

COMMUNICATION BETWEEN HEALTHCARE WORKERS (HCWs) AND INTUBATED PATIENTS IN THE SURGICAL **INTENSIVE CARE UNIT (SICU)**



Adding years of healthy life

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Mission Statement

To reduce the number of communication attempts a patient takes to get *intent understood by HCWs from 5 to 2 in SICU **intubated patients in 6 months.

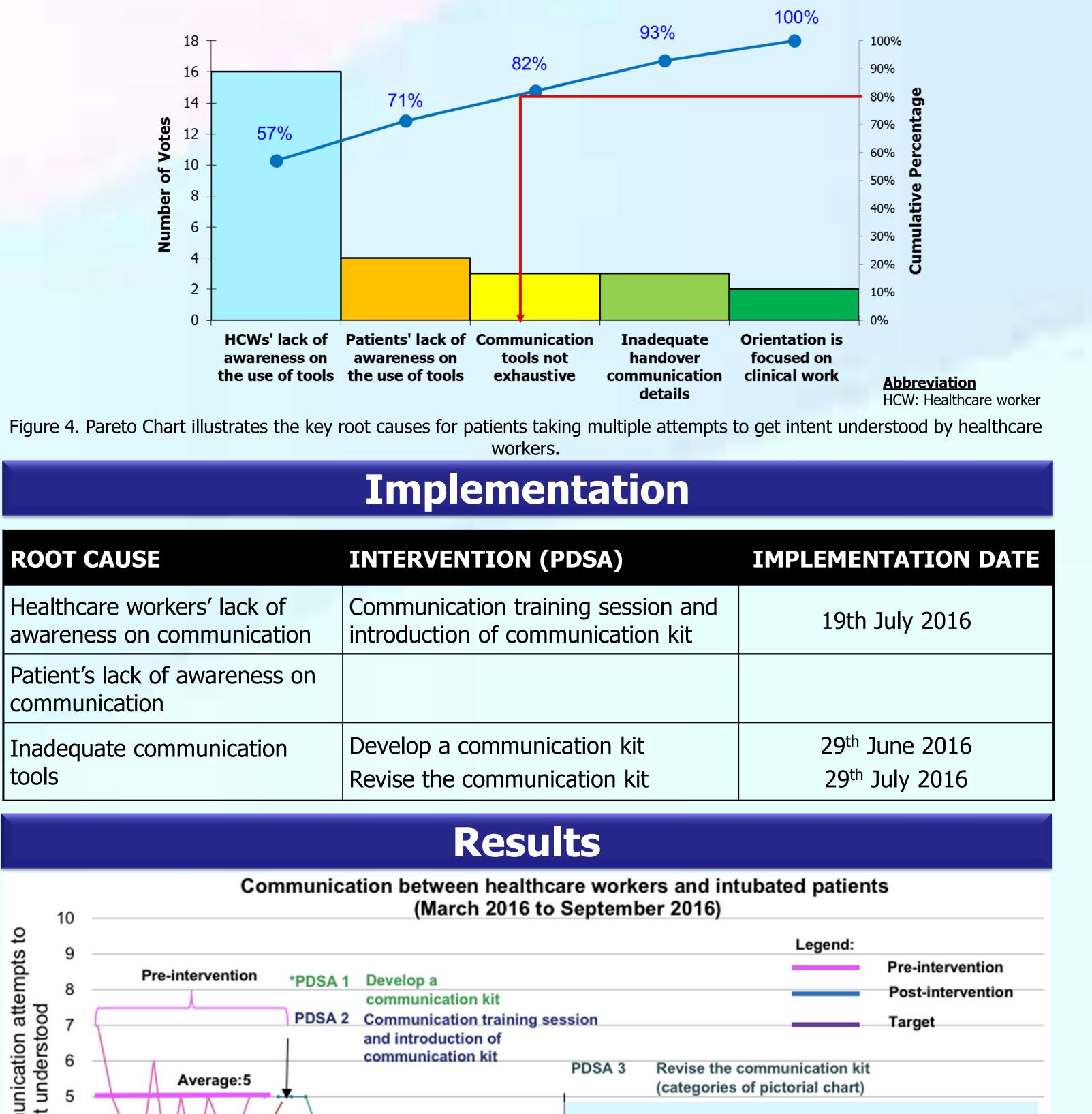
*intent: Basic needs (eg. Change diapers, suction, breathlessness) ****intubated:** Endotracheal tube/Tracheostomy tube

Team Members

	Name	Designation	Department
Leader	Jaclyn Tan Ee Chen	Senior Physiotherapist	Physiotherapy
Members	Yang Xue Lian	Nurse Clinician	Nursing
	Dr Shirley Goh	Consultant	Anaesthesiology, Intensive Care and Pain Medicine
	Dr Jasmine Yang Yun Rui	Consultant	Anaesthesiology, Intensive Care and Pain Medicine
	Zenne Tng Kuan Chen	Principal Speech Therapist	Speech and Language Therapy
	Tan Xin Yi	Senior Medical Social Worker	Care and Counselling
	Cheryl Pan	Staff Nurse	Nursing
	Lay Phwe Phwe	Staff Nurse	Nursing
Sponsor	Adj A/Prof Tan Hui Ling	Director (Neurosurgical ICU) & Senior Consultant, Chairman, Hospital ICU Committee	Anaesthesiology and Intensive Care

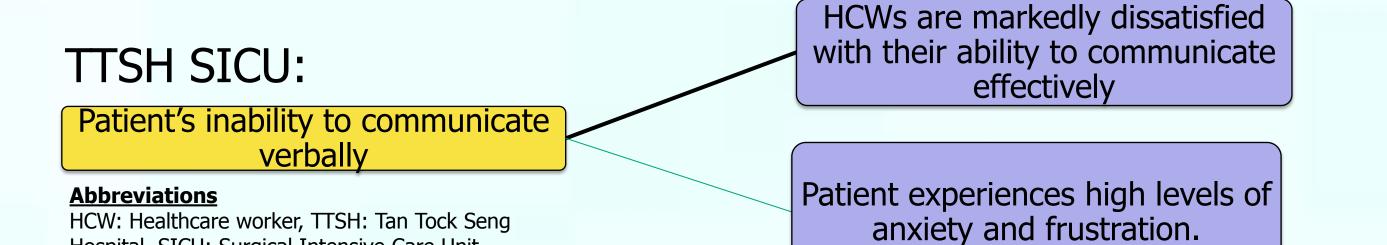
Pareto Chart

Root causes for intubated patients taking multiple attempts to get intent understood



Evidence for a Problem Worth Solving

HCWs are challenged to meet the ICU patients' communication needs as these patients have artificial airways and cannot communicate verbally.



Current Performance of a Process

Communication between healthcare workers and intubated patients

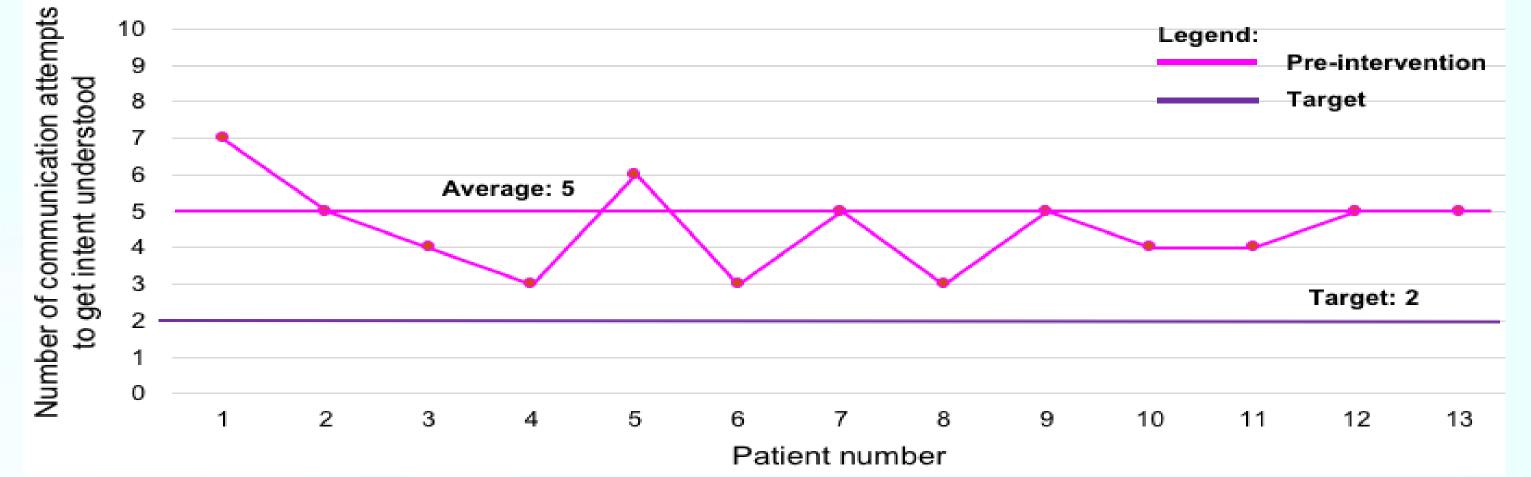
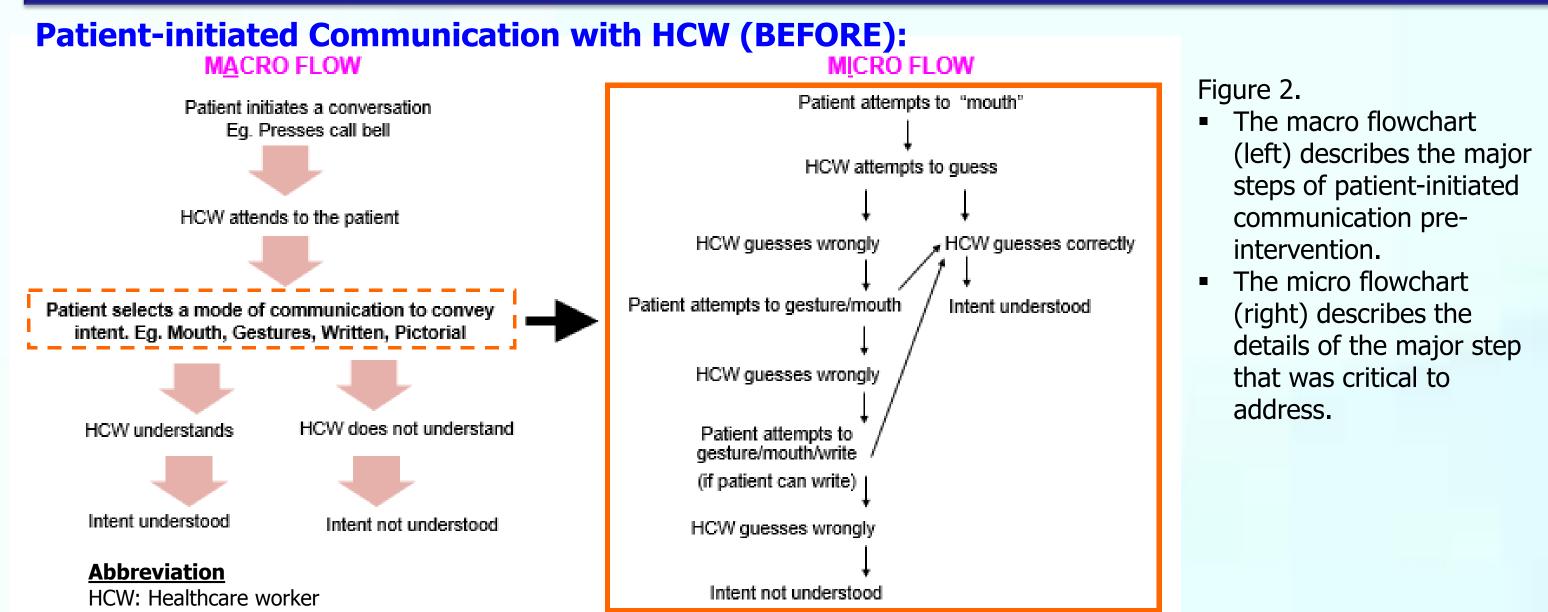


Figure 1. Number of communication attempts a patient takes to get intent understood by healthcare workers (Pre-intervention)

Flow Chart of Process



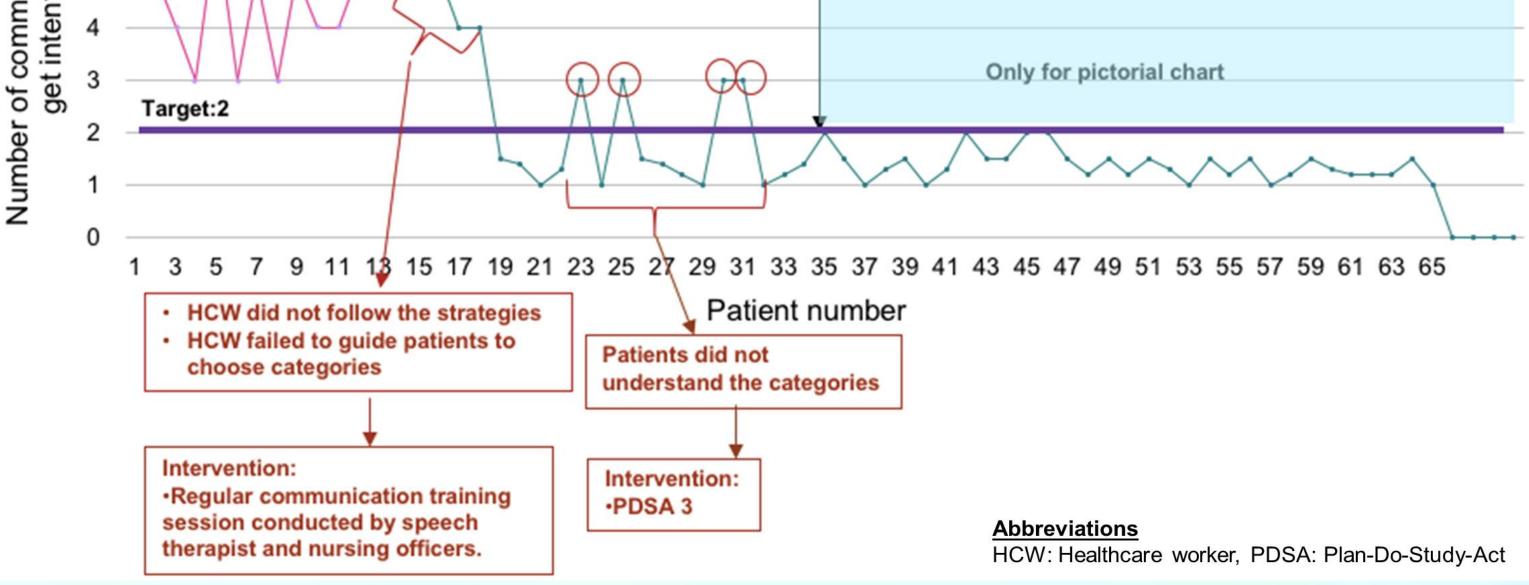
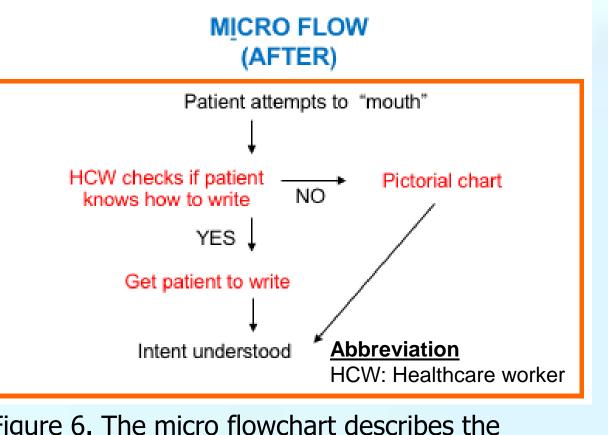
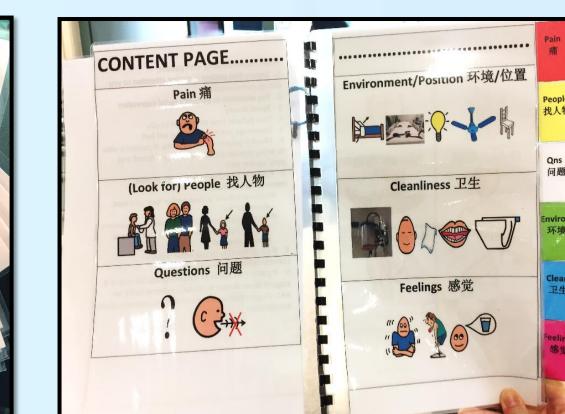


Figure 5. Number of communication attempts a patient takes to get intent understood by healthcare workers pre- and postintervention in SICU (March to September 2016)

Patients rated the usefulness of the communication kit as 2-Good on a 5point scale (1-Excellent, 5-Very Poor).

Patient-initiated communication with HCW (AFTER):





Cause and Effect Diagram

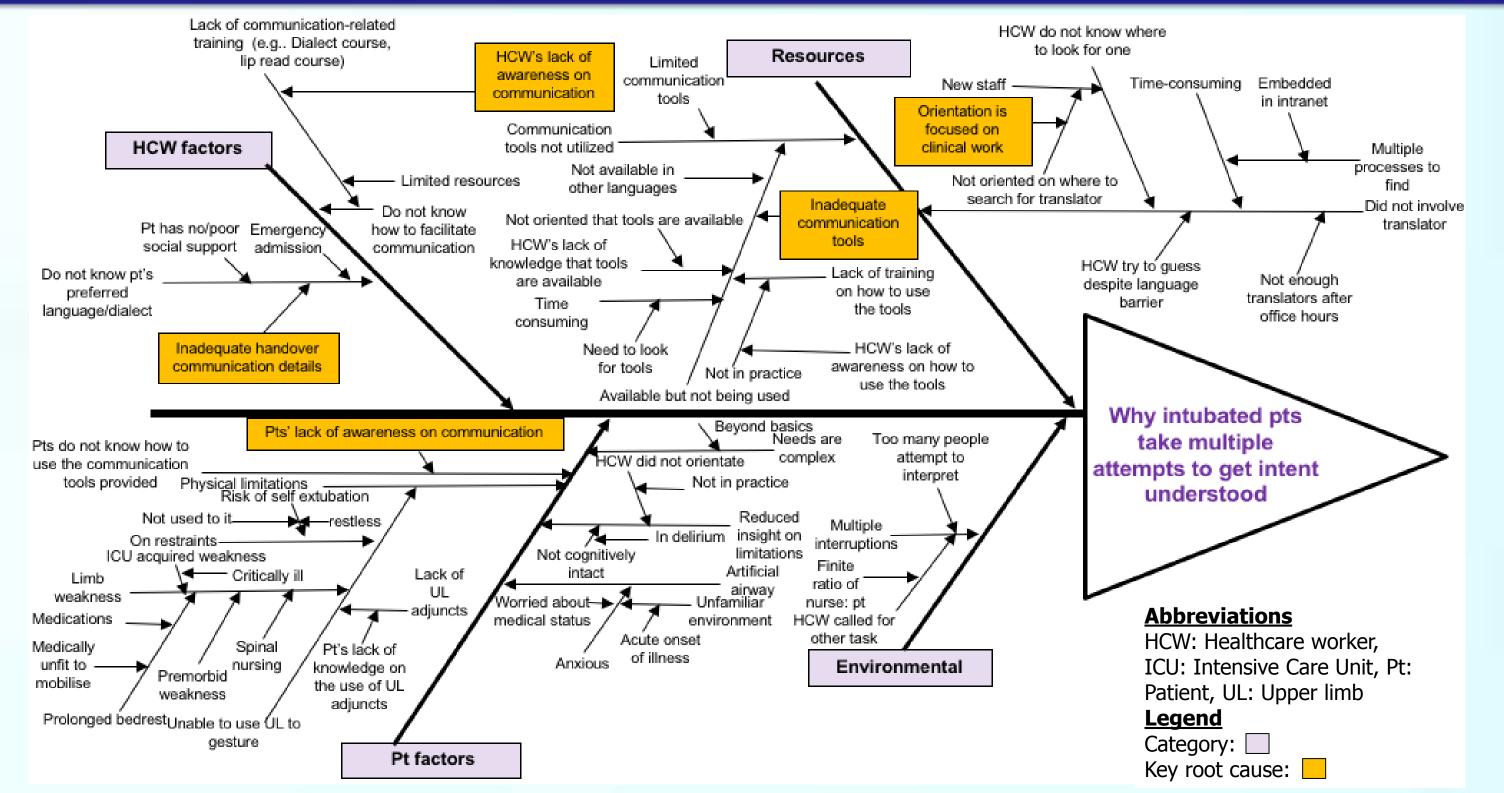


Figure 3. Cause and effect diagram for intubated patients taking multiple attempts to get intent understood by healthcare workers.

Figure 6. The micro flowchart describes the changes in the aforementioned major step

Figure 7a. Pictorial chart (before)

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Figure 7b. Communication kit with communication strategies, writing page and pictorial chart (after)

Conclusion: Adequate communication tools and providing tips to guide HCWs in identifying appropriate communication strategies are essential for achieving effective HCW-patient communication.

Cost Savings

It would cost \$50SGD to get a communication kit from a speech therapist. With an average of 13 ICU patients per month, the total cost savings will be \$7800SGD per year.

Problems Encountered

Getting data collection and monitoring systems right were tough. Regular discussions, detailed planning and constant engagement of the team members and ground staff were keys to the success of the project.

Strategies to Sustain

A video showing the correct usage of the communication kit will be included into the SICU orientation programme. Monthly results will be shared with the HCWs. Regular communication audits will be carried out to monitor performance. If there is a slip, an analysis will be conducted.