ADDITIONAL ACKNOWLEDGEMENTS

- [www.patientprovidercommunication.org](http://www.patientprovidercommunication.org)
- Patient Provider Communication Forum
- Patient Provider International Newsletter

With partial support from

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USSAAC (United States Society for Augmentative and Alternative Communication)
ACTION IDEAS (FROM PARTICIPANTS)
• Read TJC Roadmap
• Acquire materials
• Recognize what communication vulnerability means and the varied needs of people who are communication vulnerable
• Develop tools and train people to use them
• Video interactions for review and training.
• Develop staff training modules for use in hospitals
• Include consideration of communication issues in annual reviews and training programs
• Increase training for SLPS/Audiologists in coursework at the university level
• Provide VA hospitals (and veterans) with the means to communicate (e.g., assistive device pool, consideration of linguistic issues, and so on).

AUCTION:
BEDSIDE TALKING PHOTO ALBUM
Vocabulary from research by Bronwyn Hemsley and her colleagues in Australia

AUCTION:
AUGMENTATIVE COMMUNICATION STRATEGIES FOR ADULTS WITH ACUTE OR CHRONIC MEDICAL CONDITIONS
Drs. David Beukelman, Kathryn Garrett,  Kathryn Yorkstone

DEFINING PATIENT PROVIDER COMMUNICATION
Communication
Is The Joint Establishment Of Meaning
WHAT IS “EFFECTIVE COMMUNICATION”?  
“the successful joint establishment of meaning wherein patients and healthcare providers exchange information, enabling patients to participate actively in their care from admission through discharge, and ensuring that the responsibilities of both patients and providers are understood”  
(The Joint Commission, 2010b, p. 91).

POOR PATIENT-PROVIDER COMMUNICATION CAN CAUSE:  
- Serious medical missteps  
- Delayed healthcare utilization  
- Increased healthcare utilization  
- Increased costs  
- Poor patient outcomes  
- Reduced patient satisfaction  
(The Joint Commission, 2010ab; Divi, Koss, Schmaltz & Loeb, 2007)

EFFECTIVE PATIENT PROVIDER COMMUNICATION (PPC) MEANS  
Providing equal access to health information, diagnosis, treatment and follow up care across the full spectrum of healthcare environments and activities

Effective PPC increases the likelihood that:  
- patients’ problems are diagnosed correctly  
- patients understand and adhere to recommended treatment regimens  
- patients (and their families) are satisfied with the care they receive (Wolf, Lehman, Quinlin, Hoffman, 2008)  

Effective PPC viewed as essential component of quality healthcare and patient safety as well as the basic right of every patient.  
(Ethical Force Program Oversight Body, 2006; The Joint Commission, 2010, new ASHA mission statement)
DEAF TALK EXAMPLE
DEAF TALK NJN NEWS — HOSPITAL BASED COMMUNICATION TRANSLATOR SYSTEM FOR THE DEAF

NEW JOINT COMMISSION STANDARD

The medical record contains information that reflects the patient's care, treatment, and services (Standard RC.02.01.01).

The hospital communicates effectively with patients when providing care, treatment, and services (Standard PC.02.01.21).

The hospital respects, protects, and promotes patient rights (Standard RI.01.01.01).

“THE HOSPITAL EFFECTIVELY COMMUNICATES WITH PATIENTS WHEN PROVIDING CARE, TREATMENT AND SERVICES”

1. Examples of communication needs include need for personal devices (hearing aids, language interpreters, communication boards and devices...)
2. Patients may be unable to speak due to their medical condition or treatment.
3. Some communication needs may change during the course of care.
4. After the patient’s communication needs are identified, hospital can determine best way to promote two-way communication between the patient and providers in a manner that meets the patient’s needs.”

Words from Standard PC.02.01.2

SLPS: A CALL TO ACTION

Identify whether patient has a sensory or communication needs... “may be necessary for the hospital to provide auxiliary aids and services or AAC resources to facilitate communication.”

Identify if the patient uses any assistive devices... “make sure ...available throughout the continuum of care.”

Monitor changes in patient’s communication status... “determine if patient has developed new or more severe communication impairments during the course of care and contact the Speech Language Pathology Department, if available.”

Provide AAC resources, as needed, to help during treatment.
SUMMARY

• Effective communication across healthcare settings is a mandate
• Expanded role of speech-language pathologists and audiologists in
  ▪ Healthcare settings
  ▪ Educational settings
  ▪ Community settings

WHO NEEDS HELP?

COMMUNICATION VULNERABLE PATIENTS

MORE LIKELY TO
• Be hospitalized
• Experience medical/physical harm, e.g., drug complications
• Leave hospital against medical advice
• Be intubated if asthmatic
• Have increase costs
• Delay care
• Have diagnosis of a psycho-pathology

LESS LIKELY TO
• Adhere to recommended medication regime
• Report abuse
• Access and use medical care
• Return for follow-up appointments after Emergency Room visits
• Be satisfied with care
THE CONVERGENCE OF “COMMUNICATION VULNERABILITIES”

People with limited English proficiency (47 million)

People with communication disabilities (22 to 36 million with deafness/hearing impairments; more than 46 million with disordered communication)

People with sexual, cultural, religious differences (unknown, but a substantial percent of the population)

200 million people

Pre-existing communication difficulties
AH has severe dysarthria/limited literacy; surgery

- Speech unintelligible - unfamiliar people.
- Uses AAC strategies and SGD.
- Relatively independent; employed part-time

- Difficulty negotiating healthcare system.
- Pre-admission: Surgeon referred to SLP Dept. to address communicate issues in ICU and on floor

COMMUNICATION VULNERABLE PATIENTS
Individuals with
1. Pre-existing hearing, speech, cognitive disabilities who may (may not) have access to communication tools/supports
2. Recent communication difficulties occurring as a result of their disease/illness/accident/event
3. Communication difficulties that occur as a result of medical treatment (e.g., intubation, sedation)
4. Linguistic differences
5. Limited health literacy
6. Limited ability to read/write
7. Cultural differences

AH WITH DEVICE AT HOME
POST SURGERY

Spent several days in ICU, requiring mechanical intubation. Unable to access her SGD.
- ICU: Used partner-assisted eye gaze, adapted nurse’s call button. Designated support person
- On unit: SGD, low-tech aids

Discharge
- Pictured instructions
- “Teach back” strategy

ADAPTED CALL SWITCH

Wall port (jack) for call switch
EFFECTIVE PATIENT-PROVIDER COMMUNICATION

http://accpc.ca/ODI_Resource/?p=education

LANGUAGE PROFICIENCY AND HEALTH LITERACY

LANGUAGE PROFICIENCY – NON ENGLISH SPEAKING

Qualified Interpreters vs. family members or staff
Certification & Standards
Increasing role technology plays

LIMITED HEALTH LITERACY

Does individual have the capacity to obtain, process, and understand basic health information and services needed to make appropriate health decisions?
(Health People 2020)

POOR HEALTH LITERACY CORRELATES HIGHLY WITH:

- Increase in sentinel (i.e., critical) events
- 6% increase in hospital visits
- 2-day longer hospital stays
- 4x higher annual health care costs

People with pre-existing communication problems OFTEN have limited health literacy

IT TAKES MORE THAN WORDS

Language barriers in communication. RWJ Foundation
YouTube
Today you are going to have a trach placed

Language Proficiency, Hearing, Aphasia
FB: ELDERLY MAN ADMITTED THROUGH ER, SUSPECTED CVA

- First language Korean. Didn't seem to understand English
- Interpreter services offered.
- Admitted for observation and further assessment
- Dr. refers for S & L and audiological assessment
- Daughter designated as support person

DURING HOSPITALIZATION
- Audiologist provided Pocket Talker. Helped.
- SLP / Aud worked with interpreter
  - Moderate expressive aphasia with apraxia
  - Moderate bilateral hearing loss - presbycusis
- Discharge instructions (English and Korean) with culturally sensitive pictures.
  - Given to FB and daughter.
MEDICAL INTERPRETERS AND SUPPORT PERSONS

QUALIFIED INTERPRETER

SUPPORT PERSON

POCKET TALKER
WWW.ABBN.COM

The Pocket Talker is a helpful tool for people with hearing loss, who benefit from amplification. Easy to use instructions: place ear piece in patient’s ear, turn volume to adequate level, and speak into microphone.

Be sure to suggest an Audiology consult if appropriate.

Warning: If the ear piece gets too close to the speaker there will be loud feedback from the device.

VIDATAK BOARDS IN KOREAN

CULTURAL DIFFERENCES

Cultural differences
Sexual preferences/identities
Religious differences

DL: Man in mid-twenties.
Recent immigrant. Fell down stairs.
BROUGHT TO ER AFTER 15 HOURS
- Qualified interpreter arrived within 15 minutes.
- Disoriented x 3 (time, place, condition)
- Speech difficult to understand.
- Interpreter requested permission to engage his friends to determine if DL was speaking an unfamiliar dialect.
- Friends verified speech was “nonsensical” and he was acting ‘out of character.’
- ED physician ordered an immediate CT scan
- Results: Intracranial hemorrhaging.

DURING ADMISSION
- Had surgery/ short stay in ICU.
- Moved to “step down unit” and referred to the SL Dept. for assessment and treatment.
- SLP requested assistance from the hospital interpreter for all sessions.
- Interpreter noted less slurring in DL’s speech, pointed out some pictures of objects during assessment not common in the patient’s culture. Suggested alternatives.
- Rapid progress in speech/language, although cognitive symptoms persisted.
- Before transfer to rehabilitation facility, interpreter and SLP devised bilingual communication displays.
- Alerted rehab staff about cultural and religious issues. Made communication display that enabled him to request prayer time.

CONVERGENCE OF VULNERABILITIES
- Pre-existing disabilities that affect hearing, speech, language and cognition (like AH and FB)
- Conditions caused by a current medical situation (like FB’s stroke and DL’s traumatic brain injury)
- Temporary communication difficulties caused by medical interventions (like AH’s intubation post surgery); and Cultural, sexual preference, or religious differences that may be unfamiliar to hospital staff (like DL’s ritualistic prayer sessions).
OPPORTUNITIES FOR COLLABORATION

With Colleagues
Compliance officers
Administrators
Researchers
Material developers
Risk Management
Patients and families

We need to be AT the table

TOOLS OF THE TRADE

EDUCATING COLLEAGUES ABOUT OPTIONS
COMMERCIALY AVAILABLE PRODUCTS
TOOL KITS
SELF-MADE MATERIALS
STORAGE AND DISTRIBUTION

FREE DOWNLOAD (VOL 21, #2) WWW.AUGCOMINC.COM

Information about
❖ Promising practices
❖ The Joint Commission Standard and Implementation Manual
❖ Tools of the trade
INCREMENT # OF STUDIES/REFERENCES

Articles in ASHA publications, Pediatric Rehabilitation Journal, Nursing journals, etc.

Go to www.patientprovidercommunication.org website and www.aac-rerc.com webcast

EFFECTIVE PATIENT-PROVIDER COMMUNICATION

INTRODUCE SELF AND COMMUNICATION SYSTEM:
COMMUNICATION PASSPORT

http://www.accpc.ca/pdfs/passport.pdf

HEALTH PASSPORT

www.patientprovidercommunication.org/index.cfm/article_6.htm

www.healthpassport.co.uk

LET'S COMMUNICATE

http://www.patientprovidercommunication.org/index.cfm/article_6.htm

THE CLEAR COMMUNICATION PEOPLE LTD
COMUNICATION MATTERS

To download:
- www.communicationmatters.org.uk/page/focus-on-leaflets
- www.patientprovidercommunication.org/index.cfm/article_2.htm

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TOOL KITS

Pocket Talker & Hearing Aid Trouble Shooting Guide
Magnification Glass
Modified Call Bell & “How To” Instructions
Vidatek Communication Board
English & Spanish
Letter/Picture Boards
English & Spanish
Clipboard & Dry Erase Board with Writing Strategies

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COMMERCIALY AVAILABLE OPTIONS

KIT DE COMMUNICATION BY ELISABETH NEGRE

HTTP://RNT.OVER-BLOG.COM/ARTICLE-KIT-DE-COMMUNICATION-44/80536.HTM

Subtitled in English, Russian, Mandarin Chinese and Arabic languages,
**CASE EXAMPLE**

Age: 40 yrs.
Diagnosis: central SCI. Can use arms
Medical Setting: inpatient rehab
Communication vulnerabilities of person/family: severely hearing impaired, does not speak, uses idiosyncratic signs/gestures understood by a cousin
Other significant factors: from Mexico but family speaks dialect, not Spanish; consent? How to optimize communication (needs to communicate dizzy and issues related to a catheter)

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**SLP/AUDIOLOGIST**

What could you do BEFORE admission/visit?
What could you do DURING admission?
What could you do to prepare for DISCHARGE/FOLLOWUP?

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**BRAINSTORM: SLP/AUDIOLOGIST PLAN**

BEFORE admission. Hospital might have sent information to rehab facility so staff could prepare. Hospital staff could have had cousin designated as “support person”. Hospital staff could have developed communication displays and sent them with him.

DURING admission.
- Use translation service to communicate with cousin (English-Spanish-dialect).
- Use visual supports (communication displays, app on Ipad).
- Refer for audiological evaluation to document hearing status.
- Work with cousin/support person to find ways to communicate more effectively. Teach cousin to use visual supports.

DISCHARGE/FOLLOWUP. Provide communication equipment/materials. Make medical passport for patient to support during future medical encounters.

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THANKS TO JOHN COSTELLO, CHILDREN'S HOSPITAL BOSTON.
NOTE: THIS CASE IS ALSO DISCUSSED BRIEFLY ON AAC-RERC WEBCAST

Child, age 7 years 4 months
Native of United Arab Emirates
Arabic spoken by patient and family
Reason for hospitalization: Craniotomy for resection of 4th Ventricle Tumor diagnosed after experiencing chronic symptoms of headache accompanied by nausea and vomiting and dizziness
PRE-OP AND EXPECTED POST-OP COMMUNICATION NEEDS

Language issues for child and family
Cultural considerations
After surgery would be on ventilator and unable to speak

UNEXPECTED POST-OP COMMUNICATION

Swelling (unexpected) made it impossible to use direct selection

COMMUNICATION NEEDS

• To have parents and child understand information from the medical staff
• To communicate medical needs to staff
• To enable the child to communicate emotional needs and social phrases (including jokes) to family
• For parents to ask questions about diagnosis, treatment, prognosis, care

General Accommodations

• Arabic interpreter (hospital service). All teaching and information sharing/feedback sessions with family (general hospital provision)
• English/Arabic communication board provided to family (SLP and general hospital provision)
• Picture communication board developed with English-Arabic text to support child, English speakers AND foster provider to patient communication. (SLP collaboration with family and interpreter)
• Basic nurse to patient/family messages also paired on cards. Nurse could point to message and family could read or speak to patient if appropriate.
PRE-OP TECHNOLOGY SUPPORTS

Simple voice output aid
(Message Mate 40)
- Digital recordings with symbol overlay* and messages recorded in both Arabic and English (SLP provision in coordination with interpreter services. Arabic recordings by father)
- Direct selection use was planned

*Symbol for ‘mother’ replaced with photo of mother as no culturally appropriate symbol depicting woman with black head scarf was available.

POST-OP INTERVENTION

Preplanned
- All pre-op tools available.

Reduced mobility → modified nurse call system with large switch placed near child’s right elbow.
Simple voice output tool - Step-by-Step Communicator (Ablenet ®) with messages in Arabic to call parents. Located by child’s right foot (based upon access assessment)

UNEXPECTED POST-OP NEEDS

Minimal movement→ swelling
- Partner assisted scanning for parents and child required instruction/demonstration with single switch scanning with Message Mate 40.

Interpreter present to translate instructions.
Parents demonstrated competence using ‘teach back’ demonstration

ADDED SUPPORT FOR FAMILY

Parents wrote down all ‘day to day’ communications they wanted to communicate without summoning the interpreter.
- 40 messages generated, e.g., “I will be in the laundry”, “I will be in the parent sleep space”, “I need to speak with the interpreter”

Messages translated /cards created with the Arabic and English correlates.
Augmentative Communication Strategies for Adults with Acute or Chronic Medical Conditions Book with CD Rom. Beukelman, Garrett & Yorkston

University of Nebraska website - http://aac.unl.edu

Books, aphasia resources, visual scene display resources, demographics, Speech Intelligibility test

PATIENT-PROVIDER WEBSITE
WWW.PATIENTPROVIDERCOMMUNICATION.ORG

- Articles
- Presentations
- Bibliography
- Examples of Materials
- Case Examples
- Newsletters
- International Newsletter
27 REASONS HOSPITALS SHOULD IMPROVE COMMUNICATION ACCESS
HTTP://WWW.PATIENTPROVIDERCOMMUNICATION.ORG

- Supportive Evidence (research) in both English and in Spanish
- Razones que los Hospitales deben mejorar el acceso comunicativa para los pacientes vulnerables-con citaciones de reserva
- Hay una lista cada vez mayor de razones por las que las instituciones del cuidado médico deben dar prioridad a las acciones que les ayudan para evitar averías de comunicación. Un cuerpo cada vez mayor de los documentos de la evidencia y de la investigación cómo la mejora del acceso de la comunicación para los pacientes vulnerables de la comunicación puede mejorar una variedad de diversos aspectos del cuidado médico. Las razones de la mejora de la comunicación son numerosas y diversas, extendiéndose de reducir errores médicos, la satisfacción paciente cada vez mayor, y la reducción de costes médicos a las averías de comunicación de reducción al mínimo en ajustes de la emergencia, la reducción del número de pruebas innecesarias, y la reducción del índice de reincidencia paciente.

AAC-RERC WEBCAST ON PATIENT PROVIDER COMMUNICATION
www.aac-rerc.com and search on youtube

INTERNATIONAL PPC NEWSLETTER AND APPS

EMERGENCY PREPAREDNESS MATERIALS
YOUTUBE VIDEOS

**Search for:**

- Augmentative communication
- Patient-provider communication
- Health literacy
- Cultural competence health care
- Medical interpreters
- Etc.

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**Laws, Standards, Regulations**

- The Joint Commission New Standard. Counts toward accreditation in January 2012. *Advancing effective communication, cultural competence & patient-centered care*
- *A Roadmap for Hospitals*  
  www.jointcommission.org

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**Laws, Standards, Regulations**

Department of Health and Human Services. *National Action Plan to Improve Health Literacy*  

Agency for Healthcare Research and Quality (AHRQ, 2010).  
Established health literacy as a universal precaution, similar to hand washing as a way to minimize risks to patients.

New health care reform law. Requires use of plain language and culturally appropriate language in health related information about insurance and other health issues.
Centers for Medicare and Medicaid Services
- Revised Minimum Data Set (MDS) 3.0. Used in skilled nursing facilities to assess residents (2010).

Title VI of the Civil Rights Act of 1964. People cannot be discriminated against as a result of their “national origin,” including their primary language.

(The National Standards for Culturally and Linguistically Appropriate Services in Health Care (CLAS) standards. Guidance for healthcare organizations on compliance with Title VI (United States Department of Health and Human Services, 2001)

1. Read the Roadmap
2. Help develop algorithms for communication (converging areas): intake->discharge/across setting
3. Revise intake forms
4. Acquire materials. Adapt forms.
5. Develop or purchase low-tech materials
6. Develop accessible storage locations for materials

The following examples come from presentation at PSHA by Garrett and Blackstone and from the participants in that workshop, April 2011.

EXAMPLES: REVISE INTAKE FORMS (#3)
- Meet with legal and admissions departments to revise intake forms
- Need to do this by “committee” because of variables involved. Each perspective needs to be considered.
EXAMPLES: REVISE INTAKE FORMS; ACQUIRE MATERIALS; ADAPT FORMS; DEVELOP OR PURCHASE LOW-TECH MATERIALS (#3,4,5)

- University programs look for opportunities for cross-disciplinary collaborations
- Students from SLP, sociology, psychology, Human resources, business, art could prepare instructional materials, develop grants, etc.

7. Determine cost of assessment
8. Set up a mid- to high-tech equipment pool
9. Conduct inservices for colleagues
10. Develop way to “advertise” patient’s communication accommodations
11. Participate in outcomes assessment and quality control initiatives
12. Market your services
13. Help clients/families prepare in advance

EXAMPLES: DEVELOP WAY TO “ADVERTISE” PATIENT’S COMMUNICATION ACCOMMODATIONS (#10)

- Develop pamphlet re: communication needs and put in waiting rooms, staff rooms, nursing stations
- Develop sheet with communication strategies
- Use “sign off” sheets related to communication as part of intake in facility

EXAMPLE: MARKET YOUR SERVICES (#12)

- Develop inservices for specific contexts (e.g., home health programs)
- Graduate students might assist in developing, marketing and providing training
EXAMPLE:
HELP CLIENTS/FAMILIES PREPARE IN ADVANCE (#13)

- Empower patients to be partners
- Develop specific materials for certain groups (rehab, diabetics)
- Provide accompanying family members with guidelines for “how to be an effective communication assistant.”
- Begin early (childhood/adolescence; sometime soon after medical event)

PREPARING CLIENTS (#13)

Did you know that

- a typical PP Interview between a general practitioner and a person without a disability is 20 minutes in length (Mann et al., 2001)
- a patient typically has 23 seconds to communicate concerns before being interrupted by the doctor. (Marvel et al. 1999)

PREPARING IN ADVANCE. HELP CLIENTS OF ALL AGES LEARN HOW TO:

- Introduce oneself and one’s communication system;
- Make use of appropriate vocabulary and language to communicate concerns and needs;
- Make use of appropriate communication strategies to ensure that previous health care and current health concerns are understood by the health professional.
- Prepare communication assistant so he/she supports communication between provider and individuals with communication difficulties, and does NOT “take over” the interaction.

PLATINUM – GOLD – SILVER - ACTION CLUBS

Kim Winter, CT; Judith Lung Bergh, CA; Deb McClosky, CA; Carolyn Baylor, WA