The Early Communication Initiative in the ICU

The Problem

The hospital-wide goals to decrease sedation and to improve early mobilization in the ICU have resulted in an increase in the number of patients who are awake while receiving ventilator support. Therefore, the inability to communicate with these patients has led to a lack of patient input into their own care and a lack of awareness of patients’ wishes by family members and members of the medical team.

Aim/Goal

To change the current practice pattern & intervene earlier to improve communication between ventilator-dependent patients and their family members and medical providers.

- To improve quality of life by enabling earlier & more effective communication for patients on the ventilator in the ICU
- To promote better communication between RN/medical staff and patients in the ICU to reduce preventable adverse events
- To support nursing staff in their attempts to communicate with patients on the ventilator
  o Not to burden RN/staff or cause added work
- To provide All Supplies/Communication Tools by speech pathologists
- To train nursing staff by speech-language pathologists to enable early implementation

The Team

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The Interventions

- Complete pre-survey to gather data on current practice pattern
- Pilot the initiative in one ICU (Finard ICU)
- Attend rounds/partner with staff to request earlier consults on patients who are awake but still on the ventilator, as is being done by Physical Therapy in their Early Mobility Program
- Assess verbal communication or non-verbal communication earlier & provide communication supports by speech-language pathologists
- Follow-up to ensure success

The Results/Progress to Date

- Patient candidacy:
  o Awake, alert, responsive to verbal communication, will require vent support for >48 hrs.
- Two clinical pathways:
  o Early access to inline speaking valves for pts with tracheostomies
  o Alternative Communication tools for pts with endotracheal tubes

Challenges / Barriers to implementation

- Scheduling has been a challenge; It has been difficult to find the best time to:
  o Assess the patient when least sedated/best able to communicate
  o Provide therapy around multiple medical interventions
- Reduced availability of speech-language pathologists
- Fluctuating census of appropriate patients

Next Steps/What Should Happen Next

- Collaboratively figure out:
  o What works?
  o What does not work?
  o What is the impact on nurses, patients, families, and the ICU team?
  o What are the potential next steps to expand in the future?
- Complete post-survey by speech-language pathologists
  o Measure benefit to nurses, patients & family members
  o Select most beneficial communication tools
- Provide education and support to RN staff in each ICU
- Supply & replenish communication toolkits in each ICU

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