protocol to the acute speech pathology staff through didactic teaching, one-on-one training, and competency check offs.
- Provided Inservices to the interprofessional disciplines that collaborate on care for these patients including:
 - Respiratory therapy
 - MICU attendings and fellows
 - Nursing staff throughout VUMC

A very limited way to communicate basic needs, but often confusing to patients, especially those with delirium.

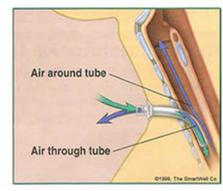


When patients can achieve no other communication, staff fall back on yes/no questions, which are cumbersome and often inaccurate.

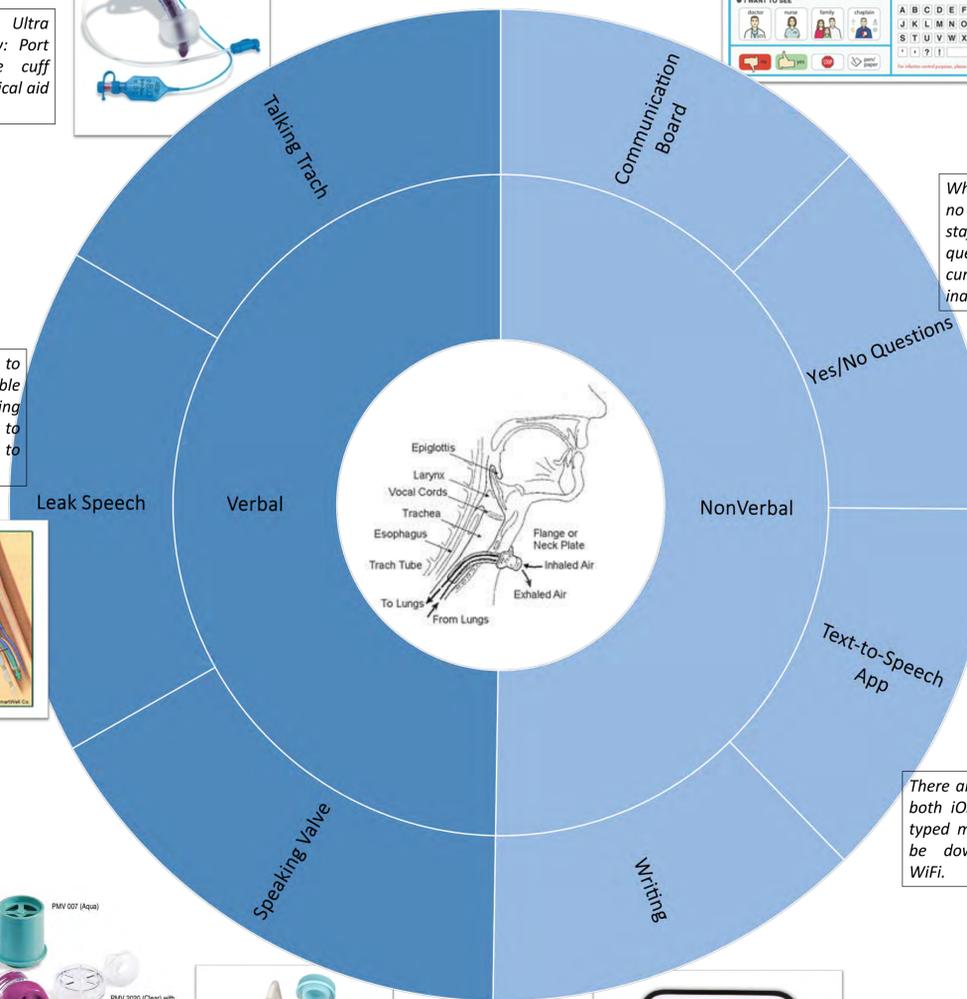
Portex Blue Line Ultra Suctionaid Tracheostomy: Port allows for above the cuff suctioning or valved medical aid for voicing.



Some patients are able to achieve a weak, but audible voice simply by deflating the tracheostomy cuff to allow some air to "leak" to the upper airway



Designed in 1985 to be used in-line with the ventilator, research has shown that early use of the Passy Muir Speaking Valve (PMV) can improve lung recruitment in patients who are vent dependent.



There are several free apps in for both iOS and Android that read typed messages aloud. Apps can be downloaded over hospital WiFi.



Often not an option for the most debilitated patients, who lack the strength and cognizance to hold and pen and write.

RESULTS

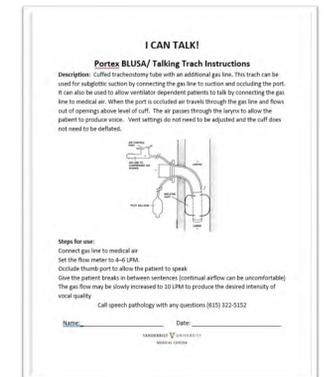
Improving communication with this population results in improved safety; quality of life; and compliance with Joint Commission regulations, ADA laws, and the VUMC Patient Promise. Most importantly, the patients who have benefited from this program consistently report appreciation in being able to express themselves and actively participate in their care. One patient stated:

"It's so nice to have a voice again. Before this, I tried to talk but nothing would come out. The smallest commands would turn into 20 minutes of charades".

After the staff inservice, SLPs commented:

- "The inservice enabled me to gain skills and confidence to feel better prepared to treat trach/ vent patients"
- "I feel better equipped to manage our trach/ vent patients"

Hospital staff will now see which patients have benefitted from this intervention by a head-of-bed sign, directing them on how to facilitate verbal communication with their patient:



KEY REFERENCES

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