Implementation of an Artificial Airway Communication Tool

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Table of Contents

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Topic Introduction

After evaluating our clinical experiences we decided to suggest an implementation of a new policy concerning the use of a communication tool for patients with artificial airways in the hospital setting. We chose this topic because of the difficulties we witnessed patients with artificial airways having trying to communicate with hospital employees. Without a reliable way to communicate, healthcare staff have a hard time addressing patient needs and patient outcomes could be affected. To combat this issue, we designed a communication tool that includes images of basic needs, commands, and requests. Our goal is for every patient with an artificial airway to have access to this tool and be able to effectively use it. We also have a goal of all hospital employees, but more specifically the nurse, being educated on the purpose of the tool and being proficient in its use.

Theoretical Framework

When creating our policy we decided to exercise a patient centered approach and apply a transitional framework. The transition theory, proposed by Meleis, focuses on the human responses and experiences to a transition in well-being. The goal of this framework is to help people go through healthy transitions and master new behaviors (Meleis, 2010). This framework connects to our research population because the addition of an artificial airway for a patient results in a transition of lifestyle and communication technique. Learning how to communicate in general, as well as with the use of our recommended communication tool is an example of a new behavior in transition.

Evidence

We researched this topic by finding articles about communication with an artificial airway in the hospital setting. There were three articles that we found to have the greatest connection to our project. The first research article was a meta-analysis of 11 studies and addressed the effectiveness of communication interventions with patients that have artificial airways in the hospital setting. Rose et al. (2021) found "There is some evidence indicating provision of a communication board may improve patient satisfaction with communication compared to usual care without routine use of a communication aid" (pg. 27). The authors note that due to the limited number of quality studies, they cannot recommend any certain choice of communication device for practice (Rose et al., 2021, pg. 27).

The next research article was a meta-analysis of 48 studies and addressed the feasibility, utility, and safety of communication interventions with patients that have artificial airways. Zaga et al. (2019) found "patient and staff satisfaction is increased with various communication interventions and that these interventions are feasible, have utility, and are safe to perform" (pg. 1353). Unfortunately with this research, they do not suggest a certain communication method or tool. Zaga et al. (2019) proceeds to state that there is a significant lack of research about assessment and measurable outcomes along with an agreement on standard of care for this patient population (pg. 1353).

The final research article was a qualitative study and addressed the need for a consensus definition along with a list of key elements of effective communication for patients with artificial airways. Zaga et al. (2023) produced a definition and key list of elements that "incorporates components of a communication exchange, the concept that effective communication sits on a continuum from ineffective to effective and is influenced by the presence of an artificial airway

and the critical care environment" (pg. 6). The authors hope that their definition and key elements will help the development of communication tools and support future studies of communication interventions with patients that have artificial airways (Zaga et al., 2023, pg. 6).

Proposed Policy

After examining Murray Calloway County Hospitals current policies, we discovered that there was one policy concerning artificial airways. This policy only explained the steps and use of supplies for tracheostomy care. Due to our policy concerning communication for any artificial airway, we decided to propose a new policy that is separate and not reliant on the tracheostomy policy. The policy we have chosen to suggest is the implementation of an artificial airway communication tool. Our research has determined that there is no recommended choice of communication device for practice (Rose et al., 2021, pg. 27). However, there is evidence that patient satisfaction is increased and that patients can benefit from a communication tool (Zaga et al., 2019, pg. 1353).

The communication tool that we designed is an eight and a half by eleven laminated piece of paper. This tool includes images of basic needs, requests, or commands. Examples of these needs include suctioning, showering, toileting, food, drink, and many more.

Implementation into Professional Practice

We approached the nursing staff of Murray Calloway County Hospital by presenting our policy using a PowerPoint and physical examples of our communication tool. We chose this method because we wanted to provide informational research while also having an open conversation with the audience. During the presentation we educated our audience on the significance this problem has on the patient population and the research that supplements our policy. We encouraged them to see how awareness of the issue and importance of taking action is

the first step to making a change. Lastly we emphasized that our proposition is the earliest stage and not the final solution to this issue. The need for further research and analysis was also conveyed to the audience. We recommended that this tool be implemented by first determining what each image means to the general population of nurses. Then we suggested explaining the meanings of the images to a patient with an artificial airway and assessing if they understood. Next the patient and nurse can attempt to communicate by using the tool. The staff can assess compliance by determining if patient needs are met by the use of patient satisfaction surveys.

Conclusion

In conclusion, communication with patients that have artificial airways can be a difficult and frustrating task for the nurse and the patient. However, this task could be made easier with a communication tool. A simple communication tool that prompts questions and discussion with the patient. Our look into this topic has provided us with the surprising information that there is a clear lack of research being performed. With this project, we hope that this topic will be talked about further and research will continue to be done for the betterment of patients.

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