

Improving communication with
Non-English speaking patients in
Intensive Care Unit using an
Enhanced Communication Board

ANNALIE SOL BALTAR

*Junior Sister - Critical Care
Quality Improvement Project Lead*

Diversity in UK and its Implications in Healthcare

Globalisation
and
Migration

Increase of
Ethnic
population in
UK -
DIVERSITY

Language
Proficiency -
**Non-English
Speakers**

**LANGUAGE
BARRIER -**
A major
challenge in
Health Care
Delivery

Migration Watch UK, 2021
Amano et al., 2021, Shamsi et al.,
2020, & Lebano et al., 2020
Ali et al., & Pandey et al., 2021

Why is it important to have effective communication with our diverse patients?

Provide *efficient care* and *alleviate adverse effects*

(Gropp et al, 2019)

Linked to language and culture - *important to improve quality of care and patient safety.*

(Wilson-Stronks et al, 2008)



(calendify.com)

Universal Declaration of Human Rights - Article 19
(McLeod, 2018)



Standard of competence for Registered Nurses
(NMC, 2010)



(England.nhs.uk)

Trusts values - FAIRNESS
(Placement Hospital, 2022)

How does communication boards improve communication in Intensive care?

Reduce anxiety levels

(Hosseini et al, 2018)

Able to express their opinions, feelings and requests.

(Kuyler et al, 2021)

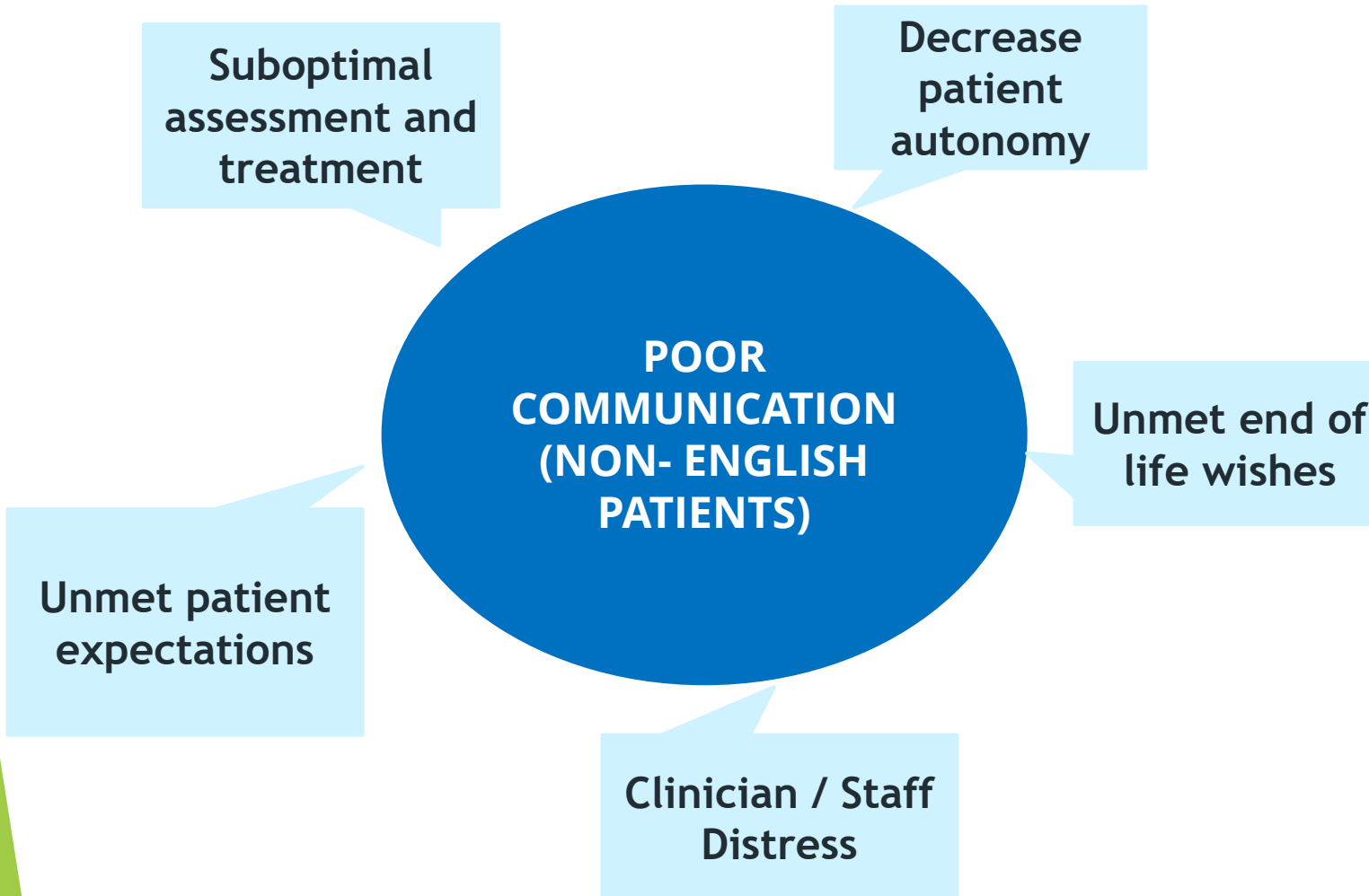
Helps obtain specific medical needs like obtain pain assessment rating

(Tate et al, 2012)

For non-english speaking patients, language access services such as translated documents are not available or not frequently used!

(Patak et al, 2009)

Why do we need change?



LANGUAGE BARRIER



IMPEDES EFFECTIVE COMMUNICATION



DELIVERING SUB - OPTIMAL CARE



DISSATISFACTION OF SERVICE USER

HOW DO WE IMPROVE SERVICE?

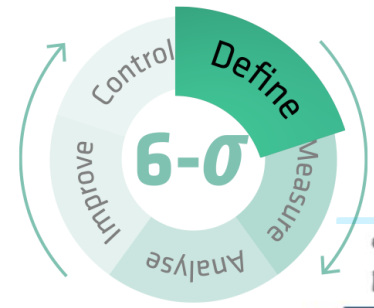


A robust multistage framework - identifies root causes and aims to eliminate defects to improve quality.

(NHS Improvement 2011)



the 'WHY'?



To improve communication with non-English speaking patients in ITU using an Enhanced Communication Board



To increase the use of communication board to 80%



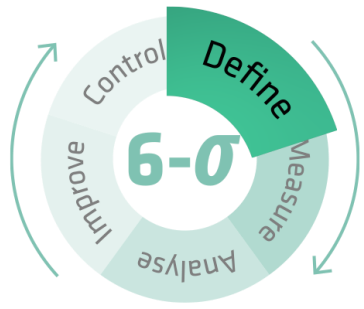
To integrate enhanced communication board as a method of Communication



To address diversity of patients in ITU creating language barrier



6-12 months



the 'WHAT'?

IN- SCOPE

UNIT: Intensive Care Unit

PATIENT: Non-English Speaking conscious patients

START: Admission to ITU

BUDGET: Money allocation for creation of enhanced communication board

COVERAGE: Communicate only basic needs, tasks, procedures, and simple assessment.

OUT-OF SCOPE

UNIT: All other units

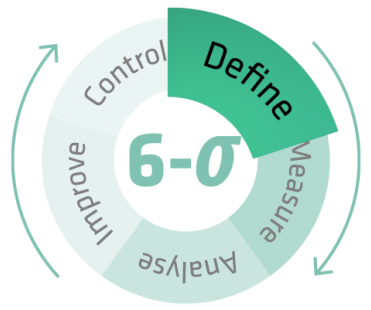
PATIENT: Patients who can speak or understand English

END: Discharge from ITU

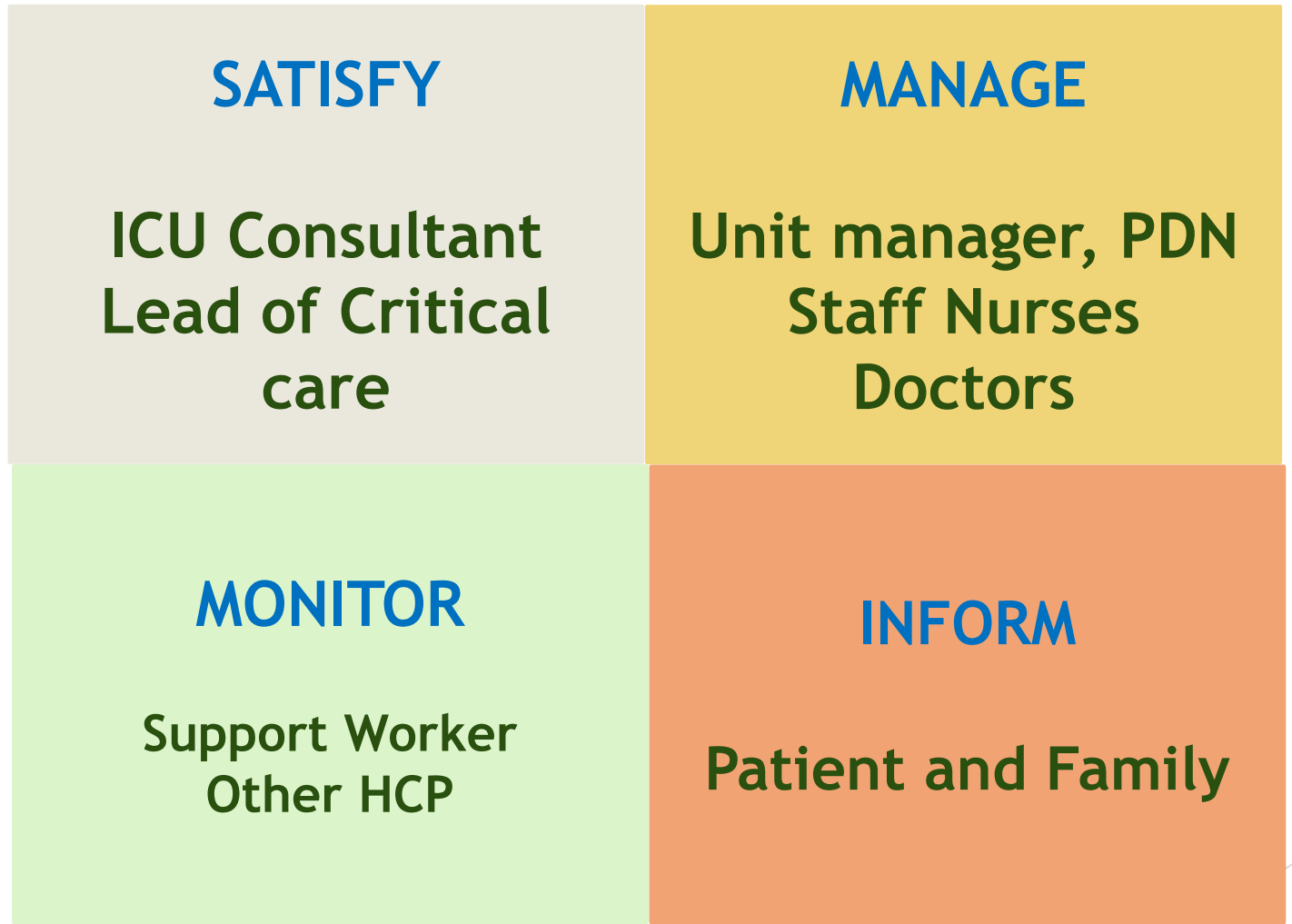
BUDGET: No allocated budget for training staff.

COVERAGE: Complex discussion

the 'WHO'?



POWER



INTEREST

(NHS England and NHS Improvement, 2022)



6- σ

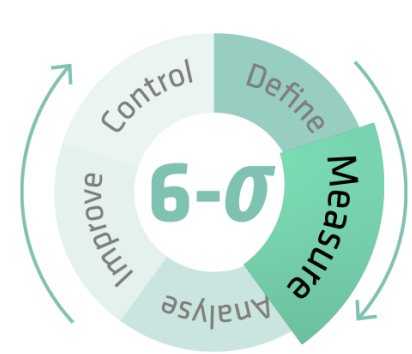
Define

Measure

Analyse

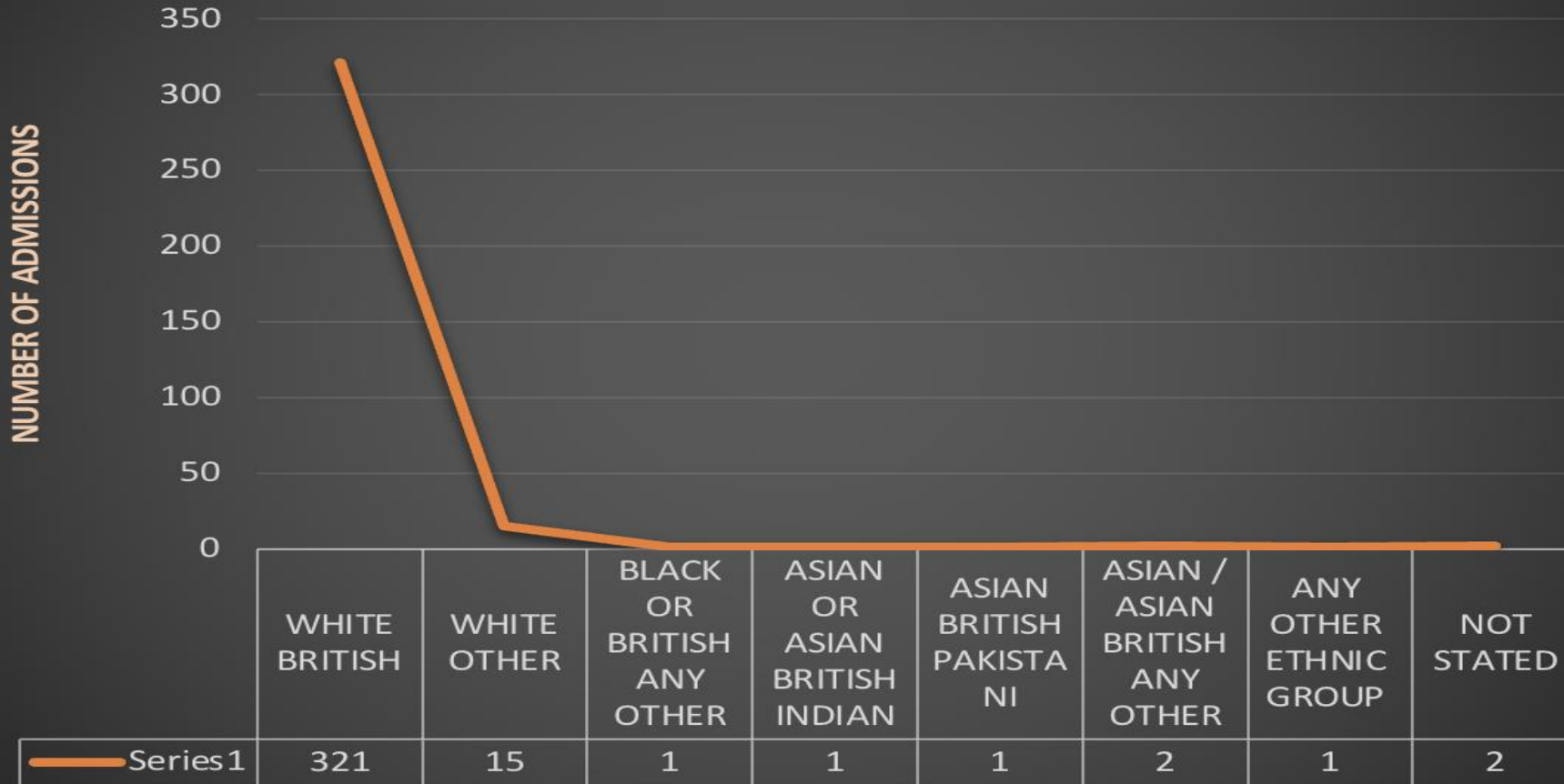
Improve

Control

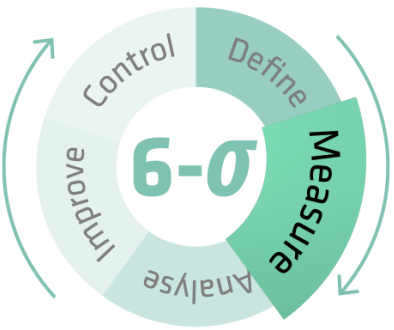


WHAT IS HAPPENING IN MY UNIT?

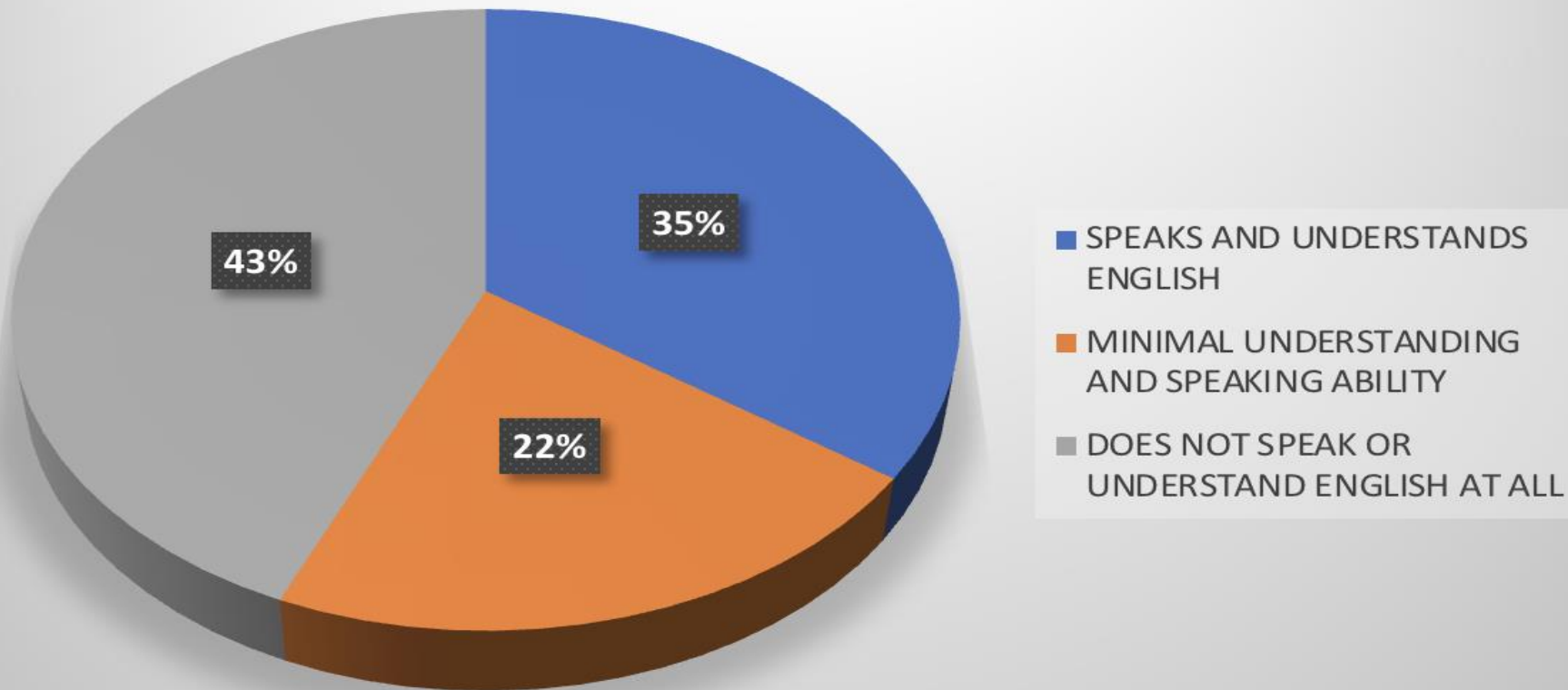
ETHNIC BACKGROUND



6.7 %
 WHITE OTHER /
 OTHER ETHNIC
 BACKGROUND



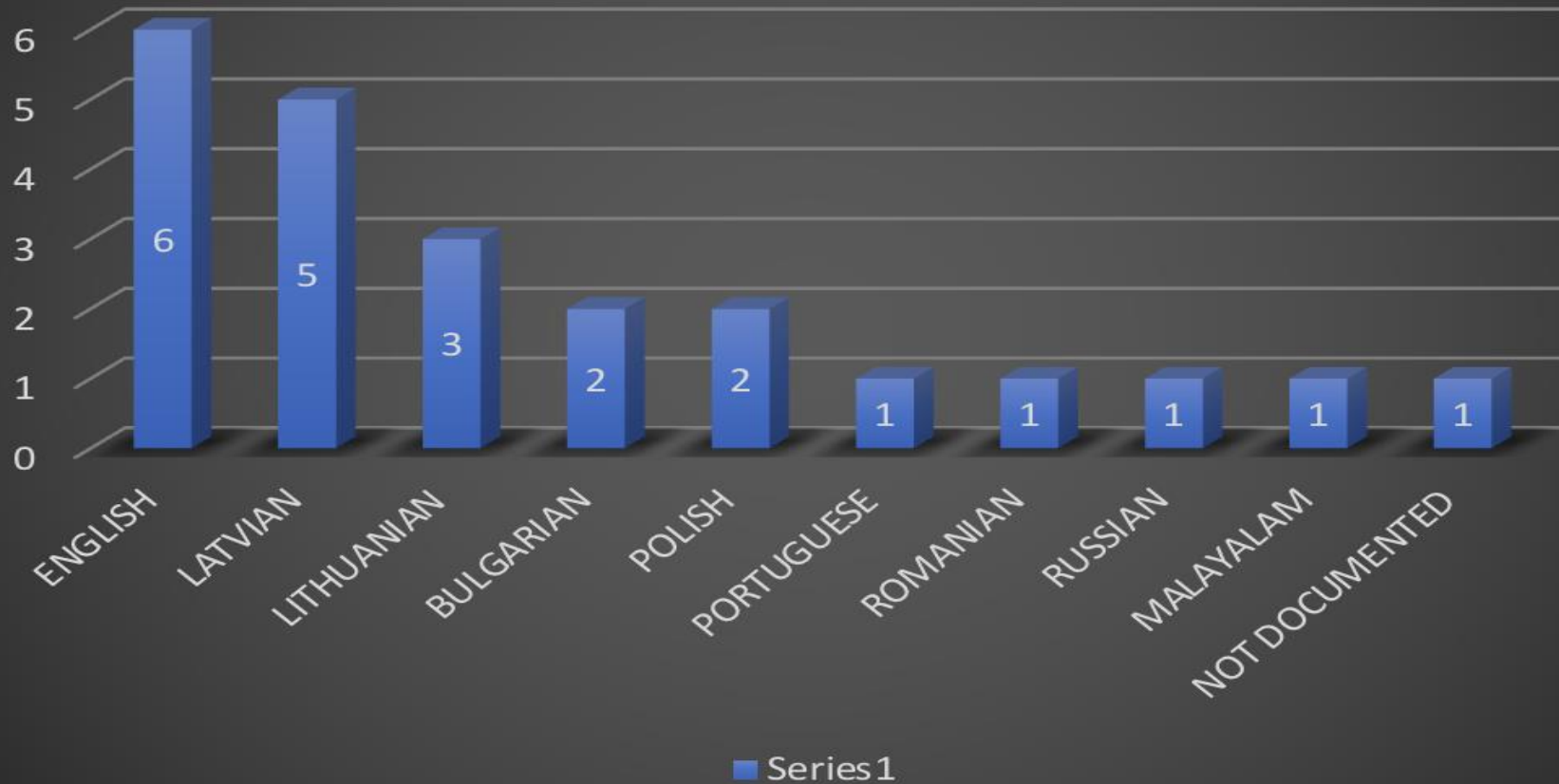
ENGLISH LANGUAGE PROFICIENCY



43%
DOES NOT
SPEAK OR
UNDERSTAND
ENGLISH

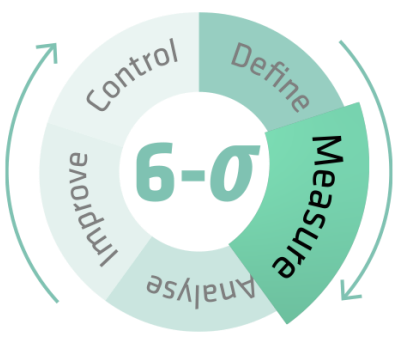


LANGUAGE SPOKEN



LATVIAN

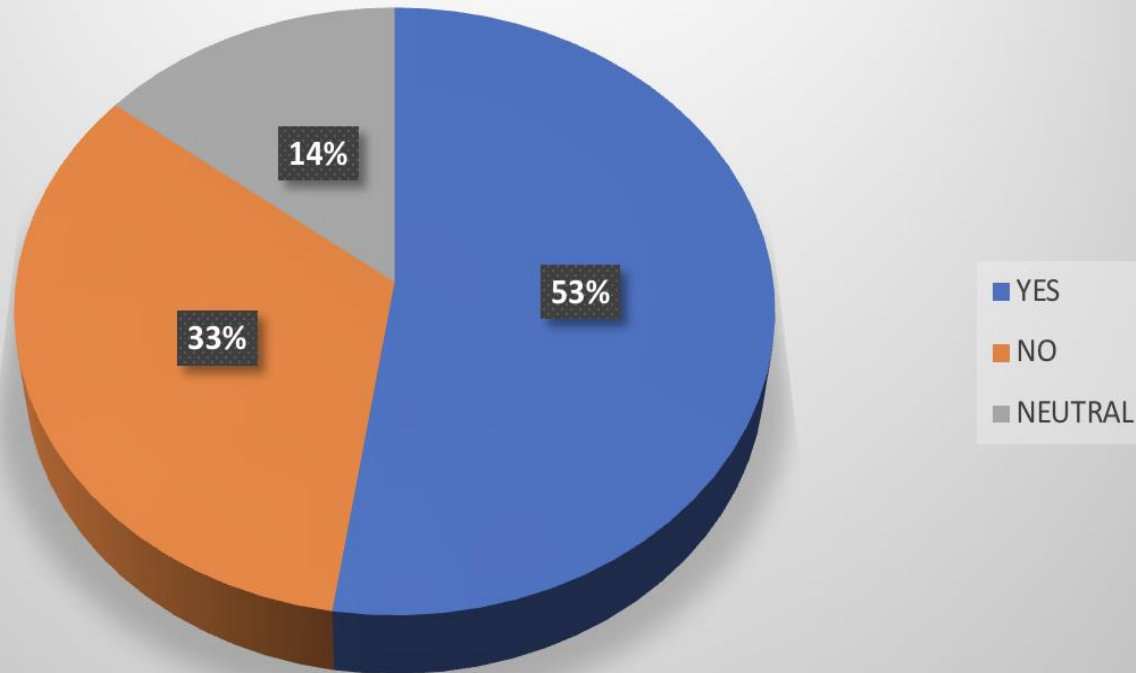
Lithuanian
Bulgarian
Polish



What did we found out?

Staff says:

STAFF RECOGNITION OF LANGUAGE BARRIER



“It is really frustrating to communicate with them”

“Sometimes I just leave them be”

“I just to what I have to do, at least I provide the basic nursing care”

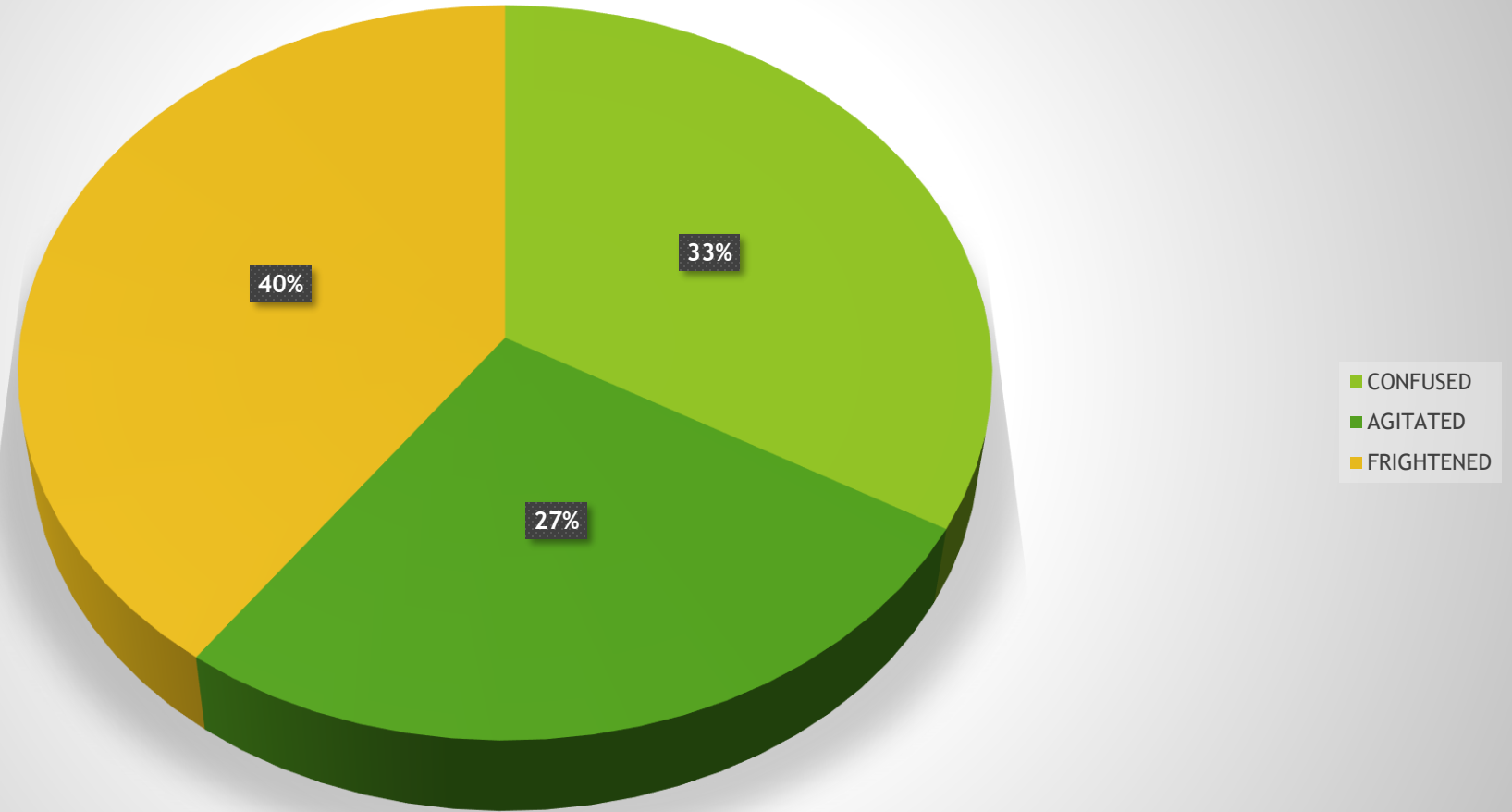
“I cant even ask if patient is in pain or not”

(METAVISION AT PLACEMENT HOSPITAL, 2022)



How about the patients?

BEHAVIOR



(META-VISION AT PLACEMENT HOSPITAL, 2022)



WHAT SHOULD WE BE DOING?

NATIONAL GUIDELINES



LOCAL POLICIES

PROFESSIONAL INTERPRETER

- ✓ Telephone
- ✓ Face-to-face

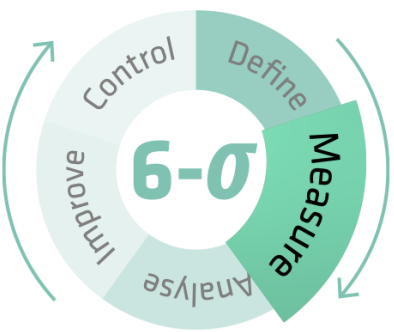
Placement Hospital, 2020
NHS, 2018
Gov.UK, 2021

Ensures effective communication, safe, and minimisation of language barriers faced by service user.

(Placement hospital, 2020)

Interpreter services poses critical challenge in terms of access and financial burden.

(Al Shamsi et at, 2020)

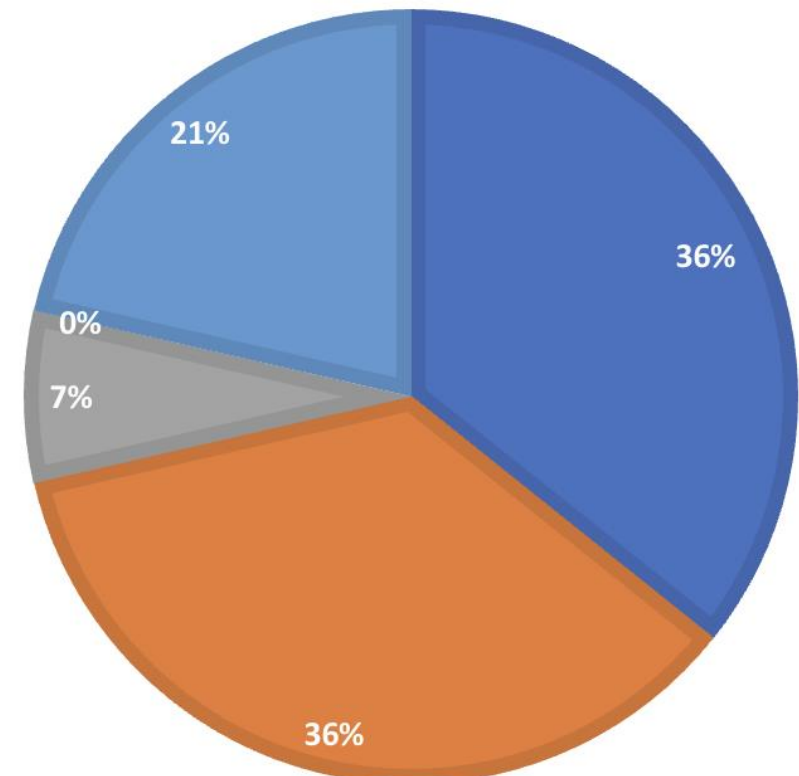
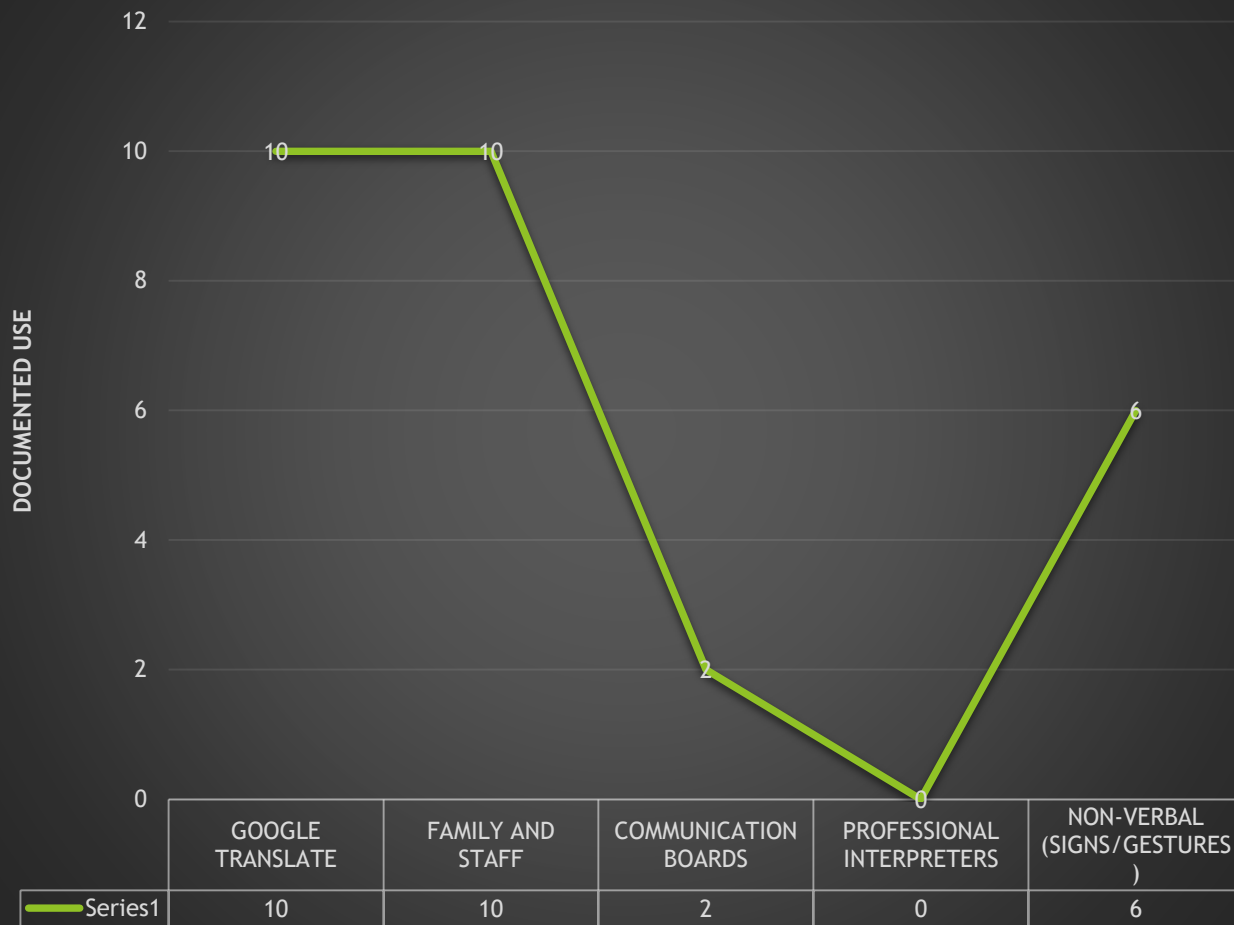


WHAT ARE WE DOING?

COMMUNICATION METHODS (PERCENTAGE OF USE)

- GOOGLE TRANSLATE
- FAMILY AND STAFF
- COMMUNICATION BOARDS
- PROFESSIONAL INTERPRETERS
- NON-VERBAL (SIGNS/GESTURES)

COMMUNICATION METHODS



(METAVISION AT PLACEMENT HOSPITAL, 2022)





Google Translate, Family, Staff & Non verbal cues

- Builds trusts
- **NHS does not recommend**
- For urgent needs
- Free and easy
- 57.7% accuracy

(Patil et al, 2014)
(Benbenishty et al, 2015)
(Samkangee Zeeb, 2020)
(Rimmer, 2020)
(Placement Hospital, 2020)

PROFESSIONAL INTERPRETERS

(Face to face, Telephone)

- National and Local policy
- Limited access
- **Raise COSTS of Healthcare**
- Privacy/Confidentiality issue

(Placement hospital, 2022)
(Al Shamsi et al, 2019)
(Samkangee Zeeb, 2020)
(Ali et al, 2017)

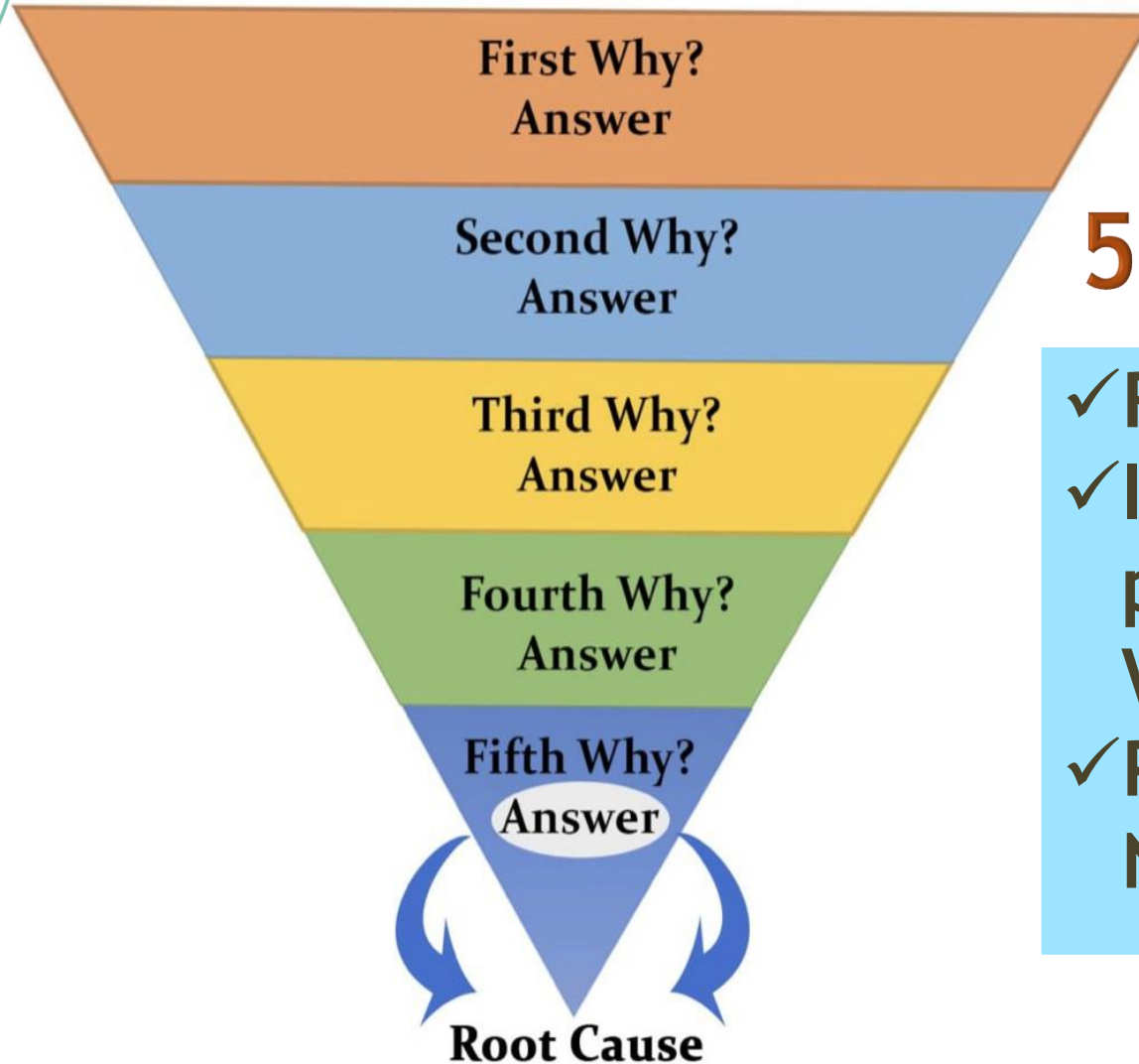
COMMUNICATION BOARDS

- Basic needs only
- Patient satisfaction
- Accessible
- **Cost effective**

(Gropp et al, 2019)
(Duffy et al, 2018)



Problem Statement



5 WHY'S TOOL

- ✓ Root cause analysis
- ✓ Identify cause of problem by asking WHY?
- ✓ Promoted by WHO, NHS, IHI and JCI.

(Card, 2017)



Why are we not using communication boards?

WHY?

It doesn't meet the patients language needs.

WHY?

It is only available in English format.

WHY?

It is only used for patients with tracheostomy, not with non-English speaking patients.

WHY?

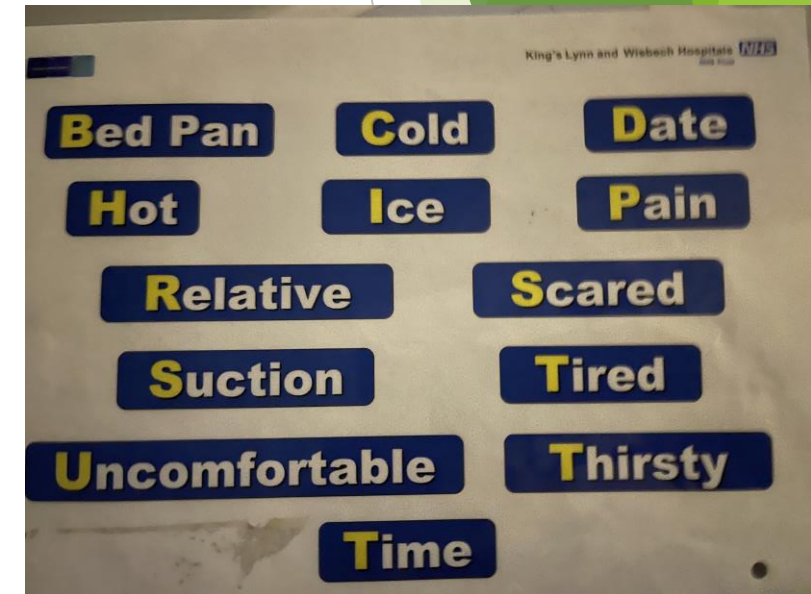
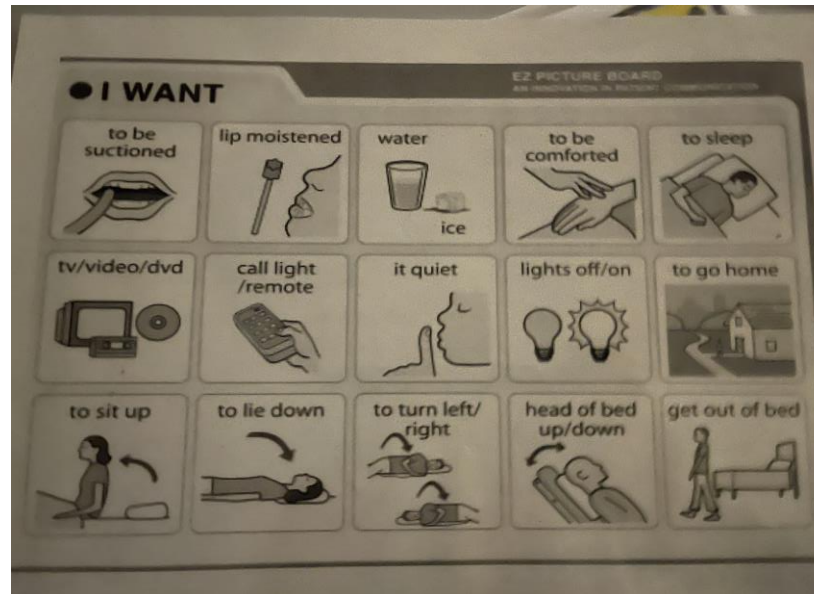
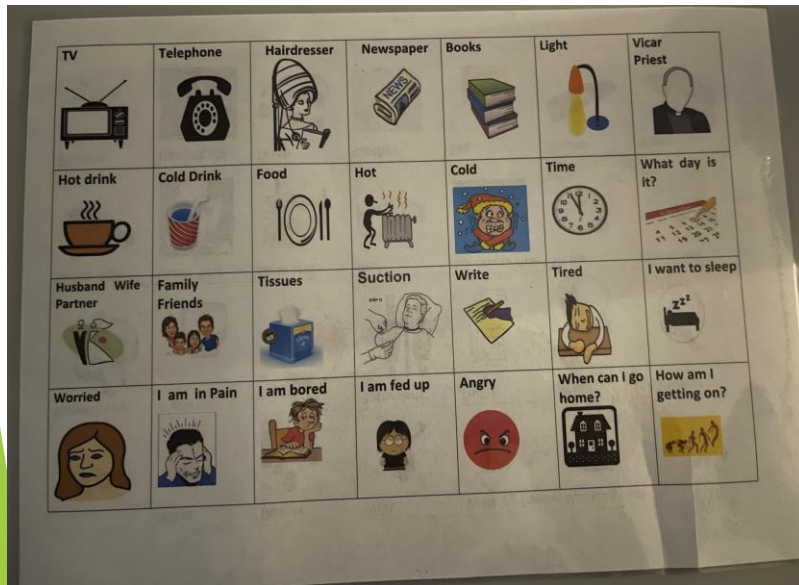
Lack of awareness of communication boards with language translation.

WHY?

Lack of resources in the unit.

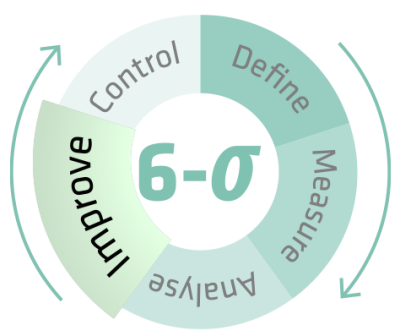


Communication Boards in our unit



Images used with permission from placement hospital





IMPROVEMENT PROCESS

STAKEHOLDER ENGAGEMENT

- Service Improvement Proposal
- Approval
- Feedback

DESIGN

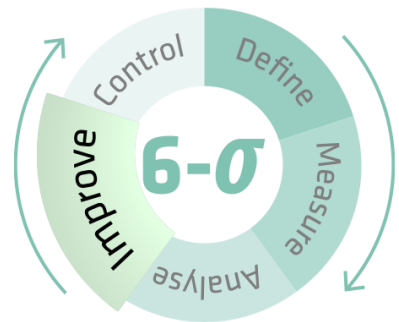
- Creation and Finalisation
- Resource allocation
- Consultation

IMPLEMENTATION

- Plan / process mapping
- Staff awareness (trainings / bedside teaching).

MONITORING AND MEASURING

- Data Collection
- Feedback - Surveys / verbal



The Enhanced Communication Boards

Enhanced Communication Boards

Translations for Basic Needs in ICU

Ms. Annalie Sol Baltar, RN
Junior Sister - Critical Care
Quality Improvement Project Lead

- A vital tool designed to bridge communication gap with Non-English Speaking patients in Critical Care.
- Translation-enabled boards available in 6 different languages to ensure basic needs are understood and met.

<p>Contents</p> <ul style="list-style-type: none"> Basic / Personal Needs (p 3-6) Investigations / Treatment / Pain (p 7-10) Family / Unit Staff (p 11-12) Procedures (p 13-14) Meals / Drinks (p 15-16) Mobilisation / Date / Time (p 17-20) 	<p>Credits</p> <ul style="list-style-type: none"> Dr. Stefan Kourdov Dr. David Romanowski Ms. Sigita Pekoriene Ms. Anastasia Stoian Ms. Kristina Blankaiti Ms. Gabija Blankaiti 	<p>Scan for feedback</p>
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NHS
 The Queen Elizabeth Hospital King's Lynn
 NHS Foundation Trust

BULGARIAN - ENGLISH

POLISH - ENGLISH

RUSSIAN - ENGLISH

LATVIAN - ENGLISH

LITHUANIAN - ENGLISH

ENGLISH

BASIC NEEDS



MIEGS
(MI-EGS)
SLEEP



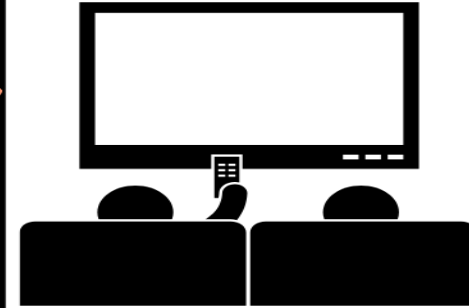
**DATUMS
UN LAIKS**
(DAH-TUMS UN LAIKS)
DATE/TIME



ZĀLES
(ZAH-LES)
MEDICATIONS



MŪZIKA
(MU-ZEE-KA)
MUSIC



TELEVĪZIJA
(TEH-LEH-VI-ZI-YAH)
TELEVISION



JĀ
YAH
YES



**MAINĪT
APĢĒRBU**
(MAI-NIHT AP-GER-BU)
CHANGE CLOTHES



**CUKURA LĪMENIS
ASINĪS**
(TSU-KU-RA LI-ME-NIS
AH-SI-NIS)
BLOOD SUGAR

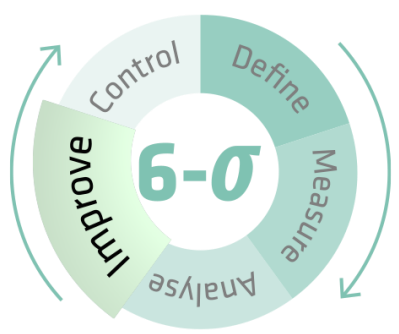


SAUC GAISMU
SOWTS GAI-SMU
CALL LIGHT

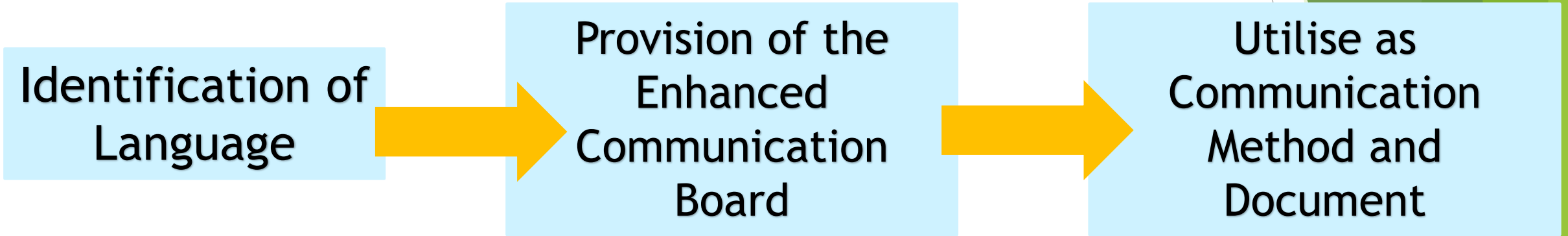


NĒ
NEH
NO

LATVIAN - ENGLISH



IMPLEMENTATION PROCESS



(JUNE - AUGUST 2024 DATA)

5.7%

- WHITE OTHER / ETHNIC BACKGROUND

18%

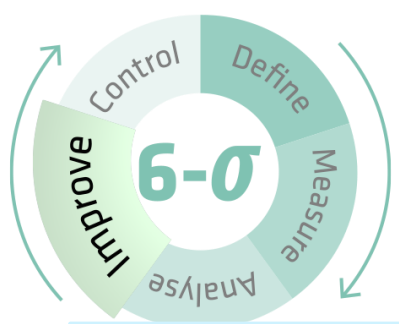
- DOES NOT SPEAK OR UNDERSTAND ENGLISH

RUSSIAN

- LANGUAGE IDENTIFIED

50%

1 / 2 patient has been provided with Enhanced Communication Boards



IMPLEMENTATION PROCESS

Identification of Language



Provision of the Enhanced Communication Board



Utilise as Communication Method and Document

CVC / Arterial Lines on admission

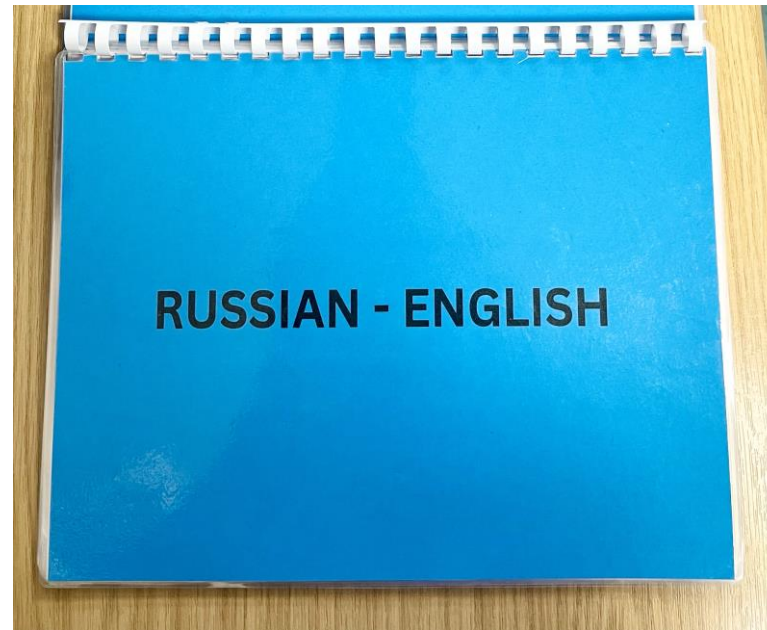
Jehovah's witness Yes

Occupation

Language of communication Russian/English

CCC Admission Please print out CCC Admission Form only when patients admission documentation is completed

Refresh formulas



Nursing Careplan

Show sessions log

New Session

14:54 Refresh

Communication/Psychological

General

Respiratory

Neurological & Pain Management

Nutrition/Elimination

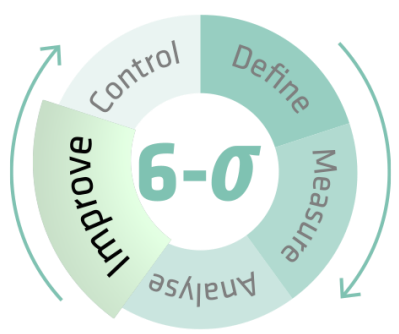
Communication Method

Psychological Support

Care discussed with patient?

Comments

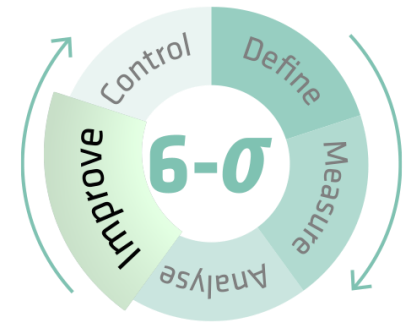
- Sedated Patient
- Verbal
- Intubated Non Verbal
- Pen & Paper
- Alphabet Board
- Lip Read
- Loop Read
- Translation Boards



IMPLEMENTATION RESULTS

Improvement in communication with Non - English speaking patients:

- ✓ Increase utilisation of enhanced communication board to 50%.
- ✓ Integrated as a Communication Method in the Nursing Care Plan.
- ✓ Addressed the needs of diverse patients in the unit.
- ✓ Now on its third month.



Monitoring and Evaluation

Documented Patient and Family outcomes

- ✓ 'Mother of patient understood PICC line insertion and X-ray'
- ✓ Patients pain scale identified

Staff feedbacks

- ✓ 'Please include NG insertion'
- ✓ 'If we can access in the IPAD'



Control

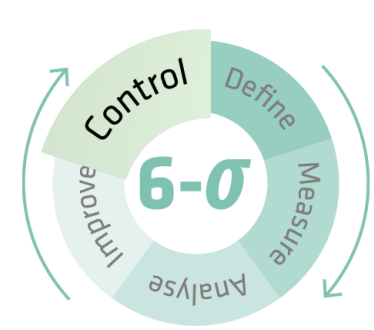
Define

Measure

Analyse

Improve

6-σ



Strategies for Control

Develop Standard Practices

- Including Translation Boards on Communication Methods

Overcome Resistance to Change

- Awareness
- Desire
- Knowledge
- Autonomy
- Reinforcement (ADKAR Model)

Monitor and Measure

- Verbal feedback
- Audits
- Survey forms
- Quarterly review

Integrate Lesson Learned

- Update / Revise project
- Continue training and knowledge sharing

Recommend future plans

- Digitalisation
- Expansion to other units



*"Feel free to toss your thoughts
my way—feedback and
discussions are like caffeine for
great ideas, so br"*

