



Meeting Patient Communication Needs With Evidence-Based Practice



It's Time To Improve Patient Communication Standards!

“Unless we make substantial changes in the organization and delivery of healthcare, all patients - particularly the most vulnerable - will continue to bear the burden of medical error.”

- Weingart SN, et al. Epidemiology of medical error. *BMJ*. 2000;320:774-777.



Objectives

I. Define the problem

- A. Communication Vulnerable Populations
- B. Highlight Complications Associated with Poor Communication
- C. The Joint Commission Standards of Care

II. Providing an Evidence-based Solution

- A. Standardizes a Point-of-Care Approach to Impaired Communication
- B. Promotes Best Practice
- C. Improves Patient Outcomes

III. Recommendations for Utilization

IV. References (slides 33-42)



Introduction

Patient communication is compromised due to:

- nonverbal (surgery, trauma or stroke) & linguistic barriers

Ignoring the communication barrier causes:

- misunderstanding and frustration
- negative emotions of futility and dehumanization

Traditional nonverbal communication methods

- require energy, are fatiguing and emotionally draining for patients
- no standardization, greater chance for error

Solution: Evidence-based Patient Communication Board

- patients can easily point to words, phrases, & pictures
- designed in clinical research study to improve patient outcomes

There Must Be a Better Way



The Problem

- Patients who are unable to establish or maintain effective communication with their providers are at greater risk of medical error and poorer outcomes.
- A patient's right to effective patient-provider communication is supported by accreditation standards, regulatory guidelines, and patient rights declarations. Patients have the right to be informed about the care they receive, make educated decisions about the care, and have the right to be listened to by their providers.

There Must Be a Better Way



More about the Problem

- Patient outcomes are substantially dependent on their ability to participate in their care.
- Patients who are communication-vulnerable ***[unable to establish or maintain effective communication with assistance or independently]*** are consequently subjected to
 - unsafe practice
 - poorer education
 - poorer outcomes



There Must Be a Better Way



More about the Problem

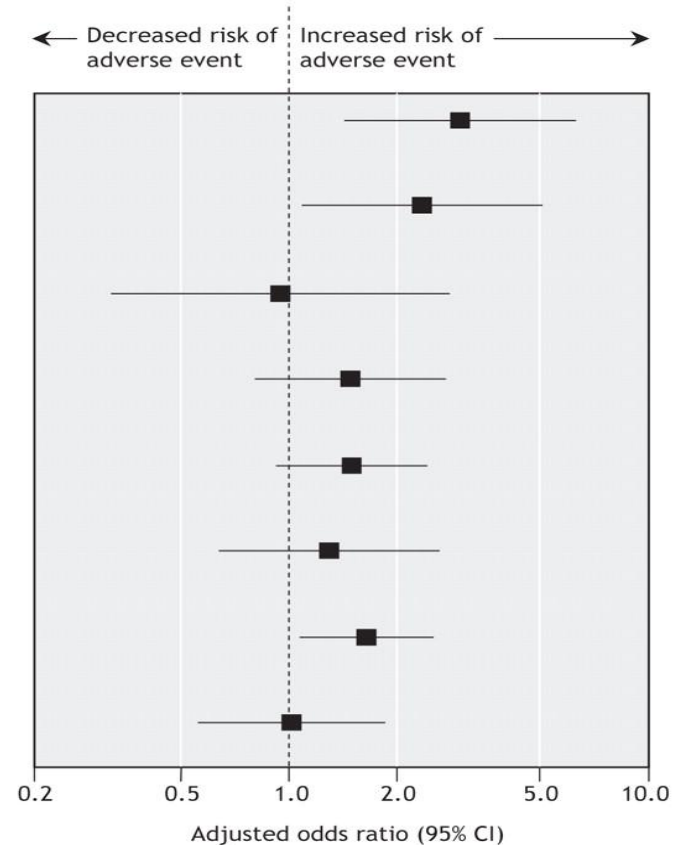
- Weaknesses within the healthcare system which perpetuate this alarming and urgent matter include
 - Inadequate health care standards and regulations
 - Lack of health care professional education
 - *75% nurses feel their bedside methods are inadequate!!**
 - » * Charles Reed study (slide 25-26)
 - Lack of value or recognition by organizations
 - Lack of health care professional collaboration
 - Multidisciplinary care teams that include experts trained to **mobilize effective communication resources** and **achieve desired outcomes**.

There Must Be a Better Way



Factors associated with preventable adverse events

Factor	Adjusted OR (95% CI)
Physical communication problem	3.00 (1.43-6.27)
Psychiatric disorder	2.35 (1.09-5.05)
Social distancing problem	0.94 (0.32-2.78)
Charlson Comorbidity Index score > 1	1.49 (0.81-2.72)
Female	1.49 (0.92-2.41)
Age > 65 yr	1.29 (0.64-2.61)
Urgent admission	1.64 (1.07-2.52)
Teaching hospital	1.02 (0.56-1.85)



We Need a Better Way



Who Is Most Vulnerable To Communication Impairment?

- Mechanically-Ventilated Patients
- Trached Patients
- Head & Neck Surgery Patients
- Stroke Patients
- Extremely Weak Patients (Hospice & Elderly)
- Non-English Speaking Patients
- Non-Verbal Patients

We Need a Better Way



Clinically Significant Outcomes Related to Ineffective Patient Communication

- Twice more likely to experience medical physical harm
- Increased risk of nonadherence to medication
- Misreported abuse
- Decreased access to medical care
- Decreased use of medical care
- Increased diagnosis of psychopathology
- More likely to leave hospital against medical advice
- Asthmatics more likely to receive intubation
- Less likely to return for follow up appointments after Emergency Room visits

We Need a Better Way



Clinically Significant Outcomes Related to Ineffective Patient Communication (con't)

- Higher rates of hospitalization
- Higher rates of drug complications
- Highest use of resources to provide care
- Lowest levels of satisfaction with care
- Increased risk of delayed care
- Increased failure to treat and prevent devastating disease states and death
- Increased risk of malpractice
- Increased length of hospital stay
- Alterations in communication including interference with transfer of information, reduced emotional support, and reduced rapport

We Need a Better Way



Patient Quote

UCLA Study – Patient Quote

- “I kept trying to tell them I had pain in the back and uh they didn't understand what I was saying. Finally I just came to the point where I stopped.”
 - Patak L, Gawlinski A, Fung NI, Doering L, Berg J. (2006). Communication boards in critical care: A patient's view. *Applied Nursing Research*,19(4),182-90.
 - Patak L, Gawlinski A, Fung NI, Doering L, Berg J. (2004). Patient's reports of health care practitioner interventions related to communication during mechanical ventilation. *Heart & Lung – The Journal of Acute and Critical Care*, 33(5), 308-320.

Improve Patient Outcomes



The Joint Commission Standards

- Standard of Care RI.2.100 states "**The organization respects the patient's right to and need for communication.**"
- Elements of Performance for RI.2.100, No.4 stating, "**The organization addresses the needs of those with vision, speech, hearing, language, and cognitive impairments.**"
- Hosted a Webinar, ***Call to Action: Patient/Provider Communication***, on February 17, 2009 addressing the nation on improving standards of care

A Better Way

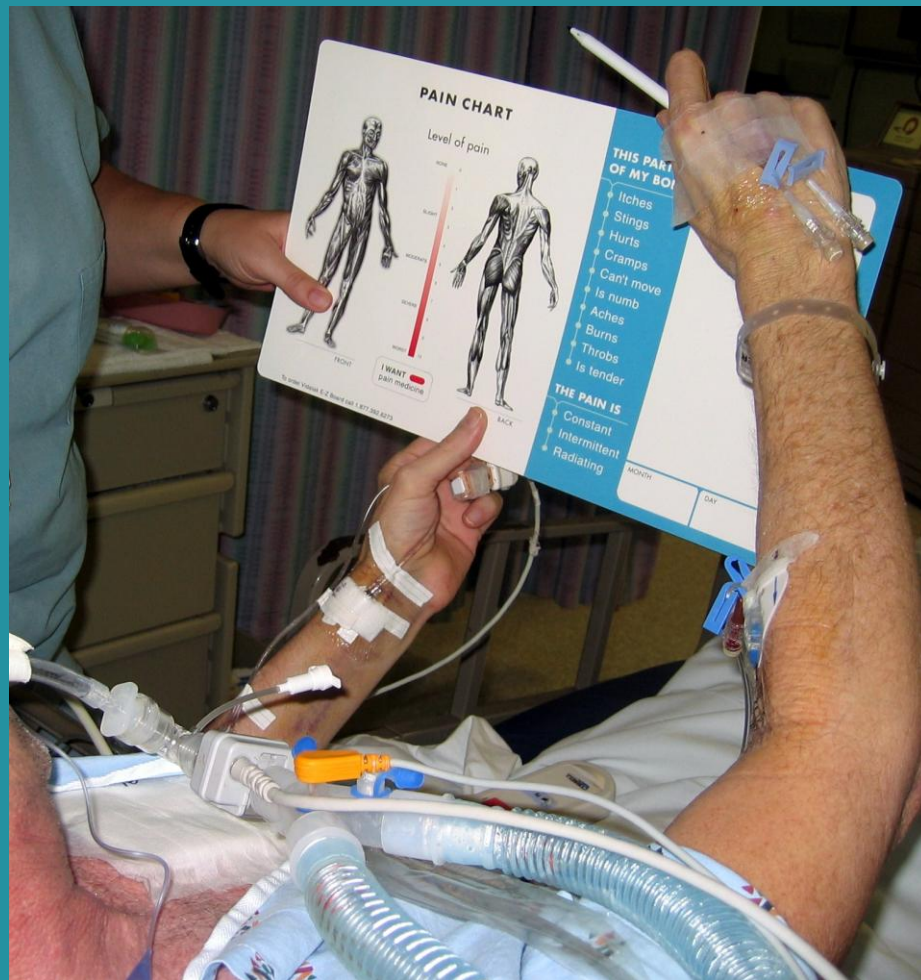


Vidatak EZ Boards

- The only evidence-based, patient designed communication boards available today
- Shown to reduce patient frustration
- Shown to improve patient satisfaction
- Available in 16 translations with English subtext
- Available also as a picture board with research-based picture drawings

A Better Way

Vidatak EZ Board



A Better Way



Vidatak EZ Boards

- Endorsed by the Hospice and Palliative Nurses Association (HPNA)
- Distributed by the American Association of Critical-Care Nurses (AACN)
- Used in 6 different countries
- Distributed to over 1,500 hospitals in the US

A Better Way

Vidatak EZ Board



Evidence-Based



Vidatak EZ Boards & Research

UCLA Study – Qualitative & Quantitative, 29 subjects

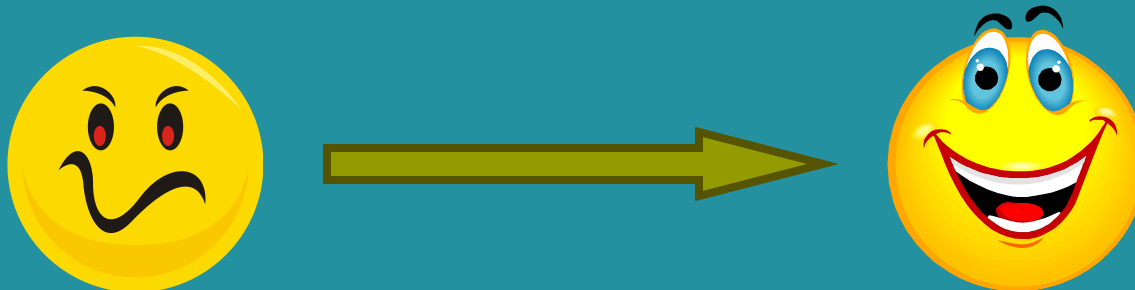
- 86% reported board would have been helpful
- 62% reported high levels of frustration
- 14% reported no frustration
- 79% received anxiolytics
- Patients who received $\uparrow$ anxiolytics = reported $\downarrow$ levels of frustration
- Patients were able to articulate their preferences in designing the Vidatak EZ Board

Evidence-Based



UCLA Study – Reported level of frustration

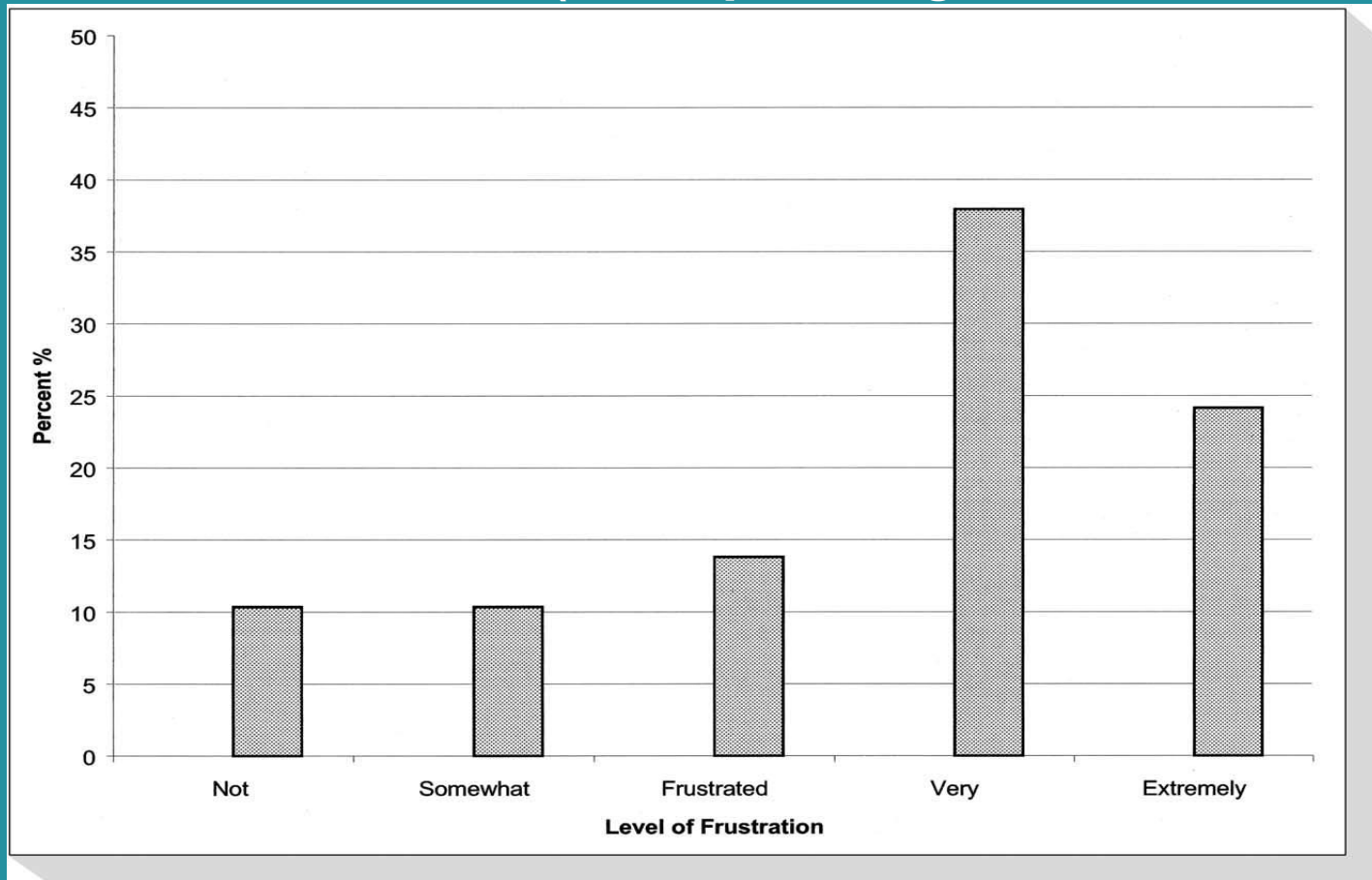
- Patients who had received traditional methods for communicating while ventilated reported their frustration would have significantly decreased if they had used the Vidatak EZ Board ($p < .001$)... with nearly half (41%) reporting they would have experienced no frustration with the Vidatak EZ Board.



Evidence-Based



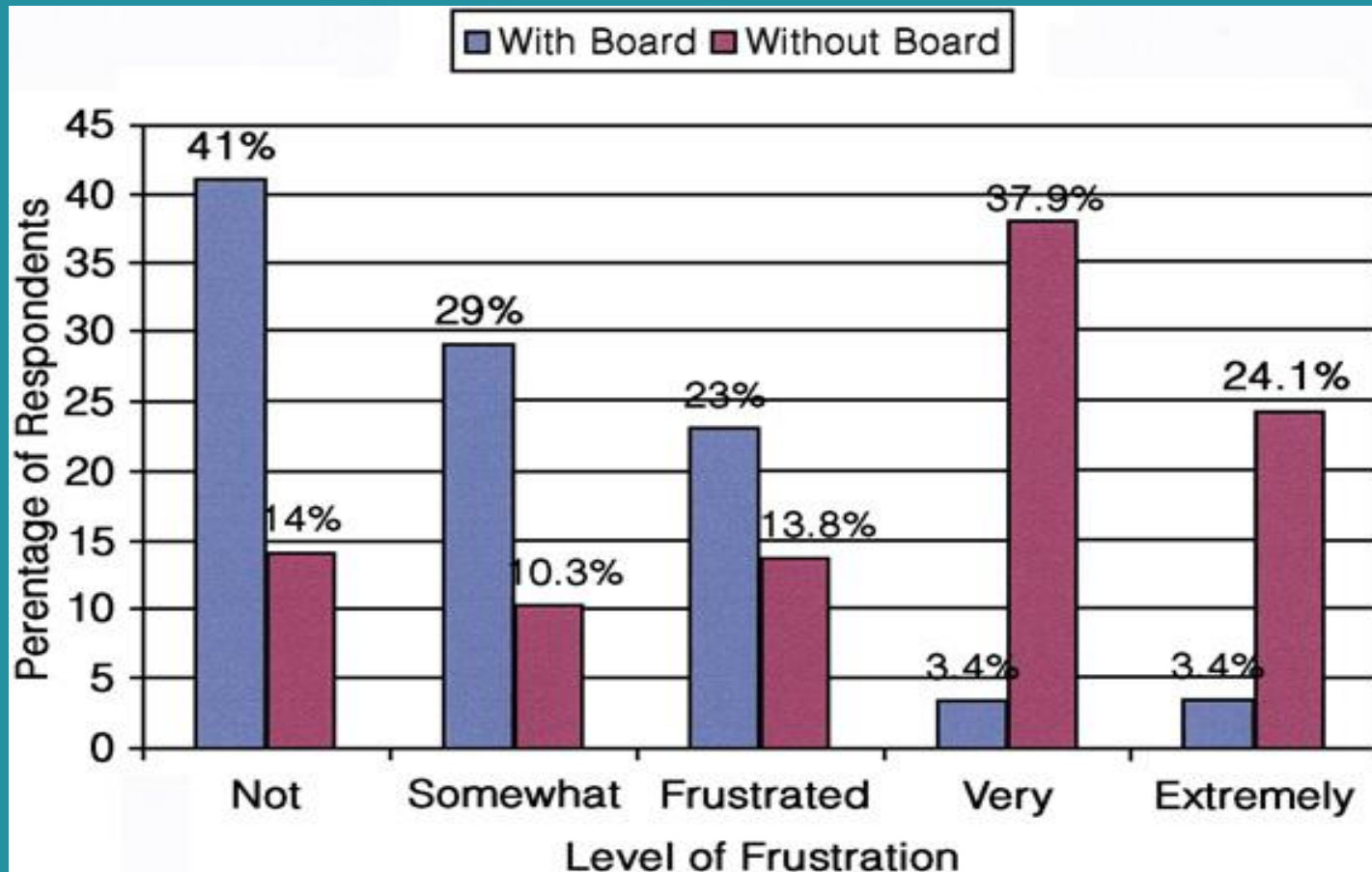
UCLA Study – Reported level of frustration *without* the Vidatak EZ Board (70% reported high levels of frustration)



Evidence-Based



UCLA Study – Comparing w/ and w/o board (70% *with* the Vidatak EZ Board reported low levels of frustration)





UCLA Study – Facilitating Communication

- Health care practitioner behaviors identified as facilitating communication
 - Being kind and patient
 - Offering verbal reassurance and important information
 - Being present and available at the bedside
 - Letting patients write
 - Understanding what patients need



UCLA Study – Impeding Communication

- Health care practitioner behaviors identified as impeding communication
 - Being mechanical, non-personal
 - Inconsistent
 - Inattentive and not present
 - Not being given the opportunity to perform as an individual
 - Imposing an agenda instead of learning about what the patient wants to do, when they want to do it
 - Not letting patients write or throwing away written notes

Evidence-Based



UCLA Study – Patient proposes it’s a systematic problem

UCLA Study – Patient Quote

“It would create an interface between the patient & the staff that would ***formalize the requirement that they pay attention to what the patient is trying to say***. It would be like a passport. The person, even if they didn't use it, could wave it, say 'I matter. I can be heard. I have a stake in this. It's not just about you acting on me. It's about my being able to tell you what I want, what I'm doing'. I believe the concept itself is very strong, because it would both ***obligate the staff to stop & listen with a fresh ear***, instead of saying, 'Oh well, they're intubed. They can't talk. Let's just write them off.' It could inspire, to instill hope & empower those who are not as strong willed as I am.”

Evidence-Based



Vidatak EZ Boards Used in Research

Charles Reed, University of Texas Health Sciences Center

- Surveyed and interviewed both nurses and patients regarding methods used to communicate
- **75% nurses felt methods were inadequate!!**
- 30% nurses felt they effectively understood their patient
- 59% patients reported being extremely frustrated with the inability to communicate



Vidatak EZ Boards Used in Research

Charles Reed, University of Texas Health Sciences Center

- Most beneficial methods reported by patients (in order)
 - Writing/Vidatak EZ Board (51%)
 - Hand gestures (28%)
 - Electronic communication board (14%)
- Most beneficial methods reported by nurses (in order)
 - Vidatak EZ Board (58%)
 - Electronic communication board (21%)
- Most common method reported by patients
 - Hand gestures (44%)

Evidence-Based



Vidatak EZ Boards Used in Research (International Study)

Lydia David, Apollo College of Nursing, Chennai, India

– Experimental control trial of 60 patients - randomized w/or w/o communication board (30 each).

- Without the Vidatak EZ Board, 73% reported their communication process was inadequate; with the board, 80% reported it was adequate.
- Without the Vidatak EZ Board, 63% reported being unsatisfied with their communication process; with the board, 77% were satisfied.
- Of those who used the Vidatak EZ Board 80% were satisfied with the board, 20% moderately satisfied. Nurses, however, reported 53% satisfied, 30% moderately satisfied and 17% unsatisfied.
- Overall, the patients with the Vidatak EZ Board reported higher satisfaction with communication ($p < .001$) and this was correlated to their satisfaction with the Vidatak EZ Board ($p < .01$).



Vidatak EZ Boards Used in Research

- John Costello, MA, CCC-SLP, Children's Hospital Boston
 - Conducted clinical research over three years collecting data on appropriate concepts to be depicted on a Picture Board as well as designing the best representations of these concepts with children ages 4-19.
 - Working together, we combined our clinical research data and developed the Vidatak EZ Picture Boards.



Vidatak EZ Board - Ongoing Studies

- Dr. Mary Beth Happ, University of Pittsburgh
 - SPEACS study – 5 year longitudinal study comparing routine care to non-tech and technological communication devices as well as measuring outcome variables
- Dr. Ruth Kleinpell, Rush University
 - Experimental study examining the impact of the Vidatak EZ Board on specific variables

Improve Patient Outcomes



Goals for Implementing Vidatak EZ Boards Hospital Wide

When used with proactive nursing care that prioritizes the patient's ability to actively participate and communicate effectively, the EZ Board can provide outstanding results which may include:

1. Decreased level of frustration
2. Improved pain management
3. Reduced sedation requirements
4. Improved staffing efficacy (1:1 ICU nurse/patient ratio → 1:2)
5. Increased patient participation and satisfaction with healthcare
6. Expedited extubation and decreased length of ICU and hospital stay

Improve Patient Outcomes



The Vidatak EZ Board should be supplied to patients in the following areas:

- Preoperative Rooms
 - (preoperative teaching and for Time-Out Assessment prior to surgery with intubated patients)
- Recovery Rooms/Postoperative Care
- Intensive Care Units (CCU, MICU, SICU)
- Step Down Units
- Long Term Care Facilities
- Head and Neck Surgery
- Outpatient Surgery
- Rehabilitation Units
- Speech-Language Pathology Departments

Improve Patient Outcomes



FOR OPTIMAL USE, PLEASE:

- 1) Orient your patient to the content on this board.
- 2) Add names of family members or other custom vocabulary as needed.
- 3) Provide this board as part of preoperative teaching as it will improve patient's ability to navigate the board and use it more effectively. By familiarizing themselves with the board and individualizing the board, patients will have better use, improved satisfaction, reduced anxiety and reduced anxiolytic medication requirements, etc.
- 4) **KEEP THIS BOARD WITH THE PATIENT AT ALL TIMES!** We provide bedside rail holder for this exact purpose.
- 5) For infection control, **PLEASE DO NOT RE-USE THIS PRODUCT BETWEEN PATIENTS.**

Vidatak EZ Board



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