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.”
- Serious medical events have been reported for patients with impaired communication.
- Patient rights: The Joint Commission (2010) set new standards which focus on all patients having their communication needs met. Elements of Performance for R.1.2.100, 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.
- ICU Delirium: Two out of three in ICUs experience delirium (www.icudelirium.org).

In a Joint Commission webinar, Call to Action: Improving Care to Communication Vulnerable Patients, 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.

RESULTS
Improving communication with this population results in improved safety; quality of life; and compliance with Joint Commission regulations. ADVAICU 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
- “Feel better equipped to manage our trach/vent patients”

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

KEY REFERENCES