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End-of-Life Care and Patient Communication in Critical Care Settings

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END-OF-LIFE CARE AND PATIENT COMMUNICATION IN CRITICAL CARE SETTINGS

Mary Beth Happ, PhD, RN, FAAN
Distinguished Professor
College of Nursing
The Ohio State University

Disclosure: Financial — Received a speaking fee from Passy-Muir, Inc. for this presentation
Nonfinancial — No relevant nonfinancial relationship exists

DISCLOSURE STATEMENT

• Passy-Muir, Inc. has developed and patented a licensed technology trademarked as the Passy-Muir® Tracheostomy and Ventilator Swallowing and Speaking Valve. This presentation will focus primarily on the biased-closed position Passy-Muir Valve and will include little to no information on other speaking valves.

EVIDENCE FOR COMMUNICATION SUPPORT AT END-OF-LIFE IN THE ICU

• ICU treatment ≠ good end of life care
• Communication ability, topic, methods
• Use of augmentative and alternative communication tools
• Symptom communication & management
• Communication with family -- final messages
• Participation in treatment decision making

American Journal of Critical Care 2004; 13 (3)

CE include:
COMMUNICATION ABILITY, METHOD, AND CONTENT AMONG NONSPEAKING, NONSLOWING, PATIENTS TREATED WITH MECHANICAL VENTILATION IN THE INTENSIVE CARE UNIT
By Mary Beth Happ, PhD, RN, The Ohio State University

• Chart review of 50 randomly selected ICU patients who died
• 72% had evidence of communication during MV
• Most communication (62.9%) occurred when NOT physically restrained
• Topics: (1) pain/discomfort, (2) emotional, (3) physical care needs, (4) symptoms, (5) family
• A few (~4%) described active patient participation in LST decisions
**Communication Ability**

- Point prevalence studies
  - 18.4% ICU patients
  - 33% AAC candidacy – all hospital patients
- Incidence across ICU stay
  - 50% MV patients for > 2 days in ICU
- Take home message → All patients deserve daily assessment for communication ability

**Augmentative and Alternative Strategies and Resources**

- Definition (AAC): all communication methods that supplement natural speech including unaided (signing) or aided (writing, typing, communication boards electronic device) techniques.

**SPEACS: Study of Patient-nurse Effectiveness with Assisted Communication Strategies**

**Basic Communication Skills Training**
- 4-hour educational program delivered by SLPs
- Communication Supplies

**Electronic Communication Devices + SLP**

- 4-hour Basic Communication Skills training +
- 2-hour introduction to electronic devices +
- Communication Cart
- SLP assesses each study patient
- Matches electronic devices and “low tech” strategies to patient ability - preference
- Confers with nurse & models behaviors
- Writes communication plan
- Daily follow-up

**SPEACS Study**

- Conducted in two ICUs
- Observed 89 patient-nurse dyads
- 4 Video recorded communication observations (total = 356) rated by trained coders
- Achieved communication process improvements

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SPEACS-2 IMPLEMENTATION (6 ICUs)

- Nurse Training: 323 ICU nurses trained (>84% eligible)
- Bedside Communication Rounds with SLP: 116
- Communication tools: > 3000 items supplied to 6 ICUs (24 mos)

SPEECH LANGUAGE PATHOLOGIST

1. GET THE PATIENT’S ATTENTION BY TOUCH AND EYE CONTACT

2. ASSESS ORAL MOVEMENT
   - Trial tracheostomy speaking valve if patient meets criteria
   - Trach speaking can be used for short periods or important conversations

3. SPEAK SLOWLY, DISTINCTLY WITH PAUSES.
   - Coach patients to use their tongue and teeth when mouthing words.
   - Ask only one question at a time.
   - Patient can point to first letter on alphabet board when mouthing words

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4. ESTABLISH A CONSISTENT YES / NO CODE

- Thumbs up for YES, thumb in fist for NO
- Use tagged yes/no questions with patients who are:
  - delirious, sedated, confused,
  - or language impaired

5. MEANINGFUL AND MIRRORED GESTURE: USE GESTURE DELIBERATELY AS YOU SPEAK TO PATIENTS

6. Sensory and Positional Aids

- Keep glasses and hearing aids within reach
- Use only felt-tip pens
- Try simple orthotic aids—pen grips
- Clipboards
- Slanted boards with wrist rests

7. COMMUNICATION BOARDS

- Control Phrases verify whether the message was understood correctly, etc.

8. WRITTEN CHOICE CONVERSATIONAL STRATEGY

(GARRETT & BEUKELMAN, 1995)

2) YOU formulate possible answers for patient.
   - Write down 3-5 choices — print on the page
   - Put a dot in front of each choice - this is a cue for the patient to point
   - Review each choice aloud as you point to them
   - Then, tell the patient to point to his answer
3) Circle his answer, say it aloud and confirm it
   - e.g. “Oh, so you think Obama is a good president?”
4) Ask follow-up questions as appropriate
Example: “What should we ask your family to bring from home?”

- Pictures
- Glasses
- Snacks
- Other

9. **WRITTEN KEY WORDS**
Used to improve comprehension (augmented input)

- CT-Scan at 2:00pm
- Going in your bed
- Portable ventilator
- Medicine for nerves
- I will be with you

10. **PERSONAL ELECTRONIC DEVICES**
Considerations
- Cleaning
- Mounting
- Securing
- Charging
- Dexterity
- Cognitive “load”: focus, executive function, new learning

**CLINICAL CASE EXEMPLARS**
- “The Patient Whisperer”
SYMPTOM COMMUNICATION

IF, Patient report is the "gold standard"

THEN, How does the nonverbal patient report symptoms?

National Institute for Nursing Research (K24-NR010244)

SYMPTOM COMMUNICATION

- We observed and analyzed symptom communication from video recordings
- Nurses often use physiological or behavioral indicators of pain and other symptoms
- "Cannot speak" is inappropriately equated with "unable to assess," "can’t communicate symptoms"

MOST COMMONLY IDENTIFIED SYMPTOMS

DROWSINESS
LACK-OF-ENERGY
DISCOMFORT
SOB-WEANING

NEW SYMPTOMS

HOT
RESTLESSNESS
COLD
FRUSTRATION
BLOATING

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SYMPTOM COMMUNICATION

PALLIATIVE CARE

- Pain and Symptom Management
- Goals of Care Communication
- Family Involvement and Support
- Palliative Care should accompany all levels of care from curative → end-of-life

Take home:
Delirium Makes a Difference!
- Delirium was associated with self-report of pain, drowsiness, & feeling cold
- Patients were significantly less likely to initiate symptom communication when delirious

SYMPTOM COMMUNICATION

Drowsiness
Pain
Lack of energy
Discomfort
Sob-weaning

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How does the nonverbal patient report symptoms?
FAMILY INVOLVEMENT

My brother died in [an intensive care unit] 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. [e-mail from a family member]


USE OF AUGMENTATIVE AND ALTERNATIVE COMMUNICATION STRATEGIES BY FAMILY MEMBERS IN THE INTENSIVE CARE UNIT

• Families were unprepared for/unaware of patient communication
• 44% of families showed some use of AAC
• Writing was most common, communication devices, boards

FAMILY INVOLVEMENT

End of Life Care and Patient Communication in Critical Care Settings

8/19/13

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EVIDENCE FOR DECISION MAKING
COMMUNICATION IS MIXED

- Studies of LST decision making focus on physician-family communication
  - "shared decision making" excludes patient
- 4-40% patients communicate tx preferences or participate in decisions during critical illness
  - Chronic ventilator unit, patients as "decision makers" = 45/94 (48%)\(^6\)
  - Patients involved in most (8/13) decisions leading to vent discontinuation.


PATIENT INVOLVEMENT

- Physicians, APNs, and families solicited patient involvement
- Patient participation was sought despite unclear thinking
- Information sharing was a motivation for including patient
- Patients confirmed or validated decisions already underway
- Ambiguity
- Patients were most independent in treatment refusals

A DOUBLE EDGED SWORD

"It was easier to make the decision (to withdraw MV) when my mother wasn't communicating."

~ adult daughter of 79 y/o w/ multisystem organ failure, sepsis

"I'm afraid that I'll be living when I want to be dead."

~ 69 year-old woman with end-stage kidney disease, transplantation complications & failure-to-wean from MV
CLINICAL CASE EXEMPLARYS

- "Let me speak"

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INFORMATION AND RESOURCES

SPEACS website: www.pitt.edu/~speacs
Patient Provider Communication forum http://www.patientprovidercommunication.org/
Mary Beth Happ contact: happ.3@osu.edu mbhapp@gmail.com

RECEIVING CEU’S FOR THIS COURSE

- You will have 5 days from the time this course ends to complete the evaluation, which is required to receive credit.
  - Look in your email for a reminder link, or type this into your internet browser’s address bar:
    oep.passy-muir.com
  - If you are a late registrant, the meeting code is: passy754
    - If you are already registered, you do not need to use this code