Call to Action:
Improving Care to Communication Vulnerable Patients

The Joint Commission

Speakers

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Many Patients are Vulnerable due to Inhibited Communication Abilities

- Access to direct communication can be inhibited due to:
  - Hearing impairment
  - Visual impairment
  - Speech impairment
  - Cognitive limitation
  - Intubation
  - Disease (ALS, stroke)
  - Language
  - Culture
  - Health literacy
  - Health Care Proxy (patient non-responsive)

The Need for Accurate Information: Practitioner Perspective

- Assess patient needs
- Determine diagnosis/prognosis
- Provide Treatment
- Obtain consent
- Educate/inform
- Hand-off communications

What Strategies Are Often Used When a Patient Cannot Speak?

- Rely on lip reading
- Gestures
- Hand drawn pictures
- Ask yes/no questions

What Strategies Are Often Used When A Patient is Non-English Speaking or Deaf?

- Rely on family member, friend, or “ad hoc” interpreter to interpret
- Rely on lip reading (for the deaf)
- Sign language (for non-English speaking)

Why Are These Strategies Inadequate?

- Potential for misunderstanding
- Confidentiality when a family member or friend is used to interpret
- Limits patient ability to participate in own care (if only respond Y/N)

"*First of all, I would probably use my little board or notepad, and I would write in English to see if he understands the language. If that is not the case, what I usually do is maybe by some form of sign language try to explain to him that he has severe pain in his abdomen and he probably needs an operation. The other thing I could show him is maybe pictures of a surgeon where he probably has to open up the abdomen to perform the procedure*."

– Emergency Department Physician

Source : *Hospitals, Language, and Culture Study*. A.Wilson-Stronks et. al., 2008.

Why Is This Important?

- Patient safety
- Trust between patient and health care practitioner/team
- Role in health care disparities
- Patient satisfaction
- Legal and regulatory requirements
- Patient participation in care is vital to quality and safety!

Examples from the Field

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Video: Yvonne

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Poor Communication Impacts Patient Safety

- Serious medical events (Cohen et al., 2005, Bartlett et al. 2008)
- Sentinel events (The Joint Commission, 2007)
- Poor medication compliance/ adherence (Andrulis et al., 2002; Flores et al., 2003)

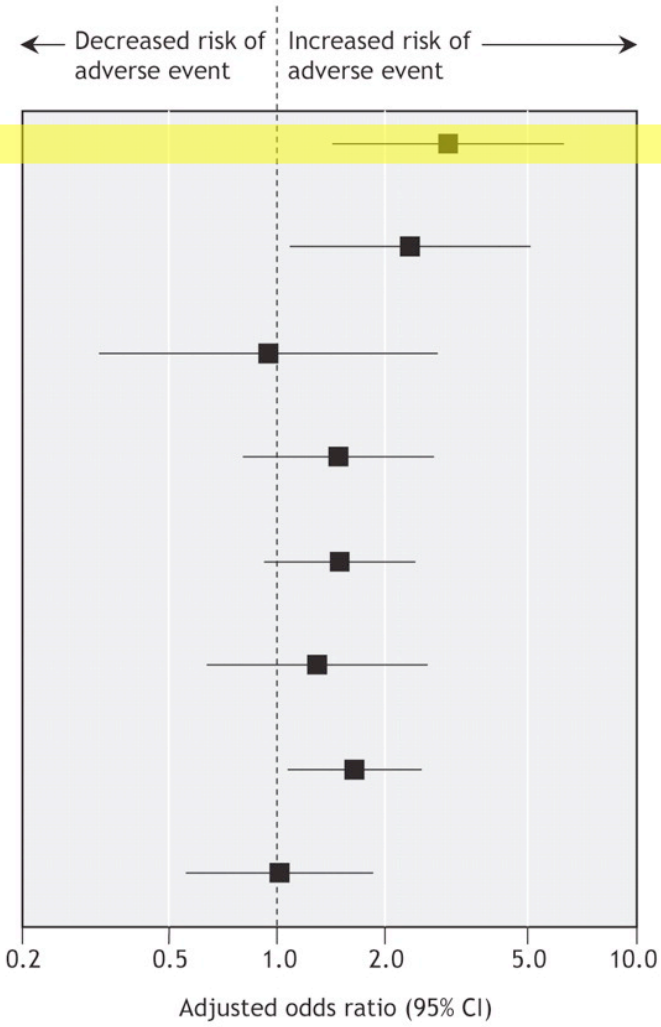
Bartlett, G. et al. CMAJ 2008;178:1555-1562

"The presence of physical communication problems was significantly associated with an increased risk of experiencing a preventable adverse event"

"We found that patients with communication problems were three times more likely to experience preventable adverse events than patients without such problems"

Figure 1: Odds ratios (ORs) and 95% confidence intervals (CIs) for factors associated with preventable adverse events, adjusted for age, sex, Charlson Comorbidity Index score, admission status and type of hospital

Factor	Adjusted OR (95% CI)
Physical communication problem	3.00 (1.43-6.27)
Psychiatric disorder	2.35 (1.09-5.05)
Social distancing problem	0.94 (0.32-2.78)
Charlson Comorbidity Index score > 1	1.49 (0.81-2.72)
Female	1.49 (0.92-2.41)
Age > 65 yr	1.29 (0.64-2.61)
Urgent admission	1.64 (1.07-2.52)
Teaching hospital	1.02 (0.56-1.85)



Bartlett, G. et al. CMAJ 2008;178:1555-1562

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Risk for Serious Medical Events

- Communication-vulnerable patients are:
  - Twice more likely to experience medical physical harm
  - Increased risk of nonadherence to medication
  - Misreported abuse
  - Decreased access to medical care
  - Decreased use of medical care
  - Increased diagnosis of psychopathology
  - More likely to leave hospital against medical advice
  - Asthmatics more likely to receive intubation
  - Less likely to return for follow-up appointments after Emergency Room visits

Risk for Serious Medical Events

- Communication-vulnerable patients are:
  - Higher rates of hospitalization
  - Higher rates of drug complications
  - Highest use of resources to provide care
  - Lowest levels of satisfaction with care
  - Increased risk of delayed care
  - Increased failure to treat and prevent devastating disease states and death
  - Increased risk of malpractice
  - Increased length of hospital stay

Health Care Systems Working Against Effective Communication

- No standardized system in place to identify communication needs
- Lack of supporting resources, training, and time needed to effectively communicate
- Limited evidence and awareness of best practice

Impact of Addressing Communication Needs

Patients taught to use communication tools such as picture boards, word boards or simple communication devices, reported improved satisfaction and comfort when compared to care without communication support.

(Stovsky, Rudy & Dragonete, 1988; Costello, 2000)

Communication boards can also significantly reduce patient frustration.

(Patak et al. 2002, 2004)

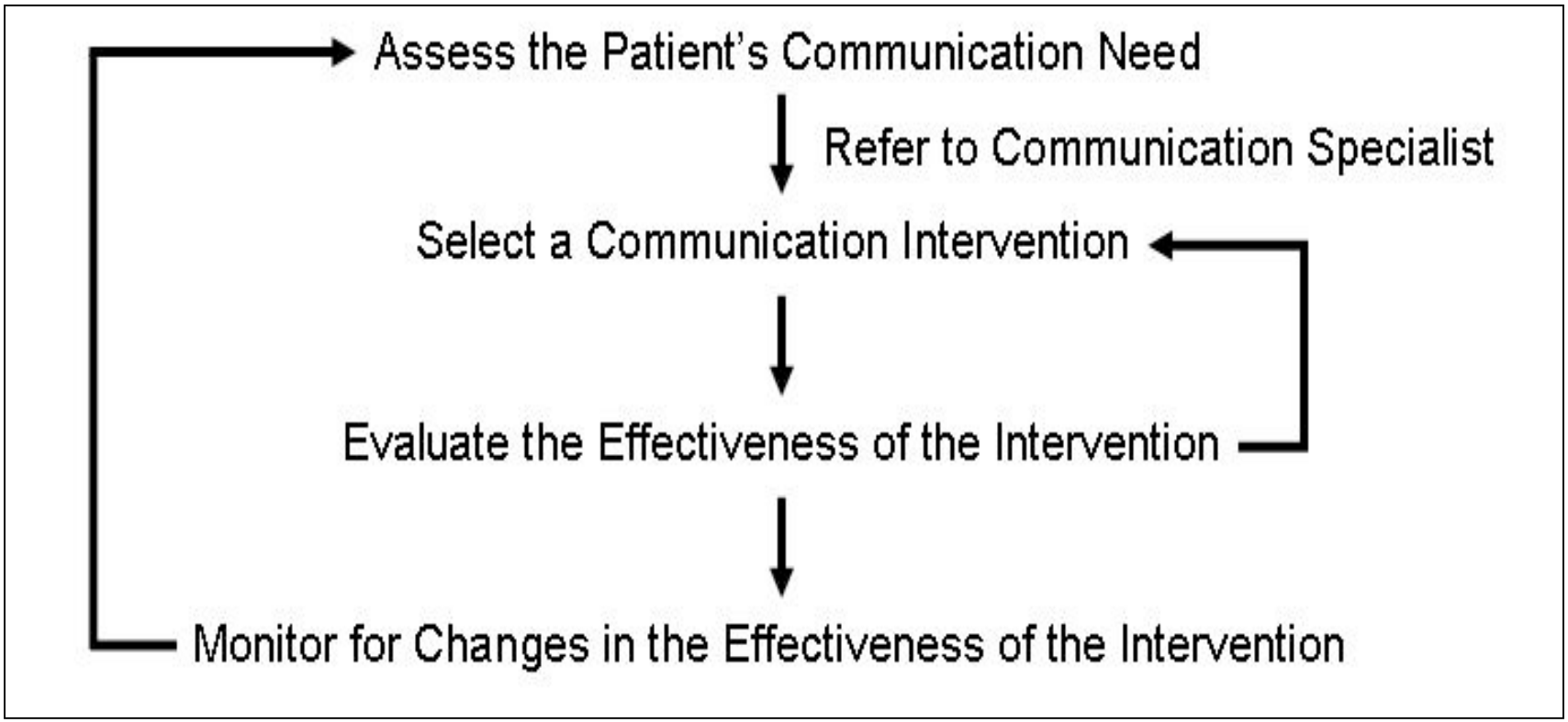
Provision of professional interpreter services is associated with improved clinical care and increased quality of care to LEP patients.

(Karliner et al. 2006)

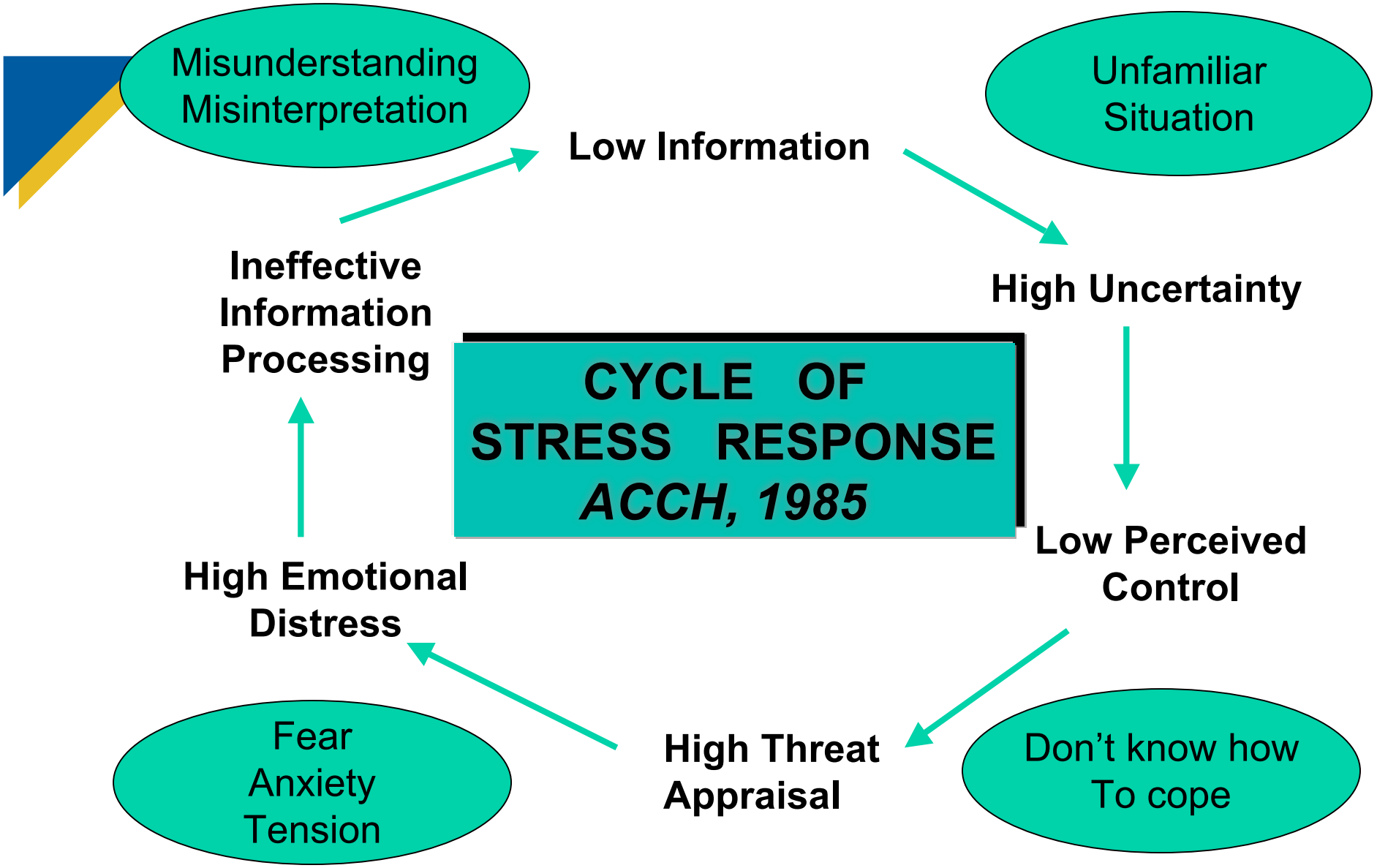
Call to Action

- Improve clinical practice to incorporate a systematic & methodological approach to patient-provider communication
- Optimize institutional availability and use of auxiliary services and increase frequency of referrals to specialists for “COMMUNICATION” purposes
- Educate health care providers
- Revise health care policy and standards to set performance expectations for heath care providers on patient-provider communication

Formalize a Process to Manage Patient-Provider Communication at the Patient-Level



Patak, et.al, in review



Identify Communication Need

- Hearing
- Vision
- Speech
- Cognition
- Intubation
- Aphasic
- Preferred language (if not English)
- Low Health Literacy
- Other

Introduce Intervention

- Professional language or sign language interpreter
- Communication board
- Adaptive communication devices
- Sensory supports (glasses, hearing aids, FM systems, etc.)
- Use of plain language, teach back, and “Ask Me 3”

Monitor Intervention Effectiveness

- Is communication effective?
  - In order for communication to be effective, the message must be complete, accurate, timely, unambiguous, and understood by the communication partner.
- Is a different intervention needed?
- Is referral to specialist needed?

Considerations in Planning Care

- Increased institutional support for access to tools and service providers at point of care
- Increase support and utilization of specialty services as part of care team (Interpreter, Speech-Language Pathologist with Augmentative Communication expertise, Audiologist, Chaplain, etc.)

Given the broad contributions of a Speech Language Pathologist with Augmentative Communication expertise…

Let's examine the impact of SLP in planning care

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Goal of the Speech Language Pathologist

- To support immediate success by insuring that “stop gap” tools and strategies are within reach at point of care.
- To provide a comprehensive and fluid assessment of patient needs and strengths and match those to available augmentative communication tools and strategies.

Based on ongoing report of patient's communication success

- The "stop-gap" strategy may continue to be most efficient and effective over time
- Additional customized or more sophisticated strategies may be required
- Collaborate with other team members including audiology, interpreter services, ophthalmology, etc.

AAC Assessment Considerations When a Patient Is "Communication Vulnerable"

- A *well thought out* 'something' is better than NOTHING.
- Try to support immediate success
- You can learn a great deal *very quickly* by following a thoughtful approach to 'on the spot' assessment.

Cognitive Status

- Alertness
- Awareness
- Orientation
- Pre-morbid status

Assessment Considerations

- Often status is first reported by bedside care providers
- Patient's wakefulness and fatigue (impact participation and length of assessment)
- Patient's ability to follow simple directions
- Patient's ability to respond to simple questions

Feature Match/Intervention Considerations

- May need to re-assess often and adjust recommendations frequently
- May need to keep interventions very brief and focused
- Will impact complexity of language used during assessment
- May initially focus on orientation through visuals, visual schedule, memory book for comfort.
- Use of symbols versus written word

Sensory Domain

- Vision
- Hearing
- Changed status from before admission?

Assessment Considerations

- Does s/he where glasses? If yes, are they here?
- Does s/he have hearing aids? If yes, are they here?
- If physical status will not support glasses or hearing aids (swelling, incision site, etc.), what accommodations can be made

F.M. trainer to provide
Focused auditory input

Remove one or both arms of the glasses

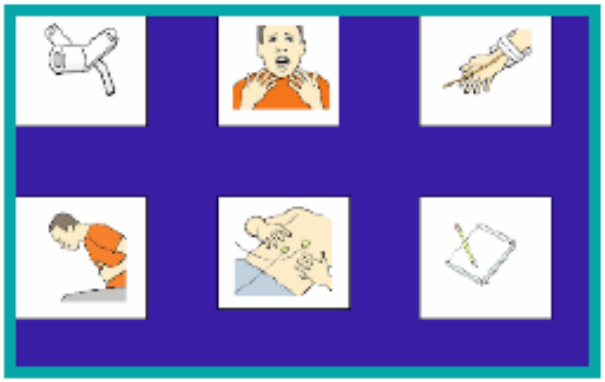
Ubi Duo for wireless
Patient - provider - patient
Text based communication

Intervention Considerations

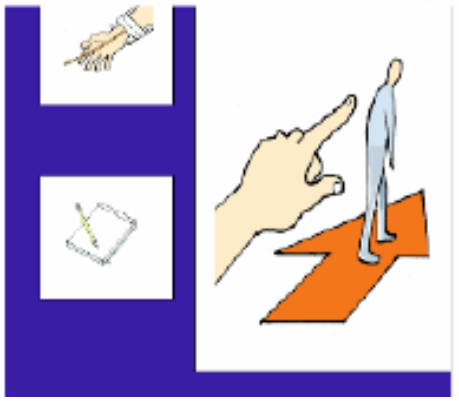
- Size of targets
- Color contrasts
- Complexity of layout
- Use of symbols versus text

Background contrast

Horizontal layout



Spacing of targets



Size of targets

Motor Domain

- Use of gestures/pantomime
- Control/access
- Direct selection (hand, eyes, other?)
- Indirect selection
- Ability to write/draw

Assessment Considerations

- Ability to write/draw
- Ability to point with hand
- Ability to point with eyes
- Ability to point with head light
- Use of splints to support pointing
- Indirect access through scanning
- Indirect access through partner assist

Intervention Considerations

- Inventory of natural gestures
- Basic sign language
- Adapted nurse call system
- Keyboard
- Paper and pen
- Use of keyguard
- Single switch access to technology
- Partner assisted scanning
- Eye gaze/Etran

Videos: Real life examples

Amy - Direct select

Andrew - single switch scanning

Lori - splint to help access

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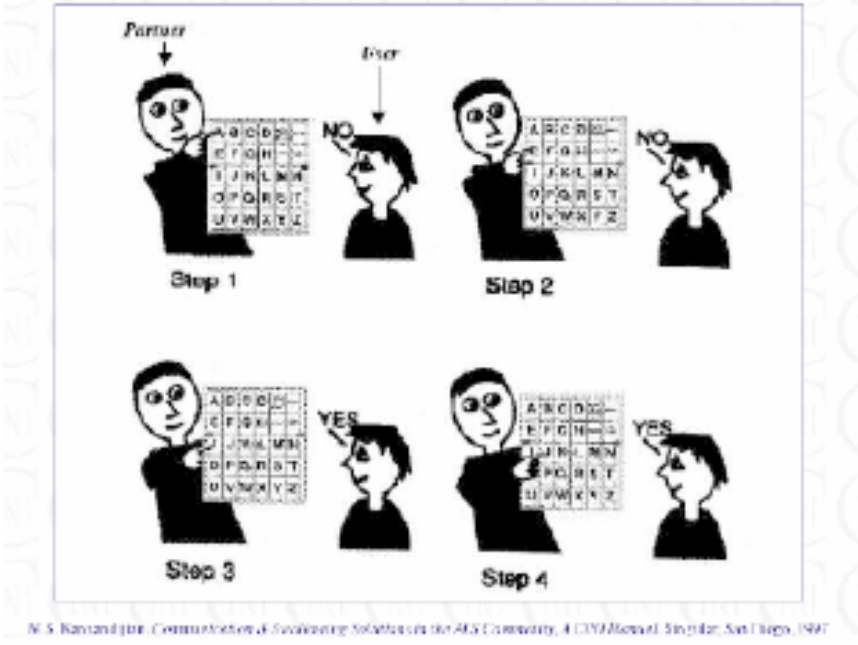
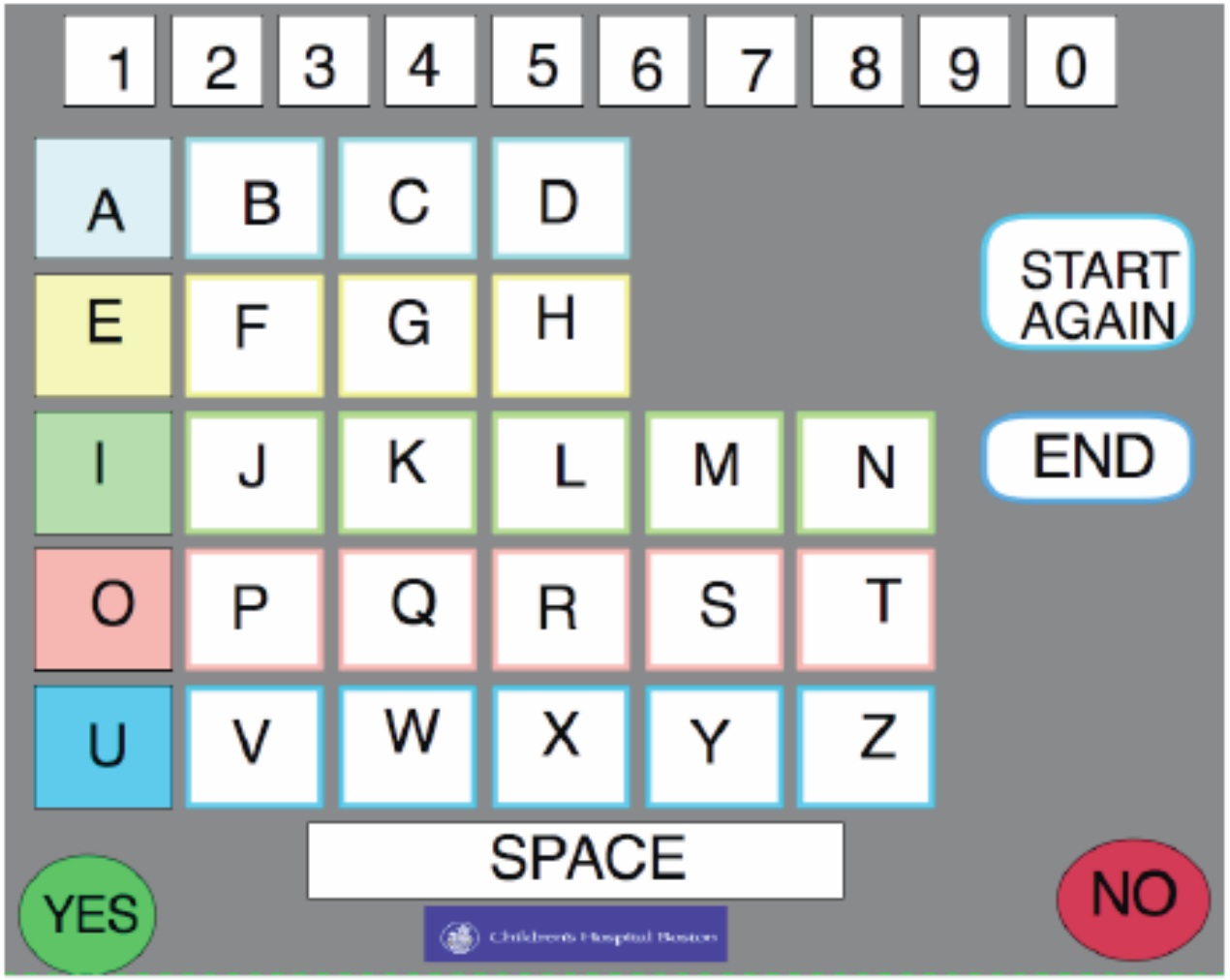
Partner Assisted Scanning



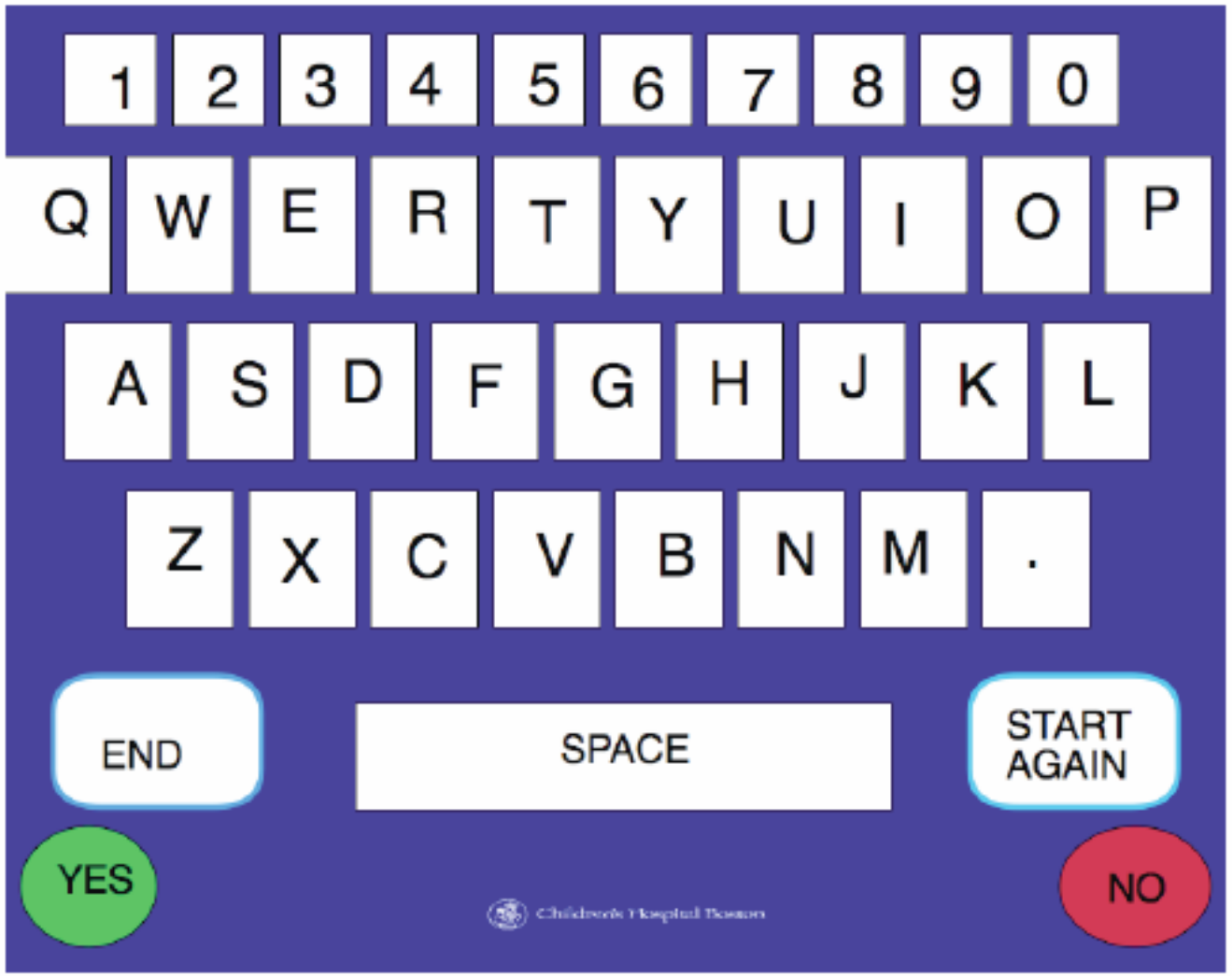
VIDEO

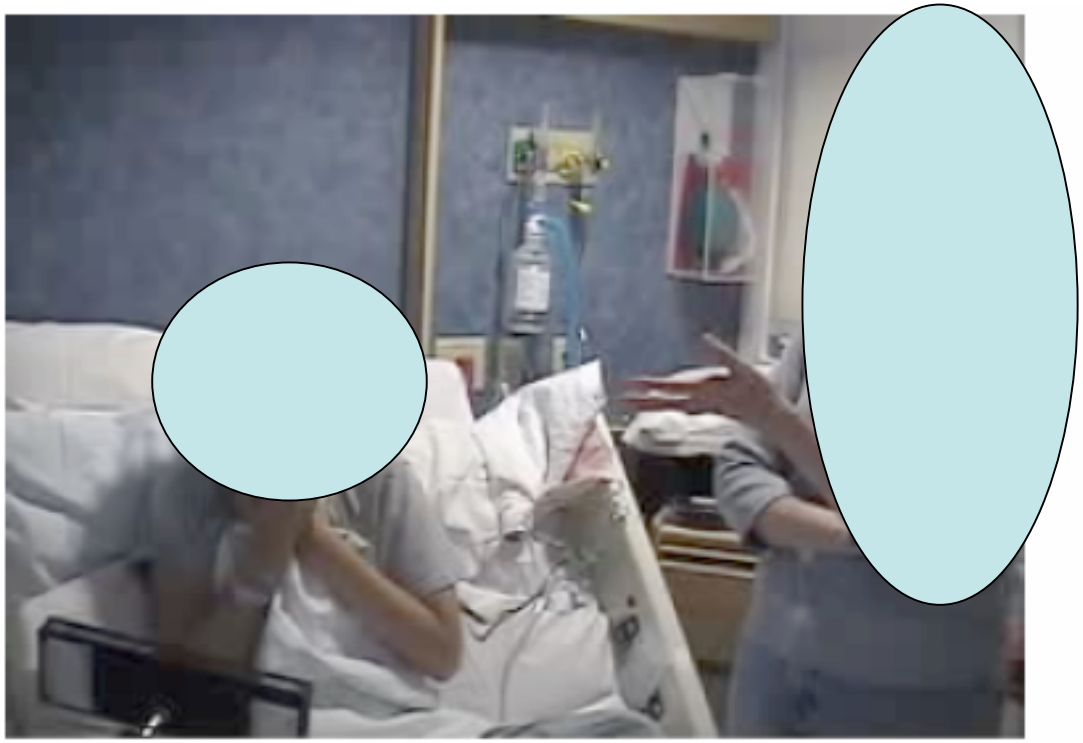
Resource:http://www.cini.org

Partner Assisted Scanning Spelling Board



Direct Selection Spelling Board

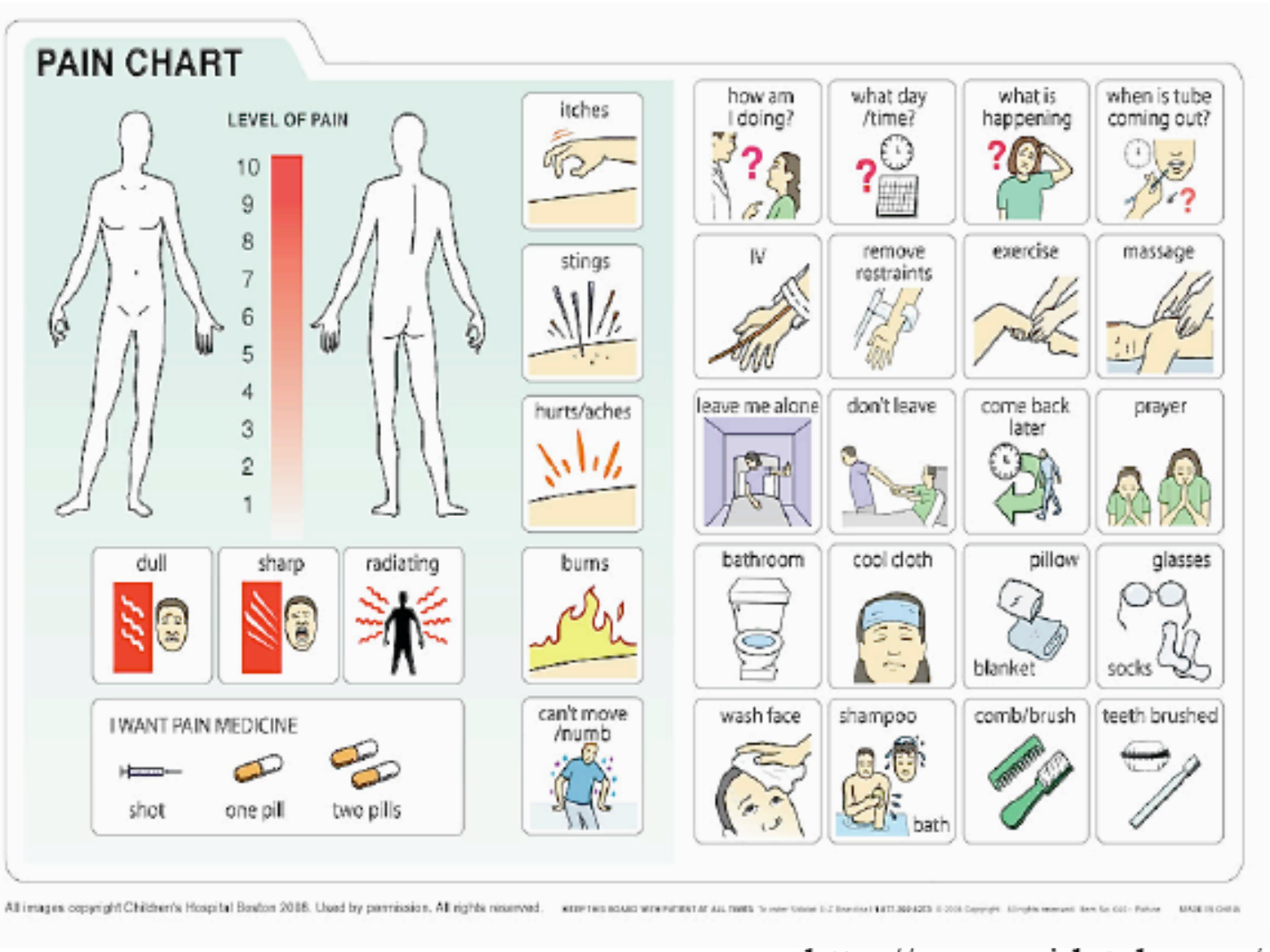




Step by Step
From Ablenet, Inc

Video - Hannah,
communicating with nurse call

http://www.vidatak.com/



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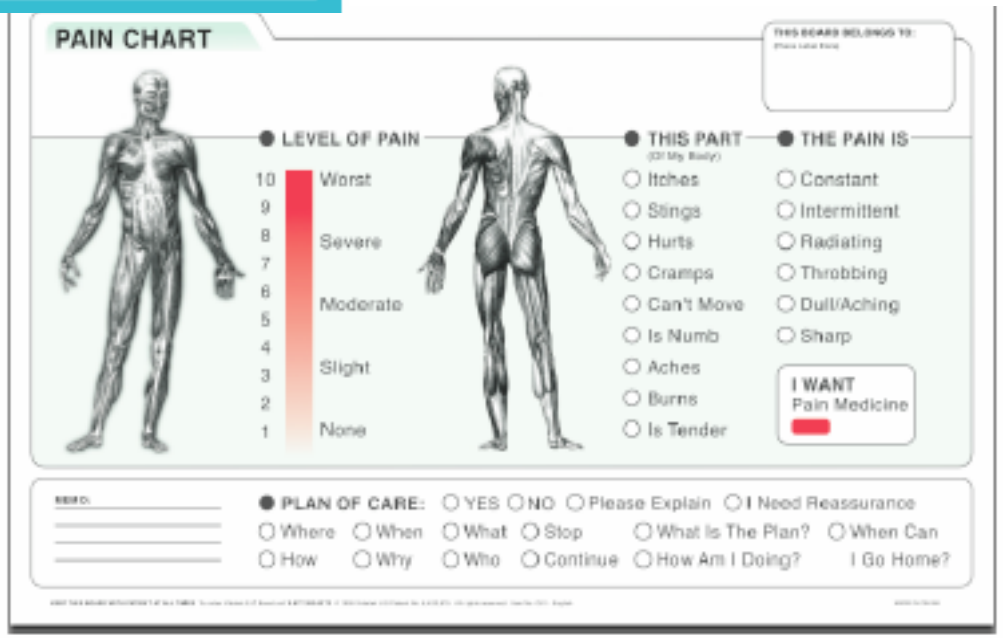

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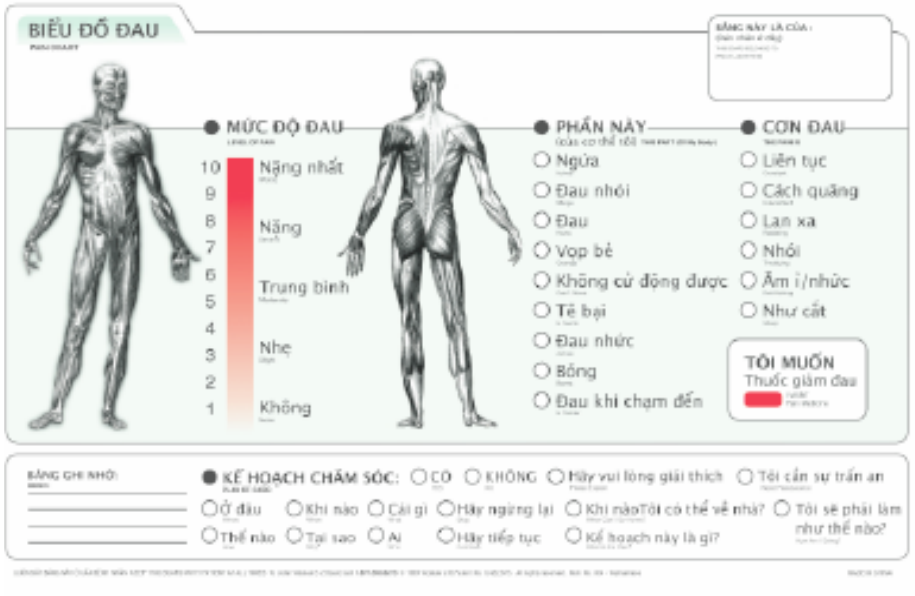

Vietnamese

Spanish

http://www.vidatak.com/

Video - Eye gaze displays to participate In decision making (interpreter involved)

Language Comprehension and Literacy Screening

- Comprehension
- Literacy skills
- Able to answer yes/no/maybe questions
- Non-English speaking?

Video - LightWriter for writing

Letter Cue Board

THE WORD BEGINS WITH…..

Q	**W**	**E**	**R**	**T**	**Y**	**U**	**I**	**O**	**P**
A	**S**	**D**	**F**	**G**	**H**	**J**	**K**	**L**	
Z	**X**	**C**	**V**	**B**	**N**	**M**	***Start again***		
br	**cr**	**fr**	**gr**	**tr**	**pl**	**str**	***Next word***		
bl	**cl**	**fl**	**gl**	**sw**	**dw**	**tw**	***End***		
sl	**sc**	**sk**	**sm**	**sn**	**sp**				
sw	**squ**	**spl**	**spr**	**scr**					

Topic Cue Board

People	Food	Emotions
Places	Colors	Questions
Animals	Entertainment	Body
School	Home	Community

Speech Production

- Reduced volume?
- Moderately compromised intelligibility?
- Severely compromised intelligibility?

Voice Amplification or use of Electrolarynx

Vocabulary Selection

- Patient needs
- Patient personality (j. thank you video)
- Patient interest
- Address medical, personal and pyschosocial needs

Environmental Assessment

- Lighting
- Noise
- Mounting/access

Communication Partners

- Native language
- Literacy levels
- Sensory status

Resources

- AACTech Connect (selling a ‘kit’)
  www.aacTechConnect.com
- Manufacturers of AAC devices:
  http://www.ussaac.org/links.html
- Brookes Publishers:
  Augmentative Communication Strategies for Adults with Acute or Chronic Medical Conditions
  Beukelman, Garrett Yorkston 2007

Resources

- ***Hospitals, Language, and Culture* study website:**
  www.jointcommission.org/patientsafety/hlc/

  Available:
  Downloadable reports
  HLC study information
  Links to other websites
  Resources

Importance of communication and potential impact on patient outcomes is recognized by:

- American Association of Critical Care Nurses
- Society for Critical Care Medicine
- National Institute of Health
- American Medical Association
- American Hospital Association
- The Joint Commission

Developing Hospital Standards for Culturally Competent Patient-Centered Care

- 18-month standards development project (August 2008 through January 2010)
- Project will explore how diversity, culture, language, and health literacy issues can be better incorporated into current Joint Commission standards or drafted into new requirements
- Standards will build upon previous studies and projects, including the research framework from the HLC study and evidence from the current literature.

Developing Hospital Standards for Culturally Competent Patient-Centered Care

- A multidisciplinary Expert Advisory Panel will provide guidance regarding principles, measures, structures, and processes that will be the basis of standards

- Collaboration with National Health Law Program (NHeLP) to develop an implementation guide to prepare organizations for new standards

Questions?

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