ICU
MANAGEMENT & PRACTICE

Over Half of ICU Patients on Ventilators Able to Communicate

More than half of patients in intensive care units (ICU) using ventilators to help them breathe could benefit from assistive communication tools and speech language consultation, according to a new study published in *Heart & Lung*. These tools could be as simple as a notepad and pen that would allow a patient to write requests and questions, researchers explained.

The study involved 2,671 patients at two hospitals who used mechanical ventilation over a two-year period. More than half (53.9 percent) of these patients were classified as meeting basic communication criteria — i.e., they were alert and responsive to verbal communication from clinicians for at least one 12-hour shift while receiving mechanical ventilation for two or more days.

"Our findings challenge the commonly held assumption of many clinicians and researchers that these patients are unable to communicate or participate in their care," said Mary Beth Happ, distinguished professor of nursing at The Ohio State University and co-author of the study. "Establishing lines of communication is the first step in a patient being able to make his or her needs known and have accurate symptom assessment and management, and contributes to an overall better patient experience."

While the study indicates that many patients do have the ability to communicate, that does not mean that communication is being properly facilitated, said Prof. Happ who conducted the research in collaboration with colleagues from the University of Pittsburgh.

"We need to change the culture of care teams in the ICU to better address communication support needs," she noted. "We often don't have the necessary tools at the bedside, and it does require a certain skill level on the part of the clinician to be able to assist patients without both parties becoming very frustrated."

As critical care clinical practice moves toward less sedation, which promotes wakefulness and early mobilisation during mechanical ventilation, the proportion of awake and potentially communicative patients is likely to increase. This, in turn, increases need for communication support.

"We've known that this is a problem for over 30 years, but it's an area that has been largely ignored because it's a need that crosses disciplines. It becomes an issue of 'who's responsible?'" Prof. Happ explained.

The next steps for identifying a solution are to design implementation programmes for care teams that can fully address communication needs for mechanically ventilated patients while also measuring patient care outcomes related to this practice change, the professor added.

Co-authors for this study are Judith A. Tate of Ohio State's College of Nursing; and Jennifer B. Seaman, Marci L. Nilsen, Andrea Sciulli, Melissa Saul and co-principal investigator Amber E. Barnato, all of the University of Pittsburgh. The study received funding by Robert Wood Johnson Foundation through the Interdisciplinary Nursing Quality Research Initiative (INQRI).

Ohio State's College of Nursing offers continuing education on how to use low-tech methods to help patients on ventilators communicate. More information is available at go.osu.edu/speacs2.

Source: The Ohio State University
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Published on : Wed, 28 Jan 2015