

SALA VIOLANTE/GINEVRA

COMUNICAZIONE E RELAZIONE

Moderatori: Beniamino Susi, Agnese Testoni

Alessandro Salzmann

Quando il paziente non comunica



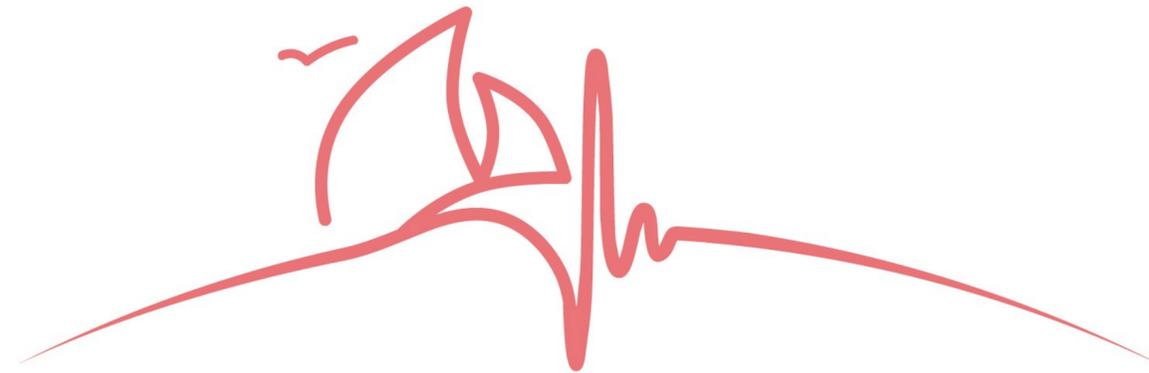
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Quando il paziente non comunica

Dr. Alessandro Salzmann



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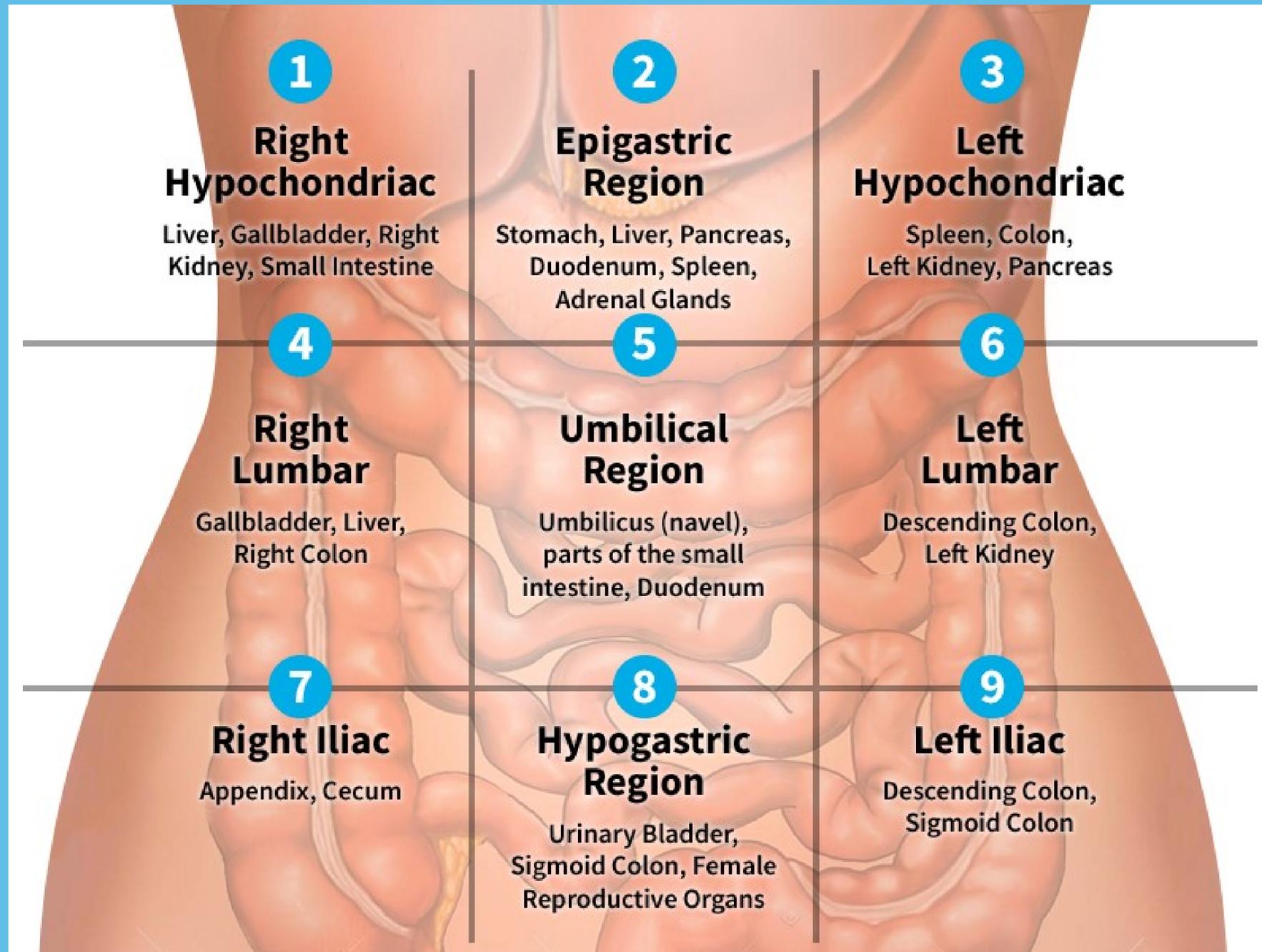


BIANCA

1

- Giunge in PS per addominalgia Bianca, 18 anni, venezuelana
- Suo fratello maggiore è con lei

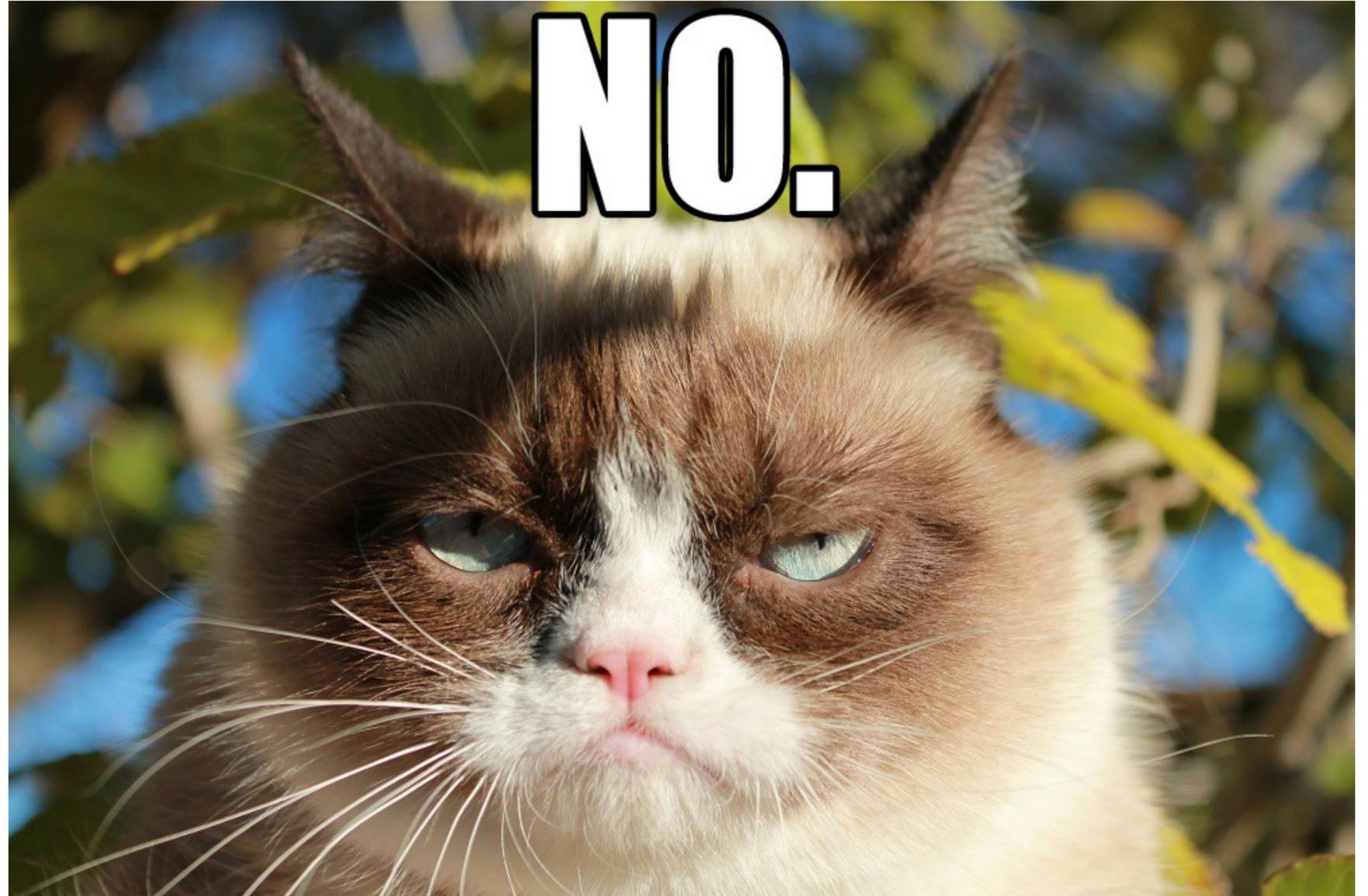
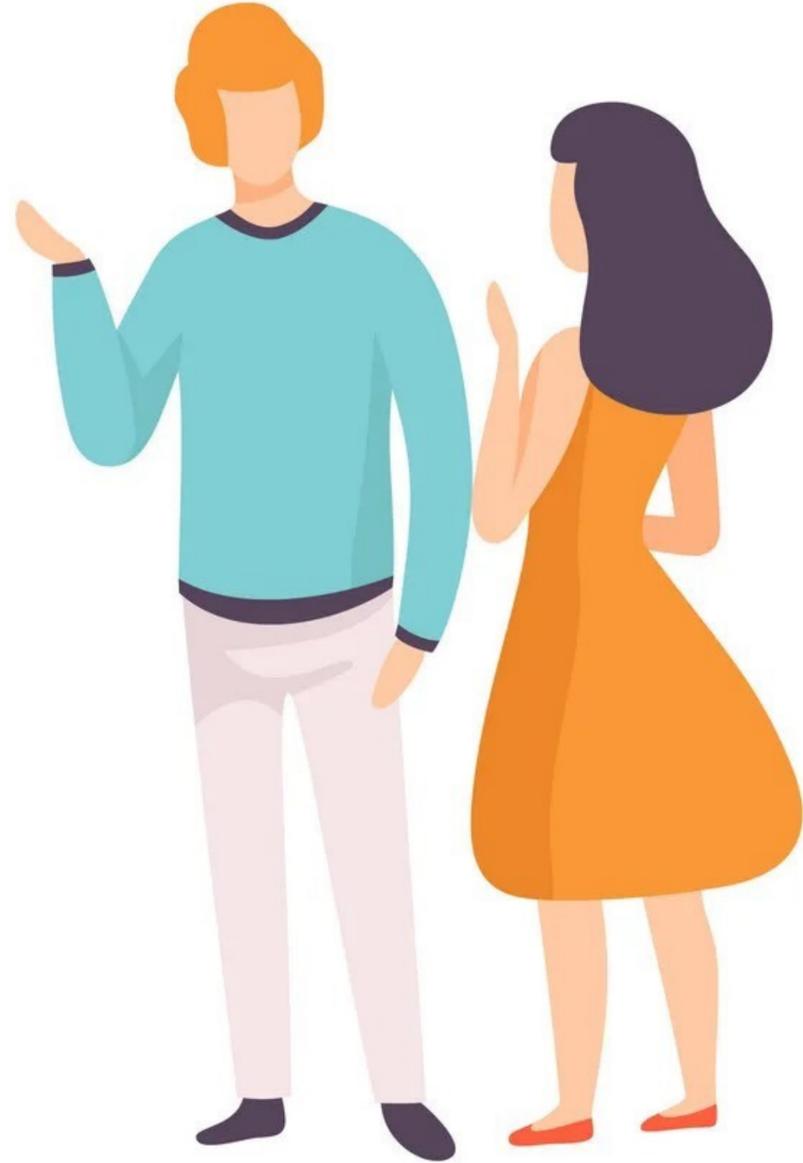




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GAP COMUNICATIVO

LINGUISTICO
CULTURALE





- Enza, 70 anni, Soccorso dal 118 per “CODICE ICTUS”
- In PS è afasica, sguardo deviato a sinistra, emiplegica
- Vive in casa da sola ed è autonoma; ha dei parenti che vivono però in Francia

THROMBOLYSIS WITH ALTEPLASE 3 TO 4.5 HOURS AFTER ACUTE ISCHEMIC STROKE

ECASS Investigators

canadiem MVP INFOGRAPHIC SERIES

Background



Alteplase (tPA) is used to breakdown blood clots in ischemic strokes.



tPA was previously only approved until 3hr post stroke



Pooled analysis of data from RCTs showed a favourable outcome if treatment was given between 3 - 4.5 hrs

What is the safety and efficacy of tPA given 3 - 4.5 hrs post stroke?

Methods

Double blinded
Multi-site RCT

1:1 tPA to
Placebo
randomization

Inclusion

- 18 to 80 years old
- Acute ischemic stroke
- Able to receive the study drug within 3-4.5 hours after symptom onset

Exclusion

- Intracranial hemorrhage
- Severe stroke (NIHSS score >25 or on imaging techniques)

Results



tPA (418)
0.9 mg/kg (max 90mg)



Placebo (403)
No Drug

	Symptomatic Intracranial Hemorrhage	2.4%*	0.3%
	Mortality (at 90 days, no significant difference)	7.7%	8.4%
	Disability (at 90 days, modified Rankin > 1)	45.2%*	52.4%

* = statistically significantly different

Take Home



While Alteplase treatment given at 3-4.5 hours after the onset of acute stroke symptoms **INCREASES** the incidence of **symptomatic intracranial hemorrhage**, it can **DECREASE** disability in a select population of patients without changing mortality.



REFERENCES:
ECASS Investigators. (2008). Thrombolysis with Alteplase 3 to 4.5 hours after acute Ischemic Stroke. *New England Journal of Medicine*, 359(13), 1317-1339.
This infographic was created by Amy Chung and edited by Alvin Chin



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GAP COMUNICATIVO

**LEGATO ALLA PATOLOGIA
ORGANIZZATIVO**



MIRKO

3

- Mirko ha 26 anni e viene soccorso dal 118 a seguito di un tentativo anticonservativo.
- Ha una storia di psicosi ed è seguito dal Centro di Salute Mentale.



GAP COMUNICATIVO

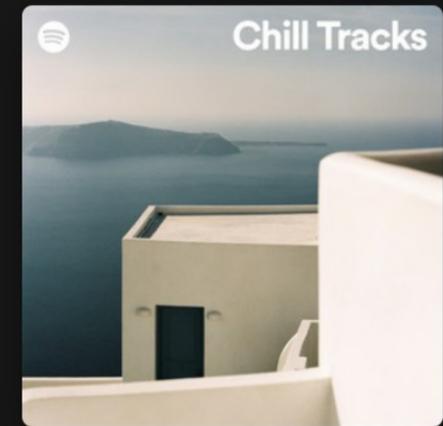
**LEGATO ALLA PATOLOGIA
CIRCOSTANZIALE**



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Chill Tracks
Softer kinda dance.



la mia testa:
musica per quando non sai
insomma come



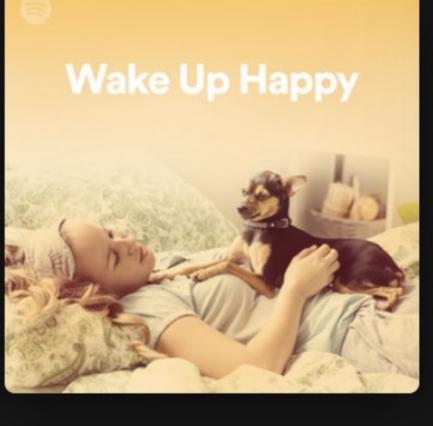
my life is a movie
every
needs



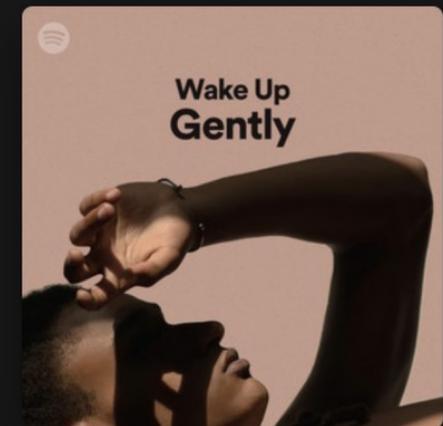
Life Sucks
life
you...



Happy 80s
The best feel-good songs
of the 1980s.



Wake Up Happy
Set the mood of your day
with these awesome,...



Wake Up Gently
Wake up in your own pace
with piano music.



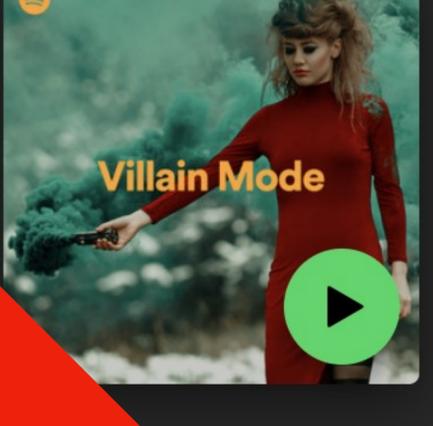
ragazzo triste
(in cover, do
and giusto per creare
cucina!



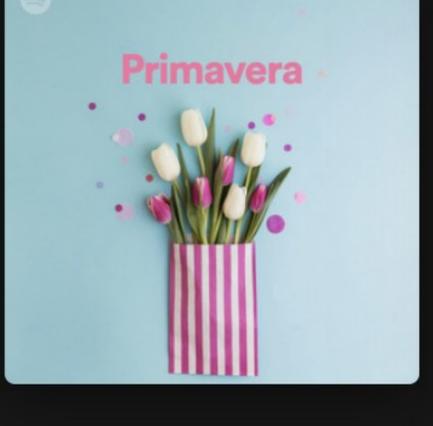
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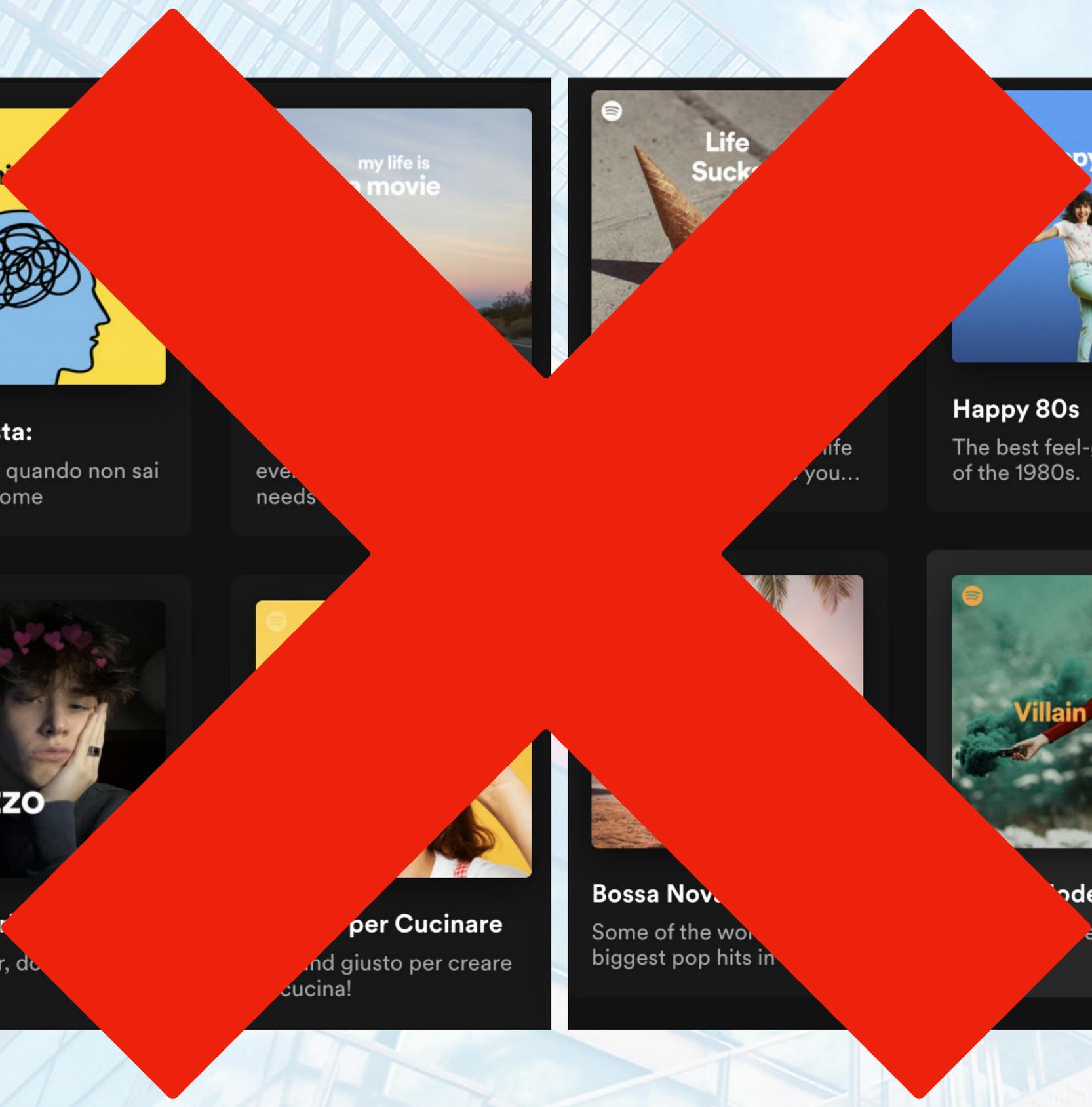
Bossa Nova
Some of the world's
biggest pop hits in



Villain Mode
reputation era



Primavera
Musica che, come la
primavera, rende tutto pi...



LINGUISTICO

CULTURALE

**GAP
COMUNICATIVO**

**LEGATO ALLA
PATOLOGIA**

CIRCOSTANZIALE

ORGANIZZATIVO

- assenza di privacy
- rumorosità, confusione e contatto con altri malati
- precedenti esperienze negative in ambito sanitario
- continue interruzioni del flusso di lavoro causate dall'ingorgo lavorativo
- basso livello di comprensione

assenza di comunicazione = riduzione dell'efficacia delle cure

HCAHPS Survey

SURVEY INSTRUCTIONS

- ◆ You should only fill out this survey if you were the patient during the hospital stay named in the cover letter. Do not fill out this survey if you were not the patient.
- ◆ Answer all the questions by checking the box to the left of your answer.
- ◆ You are sometimes told to skip over some questions in this survey. When this happens you will see an arrow with a note that tells you what question to answer next, like this:

- Yes
 No → **If No, Go to Question 1**

You may notice a number on the survey. This number is used to let us know if you returned your survey so we don't have to send you reminders.

Please note: Questions 1-29 in this survey are part of a national initiative to measure the quality of care in hospitals. OMB #0938-0981 (Expires September 30, 2024)

Please answer the questions in this survey about your stay at the hospital named on the cover letter. Do not include any other hospital stays in your answers.

YOUR CARE FROM NURSES

1. During this hospital stay, how often did nurses treat you with courtesy and respect?

- Never
 Sometimes
 Usually
 Always

2. During this hospital stay, how often did nurses listen carefully to you?

- Never
 Sometimes
 Usually
 Always

3. During this hospital stay, how often did nurses explain things in a way you could understand?

- Never
 Sometimes
 Usually
 Always

4. During this hospital stay, after you pressed the call button, how often did you get help as soon as you wanted it?

- Never
 Sometimes
 Usually
 Always
 I never pressed the call button

March 2022

1

YOU

5. During your stay, how often did you feel safe and secure?

- 1
 2
 3
 4

6. During your stay, how often did you feel safe and secure?

- 1
 2
 3
 4

7. During your stay, how often did you feel safe and secure?

- 1
 2
 3
 4

THE

8. During your stay, how often were you clear about what to expect?

- 1
 2
 3
 4

9. During your stay, how often was the staff at the hospital helpful?

- 1
 2
 3
 4

2

March 2022

WHEN

15. After you were discharged, how often did you feel safe and secure?

- 1
 2
 3
 4

16. During your stay, how often did nurses explain things to you about the hospital?

- 1
 2
 3
 4

17. During your stay, how often did you feel safe and secure?

- 1
 2
 3
 4

21. When I feel safe and secure, how often do I understand what the staff is saying?

- 1
 2
 3
 4

22. When I feel safe and secure, how often do I understand what the staff is saying?

- 1
 2
 3
 4
 5

23. During your stay, how often did you feel safe and secure?

- 1
 2
 3
 4

24. In general, how often do you feel safe and secure?

- 1
 2
 3
 4
 5

4

29. What language do you mainly speak at home?

- English
 Spanish
 Chinese
 Russian
 Vietnamese
 Portuguese
 German
 Tagalog
 Arabic
 Some other language (please print): _____

NOTE: IF HOSPITAL-SPECIFIC SUPPLEMENTAL QUESTION(S) ARE ADDED, THE MANDATORY TRANSITION STATEMENT MUST BE PLACED IMMEDIATELY BEFORE THE SUPPLEMENTAL QUESTION(S).

THANK YOU

Please return the completed survey in the postage-paid envelope.

[NAME OF SURVEY VENDOR OR SELF-ADMINISTERING HOSPITAL]

[RETURN ADDRESS OF SURVEY VENDOR OR SELF-ADMINISTERING HOSPITAL]

Questions 1-19 and 23-29 are part of the HCAHPS Survey and are works of the U.S. Government. These HCAHPS questions are in the public domain and therefore are NOT subject to U.S. copyright laws. The three Care Transitions Measure® questions (Questions 20-22) are copyright of Eric A. Coleman, MD, MPH, all rights reserved.

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- Eventi sentinella
- Errori di malpractice



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- Nearly half of the clinicians surveyed believed that medical information may be omitted or altered through repeated translation in a trilingual ED.
- Eighty-three per cent of clinicians stated that there are communication problems at triage.
- Over 40% said that they have difficulties in documenting medical information.
- Around 50% believed that long work hours reduced their ability to communicate effectively with patients.
- 34% admitted that they rarely or never listen to patients during a consultation.

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Support Team
Let us know if you have any questions.

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SMART MEDICAL PHRASES APP

Google Traduttore

Testo Documenti Siti web

RILEVA LINGUA **TEDESCO** ITALIANO INGLESE

ITALIANO **TEDESCO** INGLESE

Traduzione

0 / 5.000

Cronologia Salvate Contribuisci

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MediBabble Translator

Welcome to MediBabble, a free, professional-grade medical translation tool. MediBabble is a robust history-taking and examination application designed to improve the safety, efficiency, and overall quality of care for non-English speaking patients. A timely and accurate history is the cornerstone of medical diagnosis and treatment; the relative difficulty of obtaining one with non-English speakers is a significant barrier to care. We believe that a portable, widely available, real-time communication solution — like MediBabble — has the potential for profound impact and is too important to sell.

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15 MAGGIO 2022

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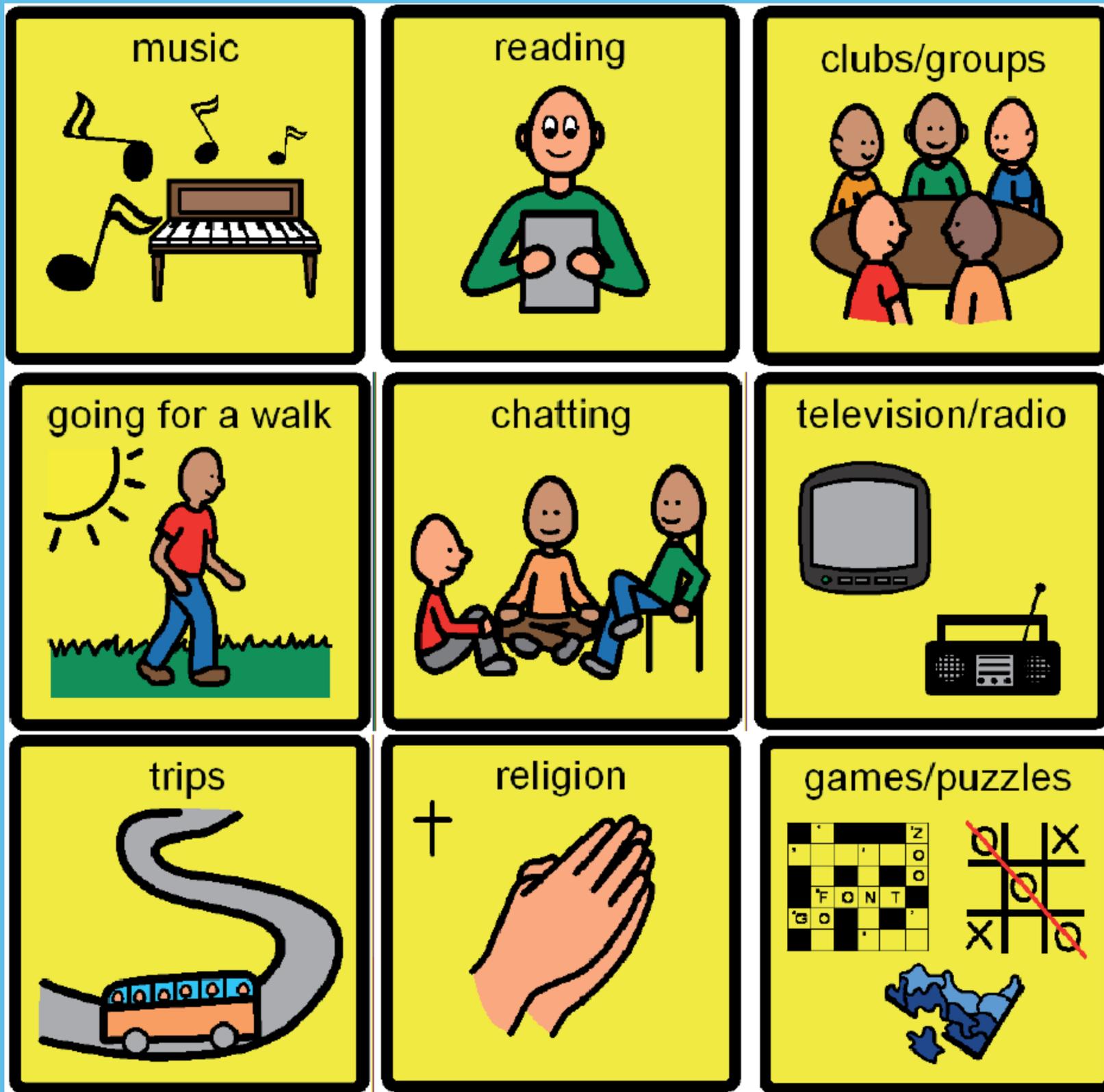
- trauma
- stroke
- sordomutismo
- disabilità cognitive
- patologie psichiatriche
(disturbo di conversione)

ORGANIZZATIVO

- carenza di strutture e personale
- overcrowding e boarding
- assenza di dati

CIRCOSTANZIALE

- situazioni di particolare disagio
- errori di procedura
- inesperienza



SEGNALI VERBALI	SEGNALI NON VERBALI
Capoverso, unità lunga del discorso	Posizione postulare
Frase	Posizione del capo o delle braccia
Parole, sintagmi	Movimenti delle mani, espressioni facciali, spostamenti dello sguardo ecc.



Confidence



Relaxed



Trustworthy



Strength

“Tutto è comunicazione”

Competenza





PAZIENTI OSTILI



Gestione del “paziente ostile”

- 1) protezione personale
- 2) “frasario” utile all’occorrenza
- 3) non giudicare
- 4) non solo comunicazione verbale



Tecniche per incrementare la relazione medico-paziente



R
E
S
P
E
C
T

- Rapport
- Explain
- Show
- Practice
- Empathy
- Collaboration
- Technology

RECAP

- L'assenza di comunicazione da parte del paziente può esplicitarsi in vari modi e su più livelli
- Il setting della MEU può amplificare il deficit comunicativo
- Conoscere e allenare la *competenza* linguistica

“The most important thing in communication is to hear what is not said”

Peter Drucker

GRAZIE

Palazzo dei Congressi di Riccione



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