

**Table 2.**

*Participant characteristics. ICU = intensive care unit; ETT = endotracheal tube.*

	Participant			
	001	002	003	004
Age band (years)	60-70	60-70	50-60	20-30
Diagnosis	Spinal Cord Injury	Spinal Cord Injury	Spinal Cord Injury	Stroke
ICU stay	>1 year	>1 year	0-3 months	0-3 months
Type of Ventilation	ETT then tracheostomy, then corked	Tracheostomy (uncuffed) with speaking valve	ETT then tracheostomy, then extubated	ETT then tracheostomy, then extubated
Goals of care meeting in ICU	Goals completed with patient and family	Goals completed with family and later with patient	Consents for treatments from family	Consents for treatments from family
Computer hardware	Panasonic Tough pad,	n/a	n/a	Panasonic Toughbook,
Computer software	Grid 3 (Smartbox)	n/a	n/a	Grid 3 (Smartbox)
Vocabulary	ICU Talk and Physician- ordered scope	ICU Talk communication book/AEIOU	ICU Talk communication	ICU Talk and high-contrast, large-font

	of treatment vocabulary, qwerty keyboard with word prediction	spelling board, physician- ordered scope of treatment communication book	book/AEIOU spelling board	Qwerty keyboard with word prediction
Access method	Column-row switch- scanning	Partner- assisted visual and verbal scanning	Partner- assisted visual and verbal scanning	Head mouse on dwell
Access details	Microlight switch selection by downwards movement of lower jaw	Selection via eye blink for “yes”	Selection via nod for “yes”	Traxys headmouse with 1.5 second dwell time

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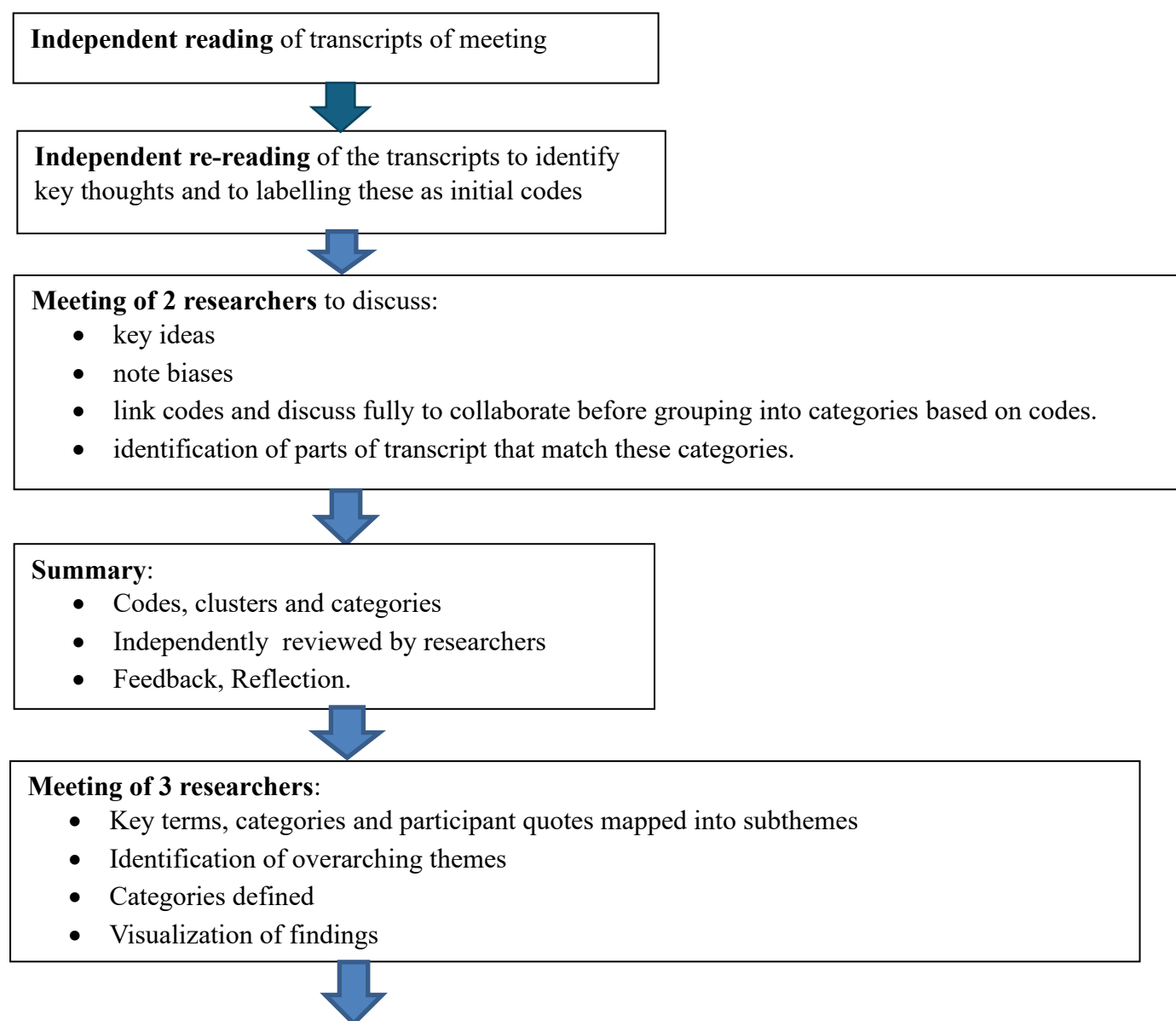
**Table 3.***Themes and subthemes of discussions.*

Theme	Subtheme
Communication Partners	Healthcare or family discussions Unmet needs and wants Information/explanations to patient
Feelings and Thoughts	Patient feelings and thoughts Family feelings and thoughts
Matters to Talk About	Care-related words and phrases Operations and interventions
Control/Power	Patients are tracking activities Patients know what they want Who holds decision-making power
How Communication Occurs	Safety issues from lack of communication No communication Staff do not understand Unaided communication methods Getting attention Partner has difficulty with my AAC system Physical access to communication system AAC is slow

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**Figure 1.**

*Stages of data analysis (Braun and Clarke, 2006)*



## Supplementary Materials

**Table 1.**

**Summary:**

- Sub themes, and themes
- Quotes and passages from transcripts that illustrate themes
- Review and consensus on subthemes and themes
- Feedback
- Reflection.

*Open coding of the data and the iterative process of finalising the categories and sub-categories of the code tree.*

Researcher #1 or #2 (different patients) Initial Codes	Categories	Final Categories	Final sub-categories
AAC is slow. (#2)	AAC.	AAC.	
AAC methods used in ICU. (#1)		AAC is hard to learn. Physical access to AAC system.	Physical access to AAC system. AAC is slow.

Difficulties getting attention. (#2)	Communication partners.	Communication partners.	Answering patient questions.
Difficulties with hospital staff. (#2)			Decisions without patients.
Discussions (#2)			Discussions with patients.
Health Care Practitioner's explanations or information to patients. (#1)			Getting attention.
Family needs met. (#2)			Health care-family discussions.
Family as communication partners. (#1)			Information/explanations to client.
Family struggles with hospital staff. (#2)			Met needs and wants.
Health Care staff as communication partners. (#2)			No communication.
			Partner has difficulty with AAC.

No communication  
in repatriated  
hospital. (#2)

Patient family  
communication.  
Positives in health care  
discussions.  
Safety issues from lack of  
communication

Staff don't understand.  
Unmet needs and wants.

Wants and Needs.  
(#1)

Wants and  
Needs.

Things to talk  
about.

Operations/interventions.

Operations and  
treatments and  
disease/injury. (#2)

Vocabulary.

Care related words/phrases.

Patient words and  
phrases. (#2)

Conversation topics

Patient's abilities  
cognitive, and  
physical. (#2)

Opinions.

Treatment received  
by patients. (#1)

Patients know what  
they want. (#1)

Patients are  
tracking activities.  
(#1)

Decisions. (#2)

Who holds the  
power for decisions.  
(#1)

Forms of  
communication (#2)  
Health care staff as  
communicators  
(without AAC). (#1)

Patients give up  
trying to  
communicate. (#1)

Control/Power.

Control/power.

Unaided  
Communication.

Unaided  
communication.

Decisions left to  
partner/family member.

Patients are tracking  
activities.

Patients want to decide.

Who holds decision making  
power.

Give up trying.

Lip reading.

Non-speaking.

Feelings about being non-speaking (#2)	Unaided Communication.	Feelings and Thoughts.	Family feelings and thoughts.
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Family struggles  
due to non-verbal  
patients. (#2)

Patient thoughts (internal). (#2)	Thoughts.
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Patient feelings and thoughts.

Positive/ validations.

Family feelings. (#2)	Feelings.
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Patient abilities, physical and cognitive. (#2)	Cognitive.	Cognitive abilities.
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Physical Status.	Physical status.
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No Time.	No time.
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**Appendix A**

***Semi-Structured Interview of Patient Participant***

*The family interview is identical except that pronouns are changed from you to they.*

We are inviting you to take part in this study because you were admitted to ICU and unable to speak and we would like to find out more about your experiences while in hospital. We hope to use this information to make sure future patients who cannot talk have the best communication supports.

1. I understand that you were a patient in ICU in the last year. Can you remember not being able to talk when you were in ICU?

-Can you describe that experience?

2. Were you able to tell people what you needed?

-getting day to day needs met like medications, positioning in bed etc.

-being able to ask for staff and family members?

3. What sort of treatments did you get in hospital? Did you have operations, or support for breathing or eating for instance?

4. Did you get to discuss about some of your treatments with anyone?

-physicians, nurses or other health care staff?

-with family on a one to one?

-during a family meeting?

5. What sorts of treatments did you discuss?

-for instance, any operations,

-or breathing tubes, feeding tubes etc.

6. What were the positive aspects to the treatment discussions?

7. Is there anything that you were unhappy with or wish you would have said?

8. How were you included in the treatment discussions?

-what did people do to include you?

-tell me what supports you needed to communicate your opinion using your AAC system?

-What words in your AAC system helped you participate in the discussions?

9. What would you have liked to say but couldn't?

10. What would you have changed about your treatment discussions?

11. Did the discussions lead to making goals for your care?

-And who made these goals?

-Do you feel these care goals reflected what you wanted?

If no, who was steering the direction of your care?

-Was it difficult to communicate your opinion?

If yes, why was it difficult do you think?