Improving Communication Effectiveness in Health Care Settings

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How significant is communication?

Poor communication is common cause of errors; communication critical, says J CAHO official - Joint Commission on Accreditation of Healthcare Organizations - Brief Article

HealthCare Benchmarks and Quality Improvement, August 2002
Boulder Community Hospital
Nature of Pt’s Communication in the Health Care Setting

- Trauma or decrease in health (decreased communication)
- Unfamiliar environment
- Rapid communication, not necessarily in their 1\textsuperscript{st} language
- Critical decisions are being made
- Some degree of pain or discomfort
- Hearing aides, dentures and glasses are often not used
- Medications and/or trauma alter their ‘state’
- Not in optimal position for communication
What Leads to Communication Vulnerability?

Communicating with **suboptimal**:  
- **Skill Level** (Speech/ Language/ Hearing/ Vision/... )  
- **Tools** (No hearing aides, glasses, dentures, etc.)  
- **Environment** (noisy, unfamiliar, position, lighting...)  
- **Different Language/ Culture**  
- **Partners** (unfamiliar, rapid rate, “white coats”...)  

The term “Communication Vulnerable” was first described by Patak, Wilson-Stenks, Costello, Klinpell Person, Hennerman & Happ
Patient’s Communication Needs

As long as a patient is alert, has the intent to communicate, & has the potential for some basic understanding of yes vs. no, there must be tools, techniques and strategies we can offer to help them communicate most efficiently...

....after all they are not only our patients they are our customers...
Why we developed our program and kits...

- **J CAHO** (health care accreditation agency)
  - Standard of Care RI.2.100
    “*Patient has a right & need for effective communication*”
  - 2007 Nat’l Patient Safety goals- Goal 13:
    “*Encourage pts’ active involvement in their own care*”

- **Patient feedback** (pt’s who’d been intubated without communication options, voiced dissatisfaction)

- **Excellence in service delivery** (we want to to be meeting ALL pts needs-not solely the ones who can easily communicate)
Needs Assessment

Input from Variety of Staff

- RNs
- PT/OT
- Audiology
- Interpreters
- Social Workers
- Pt. Care Rep.
Types of questions we asked...

- Communication needs:
  - When?
  - How often?
  - Types of patients?
  - Duration?
  - Current remedies?

- Patient population?

- What would be most helpful for staff and patients?
Needs Assessment Summary

When communication needs are not met, nurses admitted to increased use of sedation, and pt’s being less involved in their care.
Research in the field shows…

- Pts with access to communication:
  - Receive less sedation
  - Are transitioned quicker
  - Have increased satisfaction with health care
  - Feel more in control
  - …and generally do better…

Getting Communication Tools to Patients

• Immediate Basic Needs
  (for any patient in the hospital)

• Complex Communication Needs
  (Individuals with a diagnosis that impairs communication
  e.g. TBI, ALS, CVA, etc.)
What else ensures effective communication...

Staff training & education to allow all staff to provide **optimal**:

- Communication Tools
- Communication Environment
- Methods of communication (ourselves as Communication Partners)

- On-line training
- In-services
- Competencies
Hospital-Wide “Buy-in” and success for Communication Tools

At Boulder Community Hospital our program has been successful because...

• Hospital Objectives are met
  – JCAHO requirements
  – ENCORE values and patient satisfaction

• Distribution cost/ responsibility among each Nursing Unit (affordability & accountability)

• Re-ordering system thru Purchasing Dept (allows restocking of equipment)

• Using hospital ‘grants’ helped fund pt. tools
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