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HARNESSING INNOVATION TO IMPROVE PATIENT-PROVIDER COMMUNICATION

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The Healing Power of Speech

by Voxello

Voxello sat down with Jolyn Schneider, BSN, RN, PCCN, Intensive & Specialty Services, Burn/Trauma Center, University of Iowa Hospitals & Clinics to discuss the clinical and operational impact the noddle® is having on patients and caregivers at the 811-bed, Level One Trauma center:

Question: Jolyn, can you describe the impact of the noddle® on your unit?

It's really helped our patients on the burn-trauma center to communicate in a more effective manner when they are unable to speak the way we normally do. So, by talking it helps them to get their point across to their nursing staff so we can provide better care. We've had patients before that had the noddle® brought in to help them communicate because their hands are bandaged, and they have a tracheostomy, or they're unable to speak for other reasons. We use the

noddle so they can let the nurses know if they're having pain or to let the nurses know their needs and requests like "I would like to see my family," or "Can I see my doctor?" Any questions that the patient has, can be communicated more effectively to our staff with the noddle®. That helps nurses and it also helps to get that patient better care.

Question: What did you do before the noddle? How did you communicate?

So, before the noddle, we would bring in things such as whiteboards or letter boards. Patients would point to the letters and the nurse would try to understand what the patient wanted. That got frustrating for both the patient and the nursing staff. If somebody that had a patient that had a tracheostomy and couldn't speak for instance, we'd try to read lips. Myself as an example, I cannot read lips very well, so then you



About UIHC

On any given day at University of Iowa Hospitals and Clinics more than 13,000 employees, students, and volunteers collaborate to provide safe, quality health care to our patients while also exceeding their expectations with excellent service.

UIHC is an 811-bed hospital that annually admits more than 36,000 patients for in-patient hospital care. In addition, in fiscal year 2017, UIHC received nearly 60,000 emergency department visits. UIHC also represents more than 200 outpatient clinics and care areas and accommodated just more than 1 million clinic visits at its main campus and community and outreach clinics.



tried to guess. Nurses would try to guess, and the patient would be like “no... yes”, and if we couldn't figure out what they're saying, that led to frustration for the patient. So, having the noddle makes communication easier. I believe the frustration for the patient is less because it's a more direct means to communicate with us.

Question: Does the noddle save you time?

Yes, because when we didn't have the noddle to use to communicate with our patients, we would use other mechanisms such as a whiteboard or a letter board. It could take maybe a half hour to figure out what the patient really needed. Now we can go in, we can set the noddle up, and it's a more direct means to communicate patient needs in an effective and more precise manner. That provides us more time to do other things we need to do with the patient.

Question: Have patients used the noddle to activate nurse call?

Yes, and that way we know their needs are being addressed. We used to have to use call lights that patients would try to squish down with their hands or things like that. Now we feel that patients are safe and that they are getting their needs met in a timely manner. We don't have to worry like we did before that they can't reach the call button, or worry if it fell on the floor, things like that.

Question: You had mentioned before you had patients that couldn't access a nurse call?

Yes, you'd have someone stationed, like a sitter or a nursing assistant. They'd have to stay with them at the bedside, so the noddle alleviates that and has also helped in terms of personnel on site.

Question: How does the noddle make the patient feel?

More independent! I think at a time when the patient is feeling helpless, a loss of self-esteem, and loss of independence due to their injury or illness - this gives them more independence so that they can act on their own behalf to request things they need.

Question: Do you think there's a patient impact with the noddle@?

Yes, I think when we're able to take them off sedation earlier, it's good for them for multiple reasons other than communication. When we take them off sedation, we teach them how to use the noddle and they reorient to the rest of their surroundings earlier. They become more aware and I think it helps with their alertness. The more we have them participate, it also I believe, makes them feel like they're more part of their own care plan

Question: Have you had experience with the patient's family?

Yes, because if the patient's doing better and is able to act more on their own behalf, the family feels better. They feel the patient's getting the best care they can get. I believe it puts faith in the healthcare system, that we are trying to do our best to make the best outcomes for the patient. I think the biggest things are their increase in independence and their decreased frustration with not being able to communicate a conventional way. I think the family sees that the hospital is taking extraordinary means as far as promoting the best care for the patients. Anytime we as an institution can demonstrate that, it just makes the family and the patient feel good overall about the care they're receiving and where they're at. I mean, they all want to think they're getting the best care possible and it demonstrates it when we use the noddle to help them get better care

Question: Overall, how does the noddle effect the patients, their family, and the nursing staff?

The noddle helps us to provide a higher standard of care. It decreases the patient's frustration with not being able to communicate with us effectively. I believe use of the noddle makes a patient feel that the University is doing the best it can to provide quality care to them and that we care about their well-being and their comfort level with their care they're getting at the hospital. It decreases frustration for the nursing staff, because we don't like it when we feel we can't help the patient in the way they want to be helped. So, if we're able to help them by using the noddle and understand what they want, it just relieves frustration on both ends. Overall, I think it makes a family feel better because they see their patient, their loved one, being well cared for and happy because we're increasing their independence, we're helping them to get the best care - the care they want and help them understand their needs.

In the U.S., it's estimated that at any given time, 33% of cognitively intact patients in the ICU and 9% patients on other units are unable to operate a standard nurse call device to summon and communicate with a caregiver.

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Question: Can you give examples of patients that otherwise would've had a very difficult time being able to communicate or understand what their needs are, and now with the noddle, you've been able to?

In patients with burn and wound injuries like what we have in our unit, pain is often a big issue. Patients who aren't able to communicate - whether they're on a ventilator or they have a tracheostomy and can't speak to us - sometimes are unable to voice where exactly their pain is. It's very hard to pinpoint pain, and if they can't communicate effectively or have to try to use a dry erase board or point, because sometimes they can't even point to an area because they're bandaged so much, or they don't have that movement to do that. The noddle has enabled us to isolate the area, say "oh okay, you're in pain and its pain in your left elbow," even though we might be thinking it's the right leg because that's where they're bigger wounds are. The noddle has helped us treat their pain in a more effective manner.

Question: Finally, how does the noddle help in being more efficient and in communication with patients?

The noddle helps the nursing staff on the burn trauma center to communicate more effectively with our patients that cannot communicate with us using more conventional means. So, if they can't speak or they're unable to use their hands to sign anything, it helps us to understand what their needs are in a way that's less frustrating for the patient and the nursing staff. It also helps the family because they see their patient being able to communicate in a more effective means and they feel better knowing that their needs are met, and we're not trying to play a guessing game as far as what they're trying to tell us.

The need for the noddle® in US healthcare:

Many U.S. hospital and health systems are looking to substantially improve patient-provider communication and thereby address and mitigate the risk of adverse events associated with patients that cannot effectively communicate with a caregiver. Bartlett et al. (2008) reported that ICU patients with physical communication problems were three (3) times more likely to experience one or more adverse medical events than patients who had no communication problems. Changes in Medicare reimbursement make healthcare providers responsible for the cost of treating and addressing these medical errors. Therefore, reducing medical errors has become many hospitals' highest priority. David et al. (2013) have estimated that cost of treatment for medical errors was \$1B (one billion dollars).

Additionally, The *Joint Commission (JC)* has deemed effective communication, cultural competence, and patient-and family-centered care vital components of safe, quality care (Joint Commission on Accreditation of Healthcare Organizations, 2010; see also Blackstone et al. 2011a & 2011b). The *JC* identified strategies that hospitals should undertake as they address the extensive range of their patients' communication needs (*JC*, 2010a). The *JC's* recommendations are supported by a range of studies that indicated a relationship between patient-provider communication and health outcomes (Bartlett et al, 2008; Divi et al, 2007; Downey & Hurtig, 2006; Hurtig and Downey, 2009; Costello, 2000; Patak et al., 2004; Dowden, Honsinger, & Beukelman, 1986). These studies identified and highlighted the language-communication barriers that inhibit or impede patients': access to healthcare; participation in treatment planning; participation in critical decision-making involving life or death or quality of life issues; communication with medical providers regarding new

or changing symptoms; and the ability to express dissatisfaction with their care. Thus, when healthcare providers fail to address communication barriers, patients are at risk for significant adverse effects (*JC Sentinel Events*, 2011).

Conclusion:

The pioneering noddle® technology provides non-verbal and non-mobile patients a voice in their care. Allowing these patients to be active participants in their care empowers the patient and caregiver to make better decisions based on better information that leads to better outcomes.

The noddle® gives patients their dignity back while providing caregivers levels of efficiency that were previously unattainable with antiquated communication processes with these non-verbal patients. Time is given back to the nurse; critical information is unlocked from the patient to provide better care and significant reduction in preventable adverse events with these most vulnerable patients is attained.

For more information
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www.voxello.com

Or to call for more
information or set up a
meeting to discuss:

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