

Giving Voice to Seriously Ill Patients in the ICU

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ASHA Conference, Boston, MA - November 16, 2018



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Complex Care**

Disclosure:

Copyright to SPEACS-2 online training program (M Happ)
No financial interest in Vidatak, LLC



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years	Funding Agency	Mechanism	Project
1996-98 1998-00	NIH/NINR	F31 T32	Treatment Interference ICU End-of Life Communication
2000	Am Assoc of Crit Care Nurs Oncology Nurs Found- STTI		Electronic Communication Devices in ICU and Head- Neck Cancer
2001-03	NIH/NINR	R01-NR07973	Ventilator Weaning: Process of Care & Communication
2004-08	NIH/NICHD	R01-HD043988	Improving Communication with MV Patients (SPEACS)
2007-10	NIH/NINR	K24-NR010244	Symptom Communication, Family Caregiving & Clinical Outcomes
2009-11	Robert Wood Johnson Foundation	INQRI	SPEACS-2
2011	Greenwall Foundation	Kornfeld Program Bioethics & Patient Care	SPEACS-2: Treatment Decision Making Communication
2012-14 2015-17	NIH/NINR	R41-NR014087 R42-NR014087	Improving Communication VidaTalk

Developing & Testing Solutions



Photo Courtesy of Robert Wood Johnson Foundation

Voicelessness
(communication disability)

Electronic speech output
devices – feasibility, usability

Multicomponent Intervention

Happ, M.B. *Social Science and Medicine*.2000; 50, 1247-1255.

Happ, Roesch, Garrett. *Heart Lung* 2004;

Happ, Roesch, Kagan. *Onc Nurs Forum* 2005;



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Study of Patient-Nurse Effectiveness with Assisted Communication Strategies (SPEACS)

Nurse Training



Communication Supplies



Speech Language Path Consultation

JOURNAL OF PALLIATIVE MEDICINE
Volume 14, Number 6, 2011
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DOI: 10.1089/jpm.2010.0313

Case Discussions in Palliative Medicine

Listening to the Voiceless Patient: Case Reports in Assisted Communication in the Intensive Care Unit

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Kathryn L. Garrett, Ph.D., S.L.P.-C.C.C.,³ and Mary Beth Happ, Ph.D., R.N., FAAN^{1,4,5}



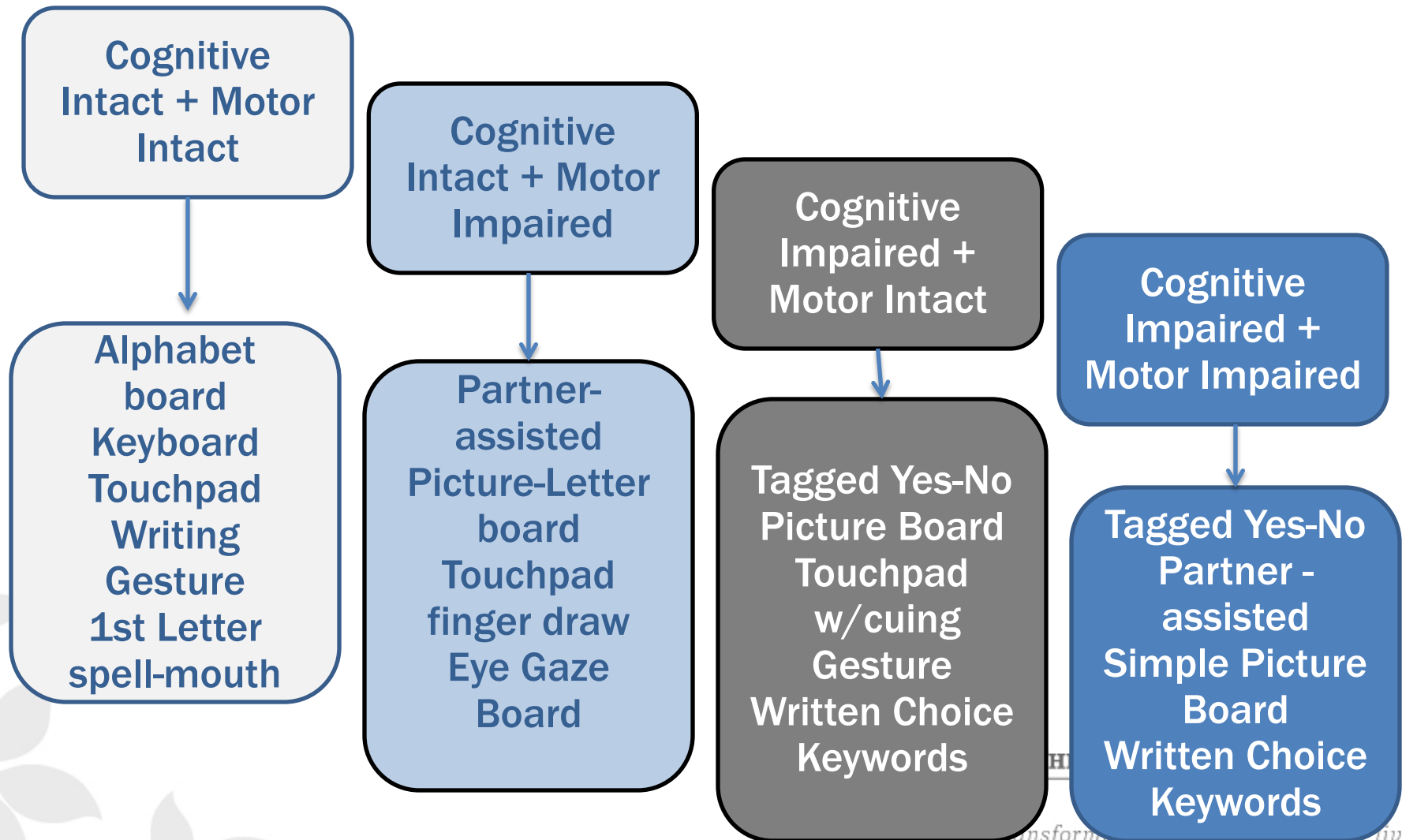
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Funding: National Institute Child Health & Human Development R01-HD043988

Communication Tools and Techniques targeted to Patient Communication Ability



SPEACS Results



American Journal of Critical Care, 2011; 20 (2): e28-40.



NURSE-PATIENT COMMUNICATION INTERACTIONS IN THE INTENSIVE CARE UNIT

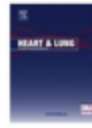
By Mary Beth Happ, RN, PhD, Kathryn Garrett, PhD, CCG-SP, Dana DiVirgilio Thomas, MPH, Judith Tate, RN, PhD, Elisabeth George, RN, PhD, Martin Houze, MS, Jill Radtke, RN, MSN, and Susan Sereika, PhD

Heart & Lung 43 (2014) 89–98

Contents lists available at ScienceDirect

Heart & Lung

journal homepage: www.heartandlung.org



Care of the Critically Ill Adult

Effect of a multi-level intervention on nurse–patient communication in the intensive care unit: Results of the SPEACS trial

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ARTICLE INFO

Article history:
Received 18 July 2013
Received in revised form
22 November 2013
Accepted 23 November 2013
Available online 1 February 2014

Keywords:
Communication
Mechanical ventilation
Critical care
Patient–provider communication
Augmentative and alternative
communication
Nurse–patient communication

ABSTRACT

Objective: To test the impact of two levels of intervention on communication frequency, quality, success, and ease between nurses and intubated intensive care unit (ICU) patients.

Design: Quasi-experimental, 3-phase sequential cohort study: (1) usual care, (2) basic communication skills training (BCST) for nurses, (3) additional training in augmentative and alternative communication devices and speech language pathologist consultation (AAC + SLP). Trained observers rated four 3-min video-recordings for each nurse–patient dyad for communication frequency, quality and success. Patients self-rated communication ease.

Setting: Two ICUs in a university-affiliated medical center.

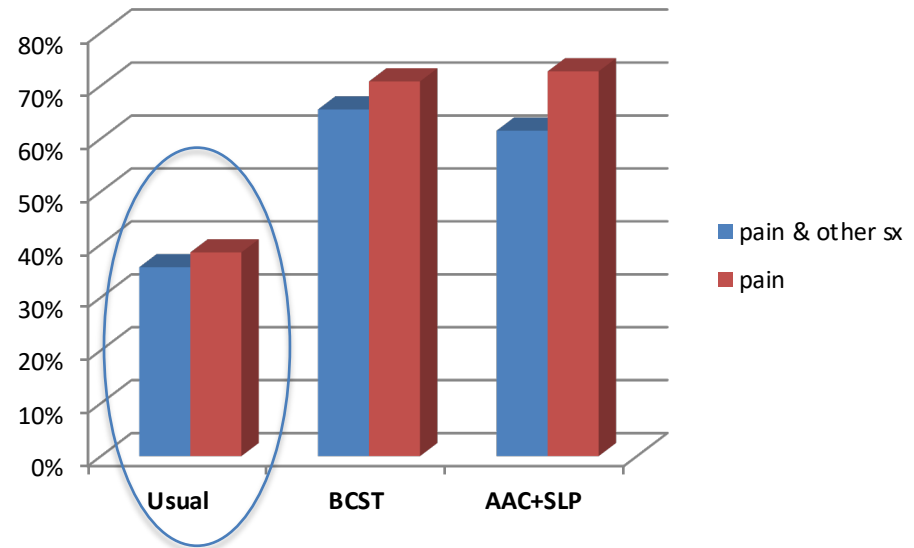
Participants: 89 intubated patients awake, responsive and unable to speak and 30 ICU nurses.

Main results: Communication frequency (mean number of communication acts within a communication exchange) and positive nurse communication behaviors increased significantly in one ICU only. Percentage of successful communication exchanges about pain were greater for the two intervention groups than the usual care/control group across both ICUs ($p = .03$) with more successful sessions about pain and other symptoms in the AAC + SLP group ($p = .07$). Patients in the AAC + SLP intervention group used significantly more AAC methods ($p = .002$) and rated communication at high difficulty less often ($p < .01$).

Conclusions: This study provides support for the feasibility, utility and efficacy of a multi-level communication skills training, materials and SLP consultation intervention in the ICU.

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Successful communications about pain ($p=.03$) pain & other symptoms ($p=.07$)



Ease of communications AAC-SLP group

- **Less difficulty** with patient reported communication ($F=8.95$, $p=.0002$)
- **Greater use** of AAC tools.

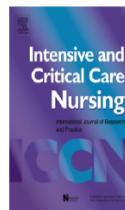


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journal homepage: www.elsevier.com/icc



ORIGINAL ARTICLE

Nurses' perceptions of communication training in the ICU

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JOURNAL OF PALLIATIVE MEDICINE
Volume 14, Number 6, 2011
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DOI: 10.1089/jpm.2010.0313

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Listening to the Voiceless Patient: Case Reports in Assisted Communication in the Intensive Care Unit

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Kathryn L. Garrett, Ph.D., S.L.P.-C.C.C.,³ and Mary Beth Happ, Ph.D., R.N., FAAN^{1,4,5}

Symptom Communication During Critical Illness

The Impact of Age, Delirium, and Delirium Presentation

Journal of Gerontological Nursing 2013



Judith A. Tate, PhD, RN; Susan Sereika, PhD; Dana Divirgilio, MPH; Marci Nilsen, PhD, RN;
Jill Demerci, PhD, RN; Grace Campbell, PhD, MSW, RN; and Mary Beth Happ, PhD, RN, FAAN

SPEACS-2: Improving Communication & Quality Outcomes in ICU

Mary Beth Happ, PhD, RN, FAAN
Amber E. Barnato, MD, MPH, MS, FACPM



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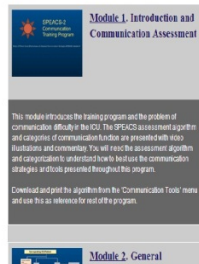
<http://go.osu.edu/speacs>

Nurse Training

SPEACS-2 Communication Training Program

HOME HOW TO USE COMMUNICATION TOOLS RESEARCH RESOURCES

Interactive Learning Modules



Communication Supplies



Speech Language Path Bedside Consult

FEATURE ARTICLE

SPEACS-2: Intensive Care Unit "Communication Rounds" with Speech Language Pathology

Mary Beth Happ, PhD, RN, FAAN
Brooke M. Baumann, MS, CCC-SLP
Jennifer Sawicki, BSN, RN
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Intensive care unit (ICU) nurses occupy an essential role in facilitating patient communication and preventing the detrimental effects experienced by critically ill patients who are unable to speak, yet most are not equipped with the tools or training to enable communication most effectively with patients who are unable to speak. The goal of the Study of Patient-Nurse Effectiveness with Assisted Communication Strategies (SPEACS-2) is to explore the impact of an innovative, Web-based instructional package for ICU nurses with pocket reference guides, an instructional manual, and the provision of "low-tech" augmentative and alternative communication materials on nursing care quality and patient clinical outcomes. We hypothesize that this intervention will 1) improve nurses' skills in assessing and communicating with ICU patients who are unable to speak and 2) increase the collaboration between nursing and speech-language pathology in addressing complex patient communication needs in the ICU. (*Geriatr Nurs* 2010;31:170-177)

Commission on Accreditation of Healthcare Organizations recently released approved standards that will require identification of the patient's oral and written communication needs, including "the need for personal devices such as hearing aids or glasses, language interpreters, communication boards, and translated or plain language materials" (www.patientprovidercommunication.org/pdf/8.pdf).

ICU nurses occupy an essential role in facilitating patient communication and preventing the detrimental effects experienced by critically ill patients who are unable to speak, yet most are not equipped with the tools or training to most effectively enable communication with patients who are unable to speak. Nurses learn how to communicate with nonspeaking ICU patients by trial and error and admit to feeling frustrated and avoiding nonspeaking patients whose non-verbal messages are difficult to understand.^{9,11} Lack of appropriate training of communication materials and access to communication experts, such as speech language pathologists, prevent ICU nurses from adequately addressing patients' communication needs.^{9,12}

Geriatric Nursing 2010, 31(3):170-7.



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The number of mechanically ventilated ICU patients meeting communication criteria

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Unit	MARS Eligible	Assessed for 'Awake' Criteria	Clinically Eligible
Neurology	825	587	240 (40.9%)
Transplant	1250	516	240 (46.5%)
General Medical	820	460	240 (52.2%)
Neurotrauma	495	423	240 (56.74%)
Cardiovascular	990	347	240 (69.2%)
Trauma	1048	344	240 (69.8%)
Total	5428	2677	1440 (53.8%)



Care of Critically Ill Adults and Children

Quality of care and resource use among mechanically ventilated patients before and after an intervention to assist nurse–nonvocal patient communication



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- Trained 323 nurses in 6 units
- Improved nurse knowledge, satisfaction and comfort with communication ($p < .001$)
- Improved use of communication tools

ARTICLE INFO

Article history:

Received 25 March 2015

Received in revised form

1 July 2015

Accepted 4 July 2015

Keywords:

Augmentative and alternative

communications systems

Intubation

Endotracheal

Nurses

Education

Quality of health care

ABSTRACT

Objectives: Implement and test unit-wide patient–nurse assisted communication strategies (SPEACS).

Background: SPEACS improved nurse–patient communication outcomes; effects on patient care quality and resource use are unknown.

Methods: Prospective, randomized stepped-wedge pragmatic trial of 1440 adults ventilated ≥ 2 days and awake for at least one shift in 6 ICUs at 2 teaching hospitals 2009–2011 with blinded retrospective medical record abstraction.

Main results: 323/383 (84%) nurses completed training; their communication knowledge ($p < .001$) and satisfaction and comfort ($p < .001$) increased. ICU days with physical restraint use ($p = .44$), heavy sedation ($p = .73$), pain score documentation ($p = .97$), presence of ICU-acquired pressure ulcers ($p = .78$), coma-free days ($p = .76$), ventilator-free days ($p = .83$), ICU length of stay ($p = .77$), hospital length of stay ($p = .22$), and median costs ($p = .07$) did not change.

Conclusions: SPEACS improved ICU nurses' knowledge, satisfaction and comfort in communicating with nonvocal MV patients but did not impact patient care quality or resource use.

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Abbreviations: ICU: intensive care unit; SPEACS: "Study of Patient–Nurse Effectiveness with Assisted Communication Strategies"; MV: mechanical ventilation; SLP: speech language pathologist; EMB: electronic medical record; APACHE: Acute Physiology and Chronic Health Evaluation; NCS: Nurse Communication Survey; ITT: intention to treat.

Author contributions: Study concept and design – M.B.H., A.E.B., J.A.T., S.M.S., D.C.A.; Acquisition of data – J.B.S., A.S., J.V.P., J.A.T.; Statistical analysis – M.P.H., S.M.S.; Analysis and interpretation of the data – M.B.H., A.E.B., J.A.T., J.B.S., S.M.S., D.C.A., E.G.; Drafting of the manuscript – A.E.B., M.B.H., S.M.S., J.A.T., M.F.N., M.P.H.; Critical revisions to the manuscript for important intellectual content – all authors; Obtained funding – M.B.H., A.E.B., J.A.T., S.M.S., E.G., R.B., D.C.A.; Study supervision – M.B.H., A.E.B., J.A.T., S.M.S., E.G., R.B., D.C.A.

Source of support: Robert Wood Johnson Foundation Interdisciplinary Nursing Quality Research Initiative grant #06633.

Potential conflict of interest: The SPEACS-2 program is accessible online at <http://gr.osu.edu/speacs2>. Dr. Happ holds the Creative Commons copyright.

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SPEACS-2 Implementation



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Translation to Curriculum: **Student SPEACS**

Judy Tate, PhD, RN & Christa Newtz, MSN

... my brother died in ICU at age 49 after a prolonged intubation. I know there were many things he tried to communicate through his eyes and the "mouthing of words" but was not successful. He was unable to use his hands and would often become frustrated at his inability to convey what he was trying to communicate. He left 2 teenage children and I often wonder what he would have said to them.

~ Email from a bereaved family member

- 640 students trained

...Ironically, our "ICU communication" lecture happened the day of my dad's admission and the death & dying lecture was 3 days before he passed. [The class] helped me understand and teach my family how to communicate with him under various sedation levels using blinking when he could, and to make sure we were all comfortable with and understanding of the ventilator withdrawal process when things came to that.

~ Email from a nursing student

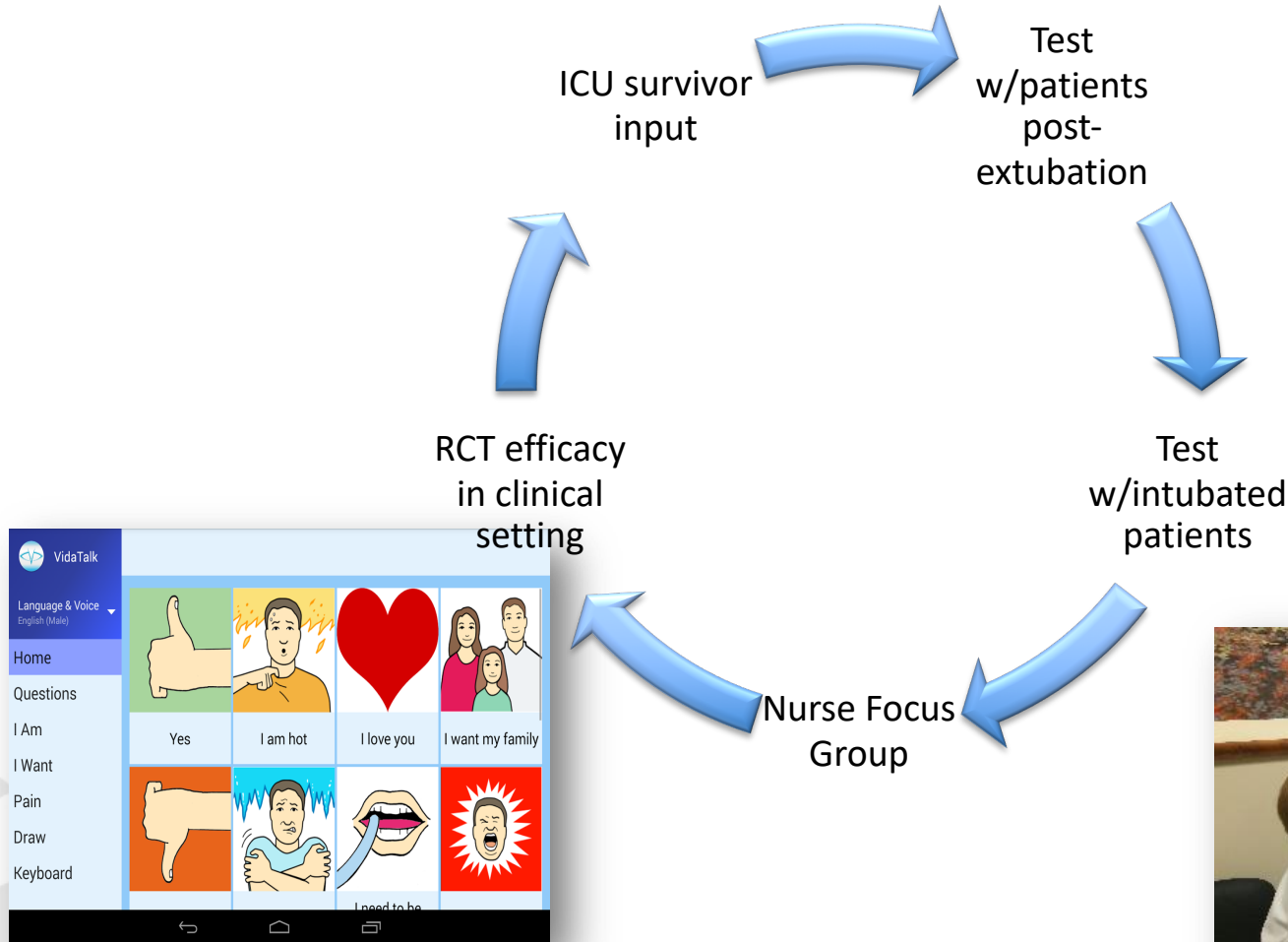


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Funding: NINR R41-NR014087; R42-NR014087

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Acknowledgements

Research Team – Pittsburgh

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Rachel Orler Reid
Joe Kaye
Jin Lee



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Acknowledgements

Research Team – The Ohio State University

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