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**Question:** In the adult population, how does the lack of communication compare to efficient communication affect the quality and safety of patients throughout their care in the ICU?

**Summary:** Ethical conflicts with miscommunication can reroute the patients overall treatment plan by delaying or implementing inappropriate interventions. “Decisions made in health care architecture have profound effects on patients, families, and staff. Drawing on research in medicine, neuroscience, and psychology, design is being used increasingly often to alter specific behaviors, mediate interpersonal interactions, and affect patient outcomes. As a result, the built environment in health care should in some instances be considered akin to a medical intervention, subject to ethical scrutiny and involving protections for those affected.” In accordance with the research provided by *The Hastings Center Report*. Ethical decisions can not only affect patients, but it effects every person involved within the patients care. (Anderson et al., 2022) *According to the National Library of Medicine*, the concept of having a closed ICU, intensive care units, compared to an open ICU decreases the mortality rate of patients. “Nowadays most of the intensive care units (ICUs) operate as a closed format in comparison to an open format. The new concept of a closed ICU is where patients are admitted under the full responsibility of a trained intensivist, whereas an open ICU is where patients are admitted under the care of another attending physician and intensivists are just available for consultation. In this analysis, we aimed to systematically compare mortality rate and other clinical features observed in open vs closed ICU formats.” (Yang et al., 2019). According to the research, the clinical trial had precipitants from the age of 53 to 75 years of age. In conclusion, the patients in the trial had less mortality rates in closed ICU than open ICU.

In this analysis, the research was able to assess:

1. Mortality
2. The frequency of patients requiring mechanical ventilation
3. The frequency of patients requiring arterial line
4. The frequency of participants requiring central line
5. The frequency of participants requiring pulmonary arterial catheter

(Yang et al., 2019)

Producing further achievements for patients, communication barriers begin to trend higher in the intensive care units. *Safety in health*, mentions “Effective communication is a vital factor in providing safe patient care. Communication failure in a health care setting could lead to serious medical errors.” (Shahid & Thomas, 2018) The issues can broaden overtime by causing ethical concerns and by reduce the quality and safety of patients. The article further mentions that communication caused more than 70% of serious medical errors. “The Joint Commission has introduced the National Patient Safety Goal to improve the communication among caregivers. The aim identified by the Institute of Medicine (IOM) is to provide a safe, patient-centered, timely, effective, efficient, and equitable health care.” (Shahid & Thomas, 2018) The contribution of creating SBAR, situation, background, assessment, and recommendation was to reduce the communication efforts between nurses, providers, and even patients. 2/3 of nurses had decreased barriers during communication efforts. The SBAR tool has been effective by decreasing unplanned ICU admission, unexpected deaths, and increased the overall care for patients.

**Conclusion:**

In conclusion, the adult population in the ICU has a decrease of safety and quality within their care with lack of communication. There is a connection between adequate communication and miscommunication. SBAR encourages patient safety as well as the concept of a closed ICU format. The proper verbal communication can decrease unwanted events. This may include mortality, ethical concerns, and improper interventions. The decisions that are made for the patient can cause uncertainty to the patient and to the family. "The use of SBAR communication tool requires educational training and culture change to sustain its clinical use." (Shahid & Thomas, 2018) This can be achieved from the hospital educational point of view, and what the hospital sees fit as a learning opportunity. The overall standpoint on this issue is to protect our patients from the misguided information received to elicit a positive outcome to patients and family members. The priority is patient safety.

**Work Cited:****Primary Article:**

Shahid, S., & Thomas, S. (2018, July 28). *Situation, background, assessment, recommendation (SBAR) communication tool for handoff in Health Care – A Narrative Review - safety in health*. BioMed Central. Retrieved September 17, 2022, from <https://safetyinhealth.biomedcentral.com/articles/10.1186/s40886-018-0073-1>

**Secondary Article:**

Yang, Q., Du, J. L., & Shao, F. (2019, July). *Mortality rate and other clinical features observed in open vs closed Format Intensive Care Units: A systematic review and meta-analysis*. Medicine. Retrieved September 17, 2022, from <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6635169/>

**Tertiary Article:**

Anderson, D. C., Teti, S. L., Hercules, W. J., & Deemer, D. A. (2022, March). *The bioethics of built space: Health Care Architecture as a medical intervention*. The Hastings Center report. Retrieved September 17, 2022, from <https://pubmed.ncbi.nlm.nih.gov/35476356/>