

Effective Patient Provider Communication: The Expanding Role of our Professions

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Handouts

- PowerPoint Slides. www.patientprovidercommunication.org
Go to presentations.
- *Free downloads*
 - ASHA Leader [New Hospital Standards Will Improve Communication](http://www.asha.org/Publications/leader/2011/110118/New-Hospital-Standards-Will-Improve-Communication.htm), January 18, 2011. Blackstone, Garrett & Hasselkus
<http://www.asha.org/Publications/leader/2011/110118/New-Hospital-Standards-Will-Improve-Communication.htm>
 - *Augmentative Communication News*. (2009), Patient Provider Communication. vol 21# 2. Blackstone. www.augcominc.com. Go to back issues
- *Perspectives- SID 14* (vol 18 #1, p. 1-26). Converging Communication Vulnerabilities in Healthcare: An Emerging Role for Speech-Language Pathologists and Audiologists. Blackstone, Ruschke, Wilson-Stronks & Lee.

Part I

**Laws, Regulations, Standards:
New roles for SLPs and Audiologists**

What does Patient Provider Communication (PPC) mean?

Providing equal access to health information, diagnosis, treatment and follow up care across the full spectrum of healthcare environments and activities

Healthcare Settings

- Dr's Office/Clinic
- First Responders
- Emergency Rooms
- ICU's
- Acute Care Hospital
- Rehab Hospital
- Nursing Home
- Home Health
- Hospice
- Disaster/emergency locations (triage area, police car, ambulance, shelters)

The Need

- **Health disparities** result from a range of barriers (race, ethnicity, gender, education, income, geographic location, disability status, and sexual orientation, other inequities)
- Health disparities disproportionately affect **patients with communication difficulties.**

(Patak, Wilson-Stronks, Costello, Kleinpell, Henneman, Person & Happ, 2009; Bartlett, Blais, Tamblyn, Clermont & MacGibbon, 2008).

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)

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).

Joint establishment of meaning

“We must shift our focus from the specific deficits of an individual. It is conversations that are impaired, not the interactants.”



Wilkins, 2004; Blackstone, Williams & Wilkins, 2008

Effective patient-provider communication

- 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)

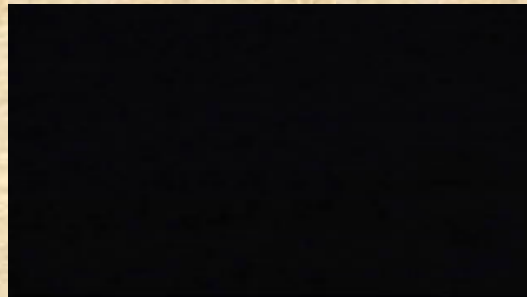
- Is increasingly viewed as **an essential component** of quality healthcare and patient safety as well as **the basic right** of every patient.

(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

<http://www.youtube.com/watch?v=MVwMGItTutA>



Laws, Standards, Regulations

Federal Efforts

- **Department of Health and Human Services.** *National Action Plan to Improve Health Literacy* <http://www.health.gov/communication/HLActionPlan/>.
- **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).
<http://www.asha.org/Publications/leader/2010/100518/Skilled-Nursing-Facility-Assessment.htm>).
- **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)

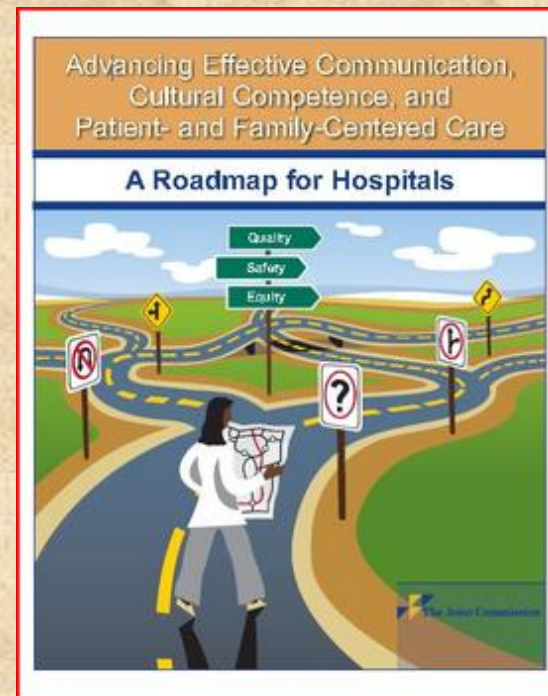
Laws, Standards, Regulations

- The Joint Commission New Standard. Effective January 2011

Advancing effective communication, cultural competence & patient-centered care

- ***A Roadmap for Hospitals***

www.jointcommission.org



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).**

Standard PC.02.01.2:

The hospital effectively communicates with patients when providing care, treatment and services

- “Examples of communication needs include the need for personal devices such as **hearing aids or glasses, language interpreters, communication boards and devices...**”
- Patients **may...be unable to speak** due to their medical condition or treatment.
- Additionally, some **communication needs may change** during the course of care.
- After the patient’s communication needs are identified, the hospital **can determine the best way to promote two-way communication** between the patient and his or her providers in a manner that meets the patient’s needs.”

SLPs: A Call to Action

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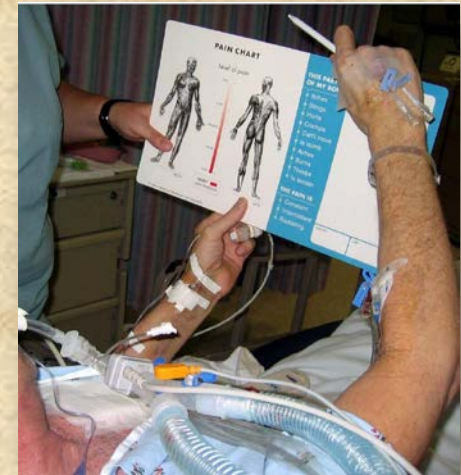
- Identify whether patient has a sensory or communication need... “may be necessary for the hospital to **provide auxiliary aids and services or AAC resources to facilitate communication.**”
- Identify if the patient uses any assistive devices... “make sure ...**available throughout the continuum of care.**”

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- **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



Part II

**Providing Communication Access
Across Healthcare Settings:
Converging Needs
and
Opportunities for Collaboration**

Communication Vulnerable Patients

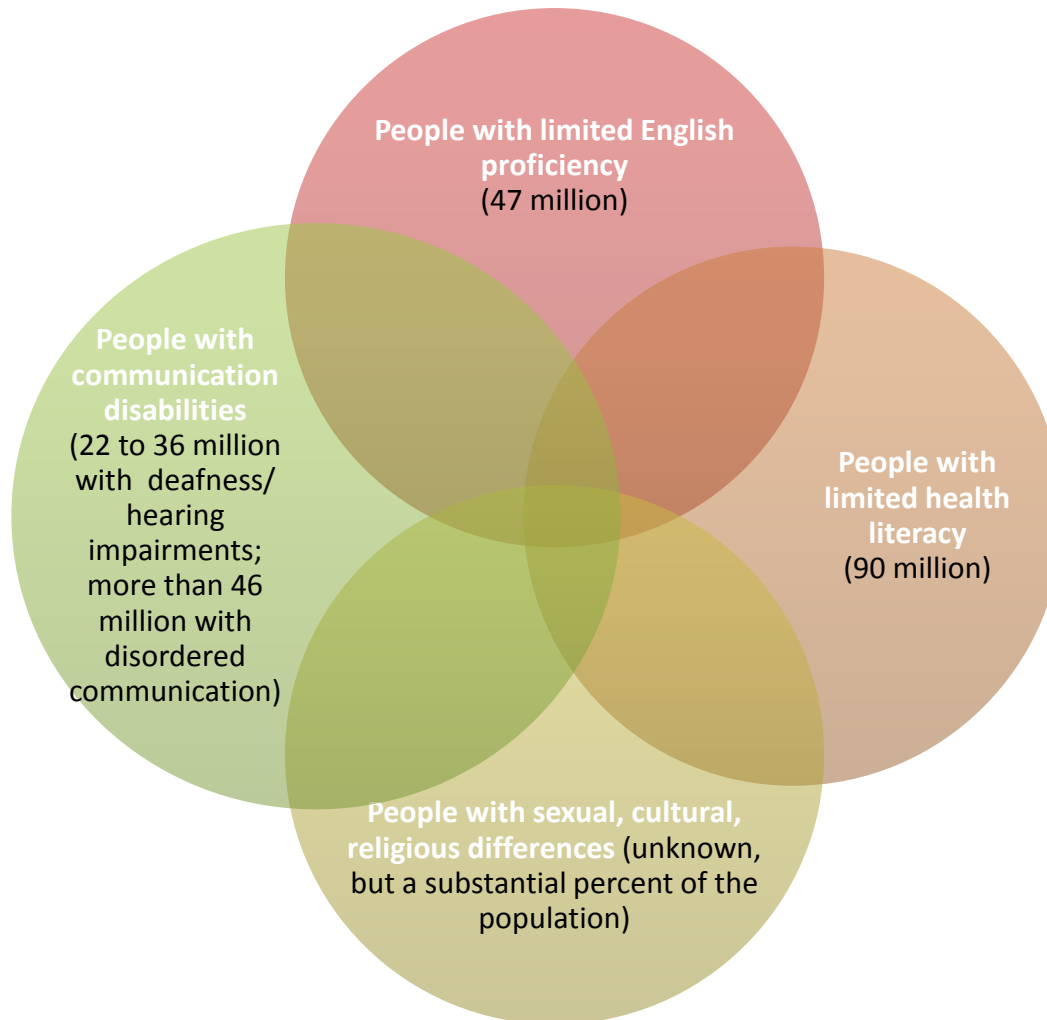
More Likely to

- Be hospitalized
- Experience medical/physical harm, *e.g.*, drug complications
- Leave hospital against medical advice
- Be intubated if asthmatic
- Have increase costs
- Delay care
- Receive a diagnosis of psychopathology

Less Likely to

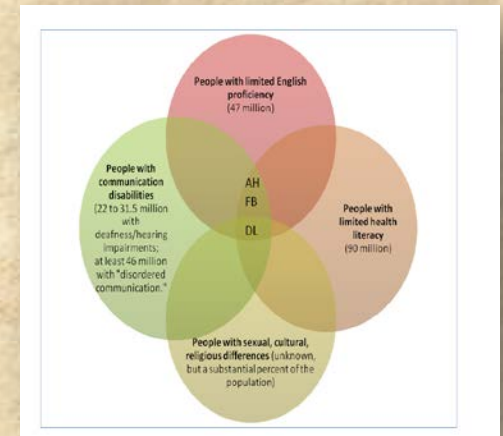
- Adhere to recommended medication regime
- Report abuse
- Access and use medical care
- Return for follow-up appointments after Emergency Room visits
- Be satisfied with care

The Convergence of “Communication Vulnerabilities”



Limited Communication Access

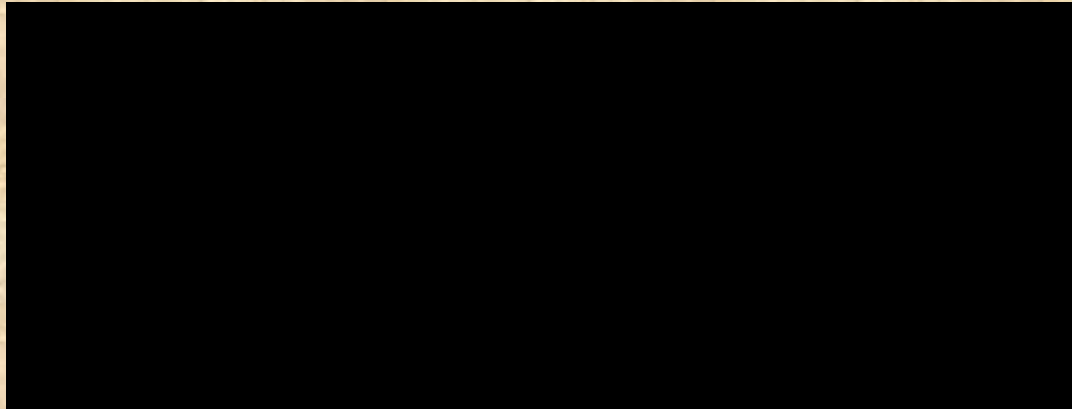
- Individuals with
 - **Pre-existing hearing, speech, cognitive disabilities** who may (may not) have access to communication tools/supports
 - **Recent communication difficulties** occurring as a result of their disease/illness/accident/event
 - Communication difficulties that occur as **a result of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



It Takes More than Words

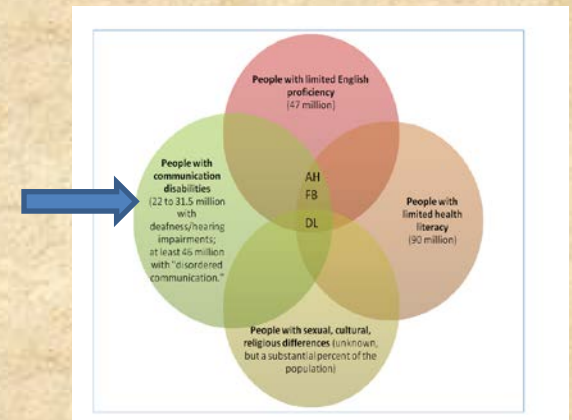
Language barriers in communication. RWJ Foundation

<http://www.youtube.com/watch?v=hJl74rLPgwc>



People with pre-existing or temporary communication disabilities

- 22.5 – 31 million people with hearing impairments
- 46 million with communication disorders
- High percentage of people who experience communication difficulties in medical settings
 - Hospital data: Hurtig, et al.



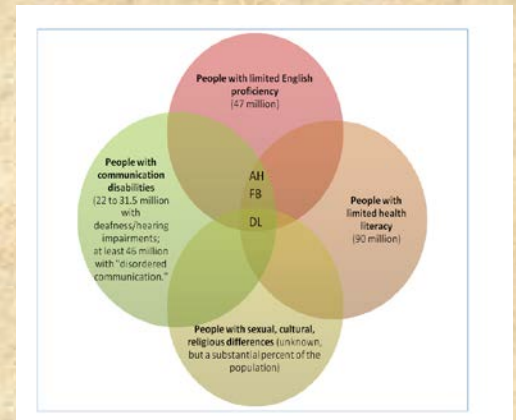
AH: woman with cerebral palsy:

Severe dysarthria/limited literacy; Surgery

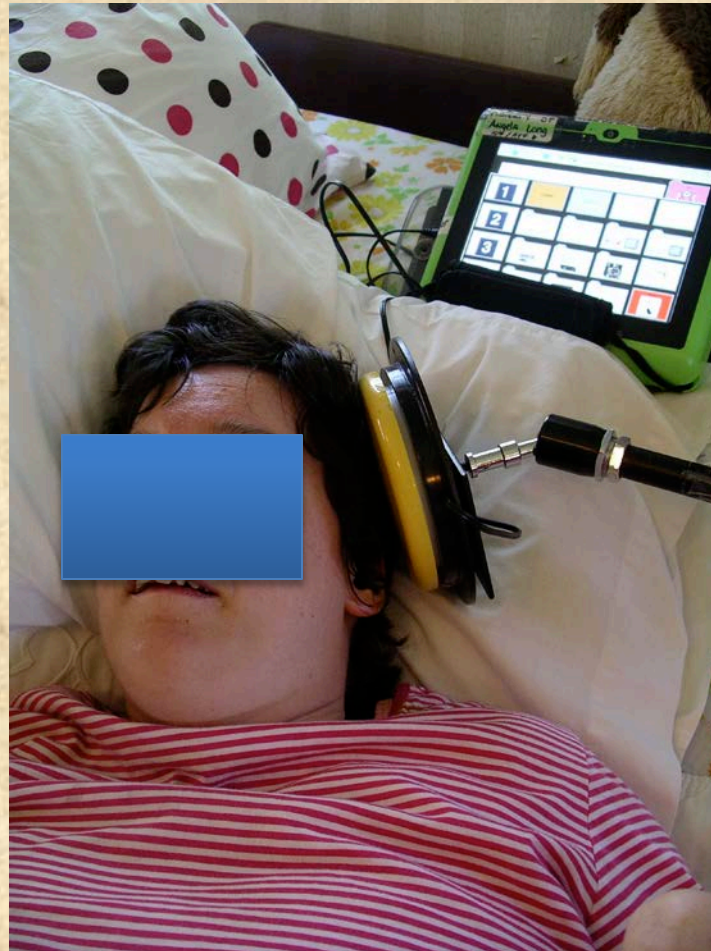
- Speech unintelligible to unfamiliar people.
- Uses AAC strategies and SGD.
- Relatively independent; employed part-time
- Difficulty negotiating healthcare system.
- Pre-admission: Surgeon referred to SLP Dept. to address communicate issues in ICU and on floor

Post surgery

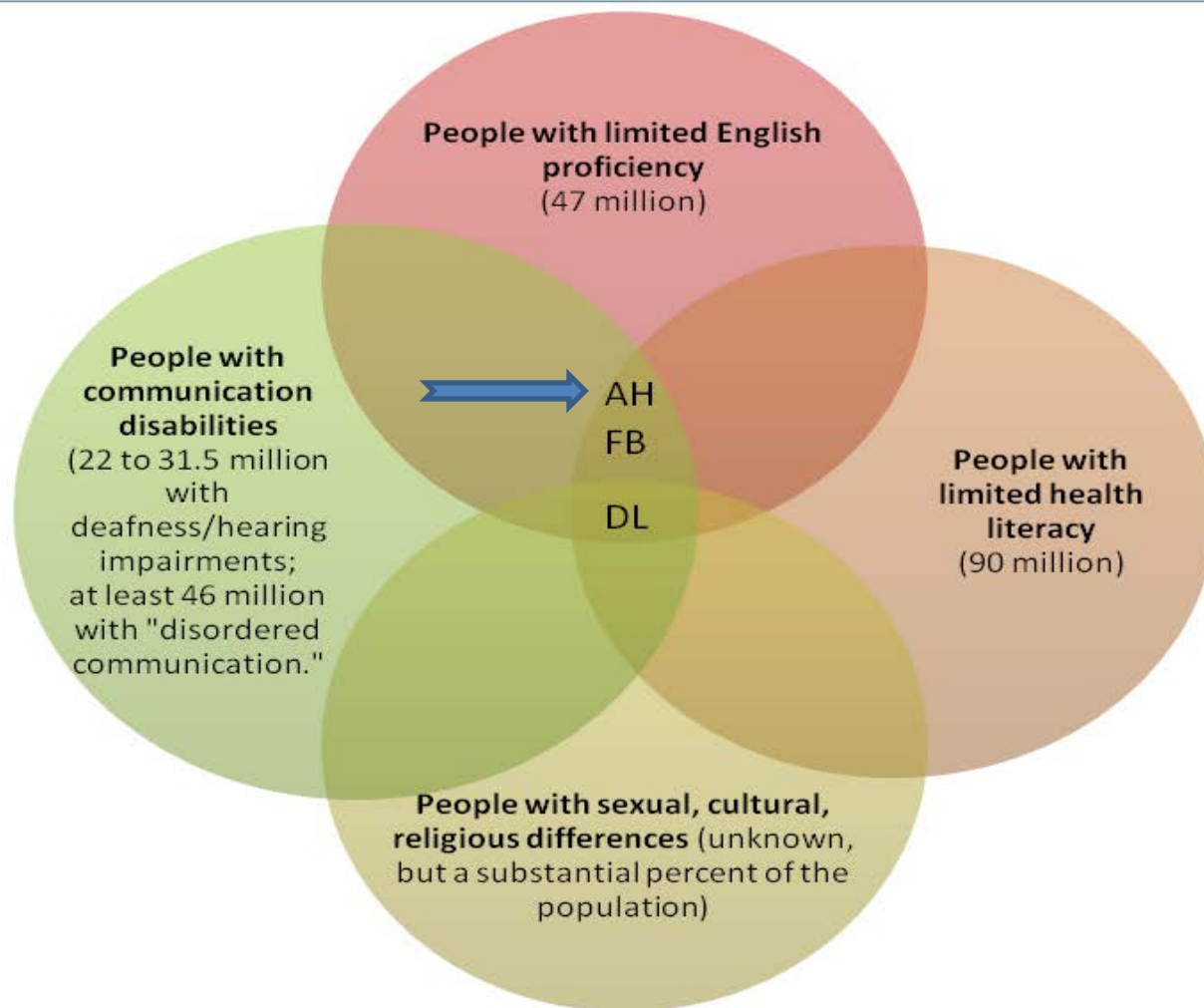
- Spent several days in ICU, requiring mechanical intubation. Unable to access her SGD.
 - ICU: Used partner-assisted eye gaze, adapted nurse's call button. Designated support person
 - On unit: SGD, low-tech aids
- Discharge
 - Pictured instructions
 - "Teach back" strategy



AH with device at home





Disability, Limited English Proficiency, Limited Health Literacy



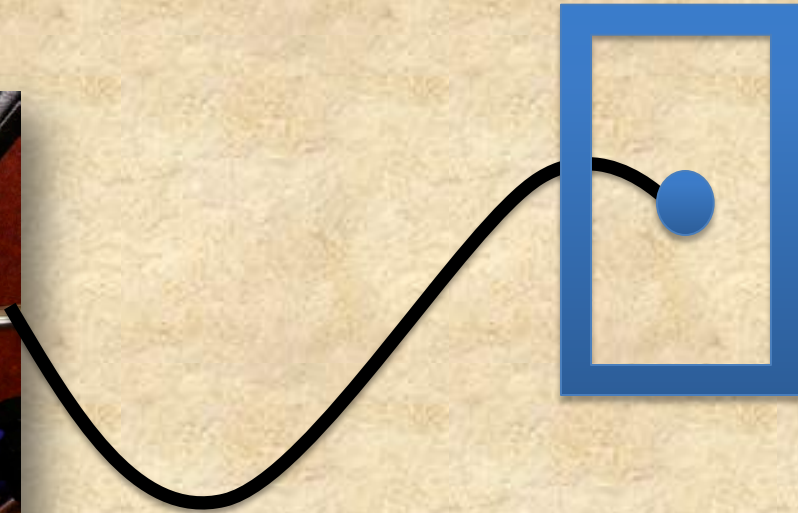


Effective Patient-Provider
Communication

	Scale	
No pain	0	
	1	
Mild, annoying pain	2	
	3	
Nagging, uncomfortable, troublesome pain	4	
	5	
Distressing, miserable pain	6	
	7	
Intense, dreadful, horrible pain	8	
	9	
Worst possible, unbearable, excruciating pain	10	






Adapted Call Switch



**Wall port
(jack) for call
switch**



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

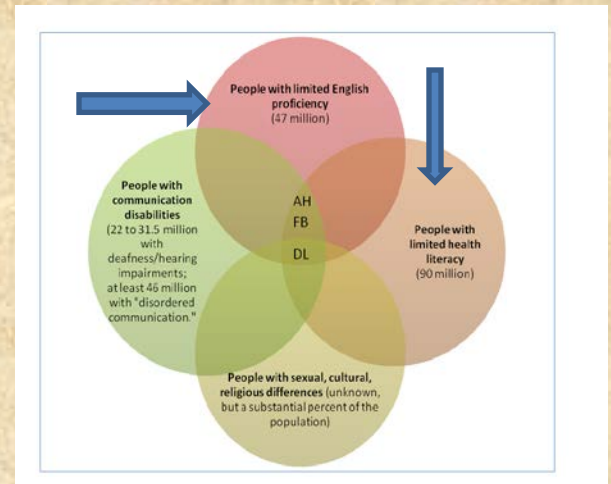
Do you need a large font version? A A	Yes [] No []
Do you want us to email it to you? 	Yes [] No []
Do you want help turning the pages? 	Yes [] No []
Do you want me to read it to you? 	Yes [] No []

Persons with Language and Health Literacy Issues

Language Proficiency - Non English speaking
47 million people in the U.S.

- **Qualified Interpreters vs. family members, staff**

“An individual, who has been assessed for professional skills, demonstrates a high level of proficiency in at least two languages and has the appropriate training and experience to interpret with skill and accuracy while adhering to the National Code of Ethics and Standards of Practice,” (NCIHC, 2011)



Limited Health Literacy
90 million people in the U.S.

- The degree to which individuals have the capacity to obtain, process, and understand basic health information and services needed to make appropriate health decisions

(Health People 2010)

Health literacy:

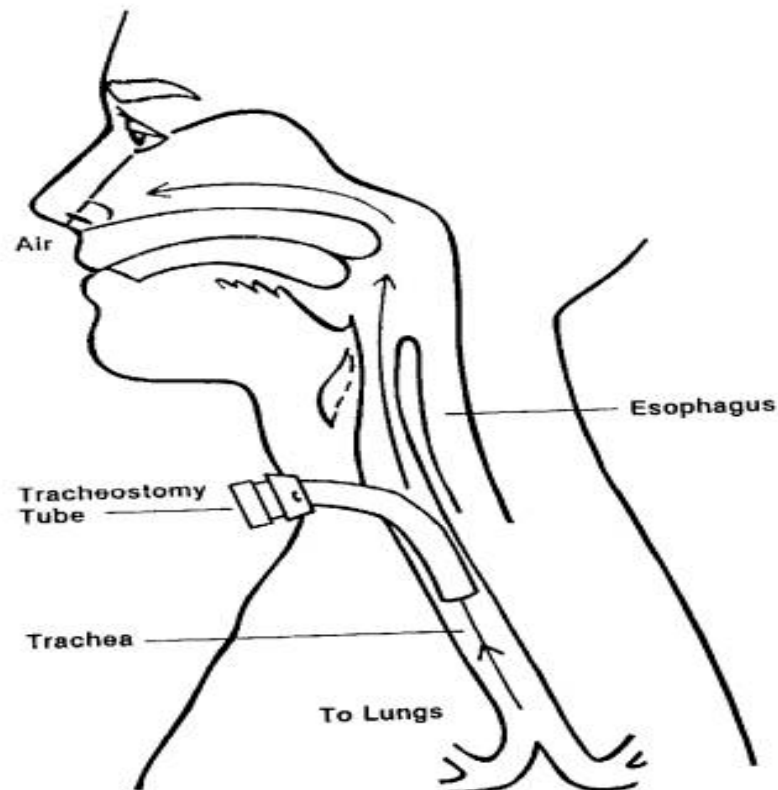
Obtain, process understand basic health information and services

- 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 as well

Picture Board to explain a medical procedure

Today you are going to have a trach placed

Pre-made



Adapted consent forms

We need examples to show you!

Please let us know if you find
some!

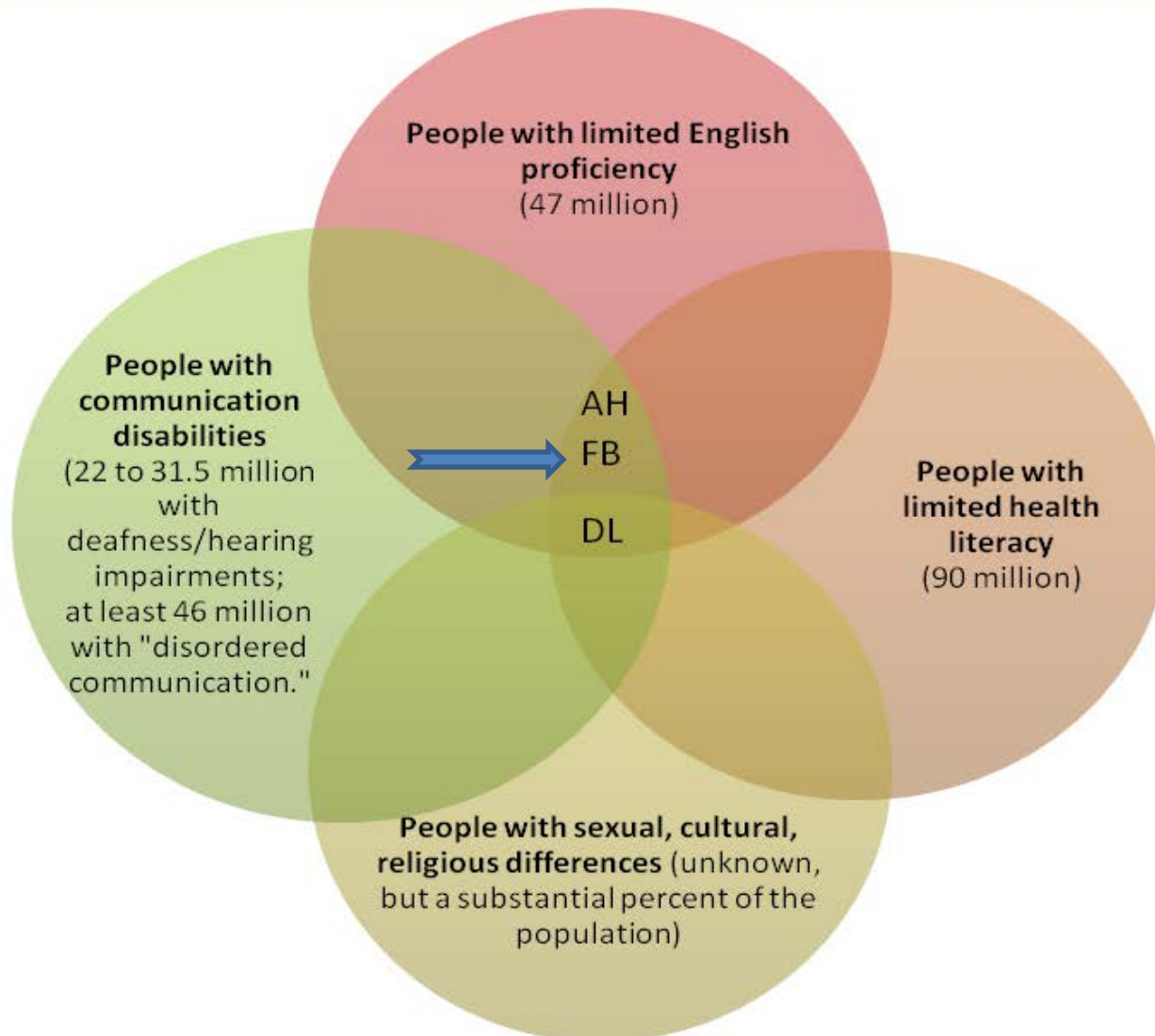
FB: Elderly man admitted through ER

Suspected CVA: accompanied by daughter

- First language Korean. Didn't seem to understand English
- Reported to wear hearing aids. Not brought with him.
- Interpreter services offered.
- Admitted for observation and further assessment
- Dr. refers to Comm. Dis. Dept. for S & L eval and hearing 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 documented->Presbycusis
- Discharge instructions (English and Korean) with culturally sensitive pictures. Given to FB and daughter.



Medical Interpreters

- Qualified Interpreter vs. family members, staff
- Support person



Effective Patient-Provider
Communication

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 patients 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

● 지금

Now

☐ 숨이 가쁩니다.
숨이 가쁘다

☐ 기분이 나쁩니다.
기분 나쁘다

☐ 속이 메스꺼워요.
메스꺼우다

☐ 불안합니다.
불안하다

☐ 실망스럽습니다.
실망하다

☐ 피곤해요.
피곤하다

☐ 나른해요.
나른하다

☐ 졸려 나어지게 같아요.
졸려 나다

☐ 목말라요.
목마르다

☐ 더워요.
더우다

☐ (무슨 일이 일어나고 있는지) 모르겠어요.
모르겠다

● 필요한 것

필요하다

☐ 흡입 시술이 필요합니다.
필요하다

☐ 일으켜 주세요.
일으키다

☐ 물을 주세요.
물이다

☐ 목욕시켜 주세요.
목욕하다

☐ 안경을 주세요.
안경이다

☐ 양말을 주세요.
양말이다

☐ 전화해 주세요.
전화하다

☐ 오른쪽으로 가고 싶어요.
가다

☐ 물을 꺼주세요.
꺼다

☐ 조羹해 주세요.
조羹하다

● 부탁합니다

부탁하다

☐ 제가 조절하고 싶습니다.
조절하다

☐ 늦고 싶어요.
늦다

☐ 알몸을 주세요.
알몸이다

☐ 산수를 주세요.
산수이다

☐ 빗을 주세요.
빗이다

☐ 소변을 보고 싶습니다.
소변이다

☐ TV를 보고 싶습니다.
TV

☐ 왼쪽으로 가고 싶어요.
가다

☐ 물을 어둡게 해주세요.
어둡다

☐ 잠자고 싶어요.
잠이다

☐ 편하게 해주세요.
편하다

☐ 기도를 원합니다.
기도하다

☐ 운동하고 싶어요.
운동하다

☐ 라선이 필요해요.
라선이다

☐ 마사지 해주세요.
마사지하다

☐ 번기가 필요해요.
번기이다

☐ 배개를 주세요.
배개이다

☐ 물을 꺼주세요.
꺼다

☐ 이불을 주세요.
이불이다

☐ 쉬고 싶어요.
쉬다

● 이 사람을 불러주세요.

이 사람을 불러주세요

☐ 의사
의사

☐ 간호사
간호사

☐ 보조 요원
보조 요원

☐ 호흡기 치료 전문가
호흡기 치료 전문가

☐ 소혈 워커
소혈 워커

☐ 사재
사재

☐ 추워요.
추워하다

● 여가를 벗고 싶어요.

여가를 벗고 싶어요

☐ 입
입

☐ 손
손

☐ 얼굴
얼굴


☐ 머리
머리

입을 닫지 마세요. 입을 열어주세요.
입을 닫지 마세요. 입을 열어주세요.

입을 닫지 마세요. 입을 열어주세요.
입을 닫지 마세요. 입을 열어주세요.

중 자트

N CHART



● 통증의 강도

LEVEL OF PAIN

10 제일 강함
Hottest

9

8 강함
Strong

7

6 중간
Moderate


5

4 약간
Slight

3

2

1 없음
None



● (몸의) 이 부분은..

THIS PART (OF MY BODY)

- ☐ 가렵습니다.
Itches
- ☐ 따갑습니다.
Burns
- ☐ 아픕니다.
Hurts
- ☐ 심한 통증이 있습니다.
Severe pain
- ☐ 움직일 수 없습니다.
Can't move
- ☐ 감각이 없습니다.
No feeling
- ☐ 빠근합니다.
Is numb
- ☐ 화상이 있습니다.
Aches
- ☐ 만지면 아픕니다.
Is tender

● 통증이

THE PAIN IS

- ☐ 계속됩니다.
Continues
- ☐ 간헐적입니다.
Intermittent
- ☐ 퍼지고 있습니다.
Is spreading
- ☐ 맥박치고 있습니다.
Throbbing
- ☐ 둔합니다/부딪힙니다.
Is dull/stinging
- ☐ 갈릴합니다.
Stabs

진통제를주세요.
☐ YES I WANT PAIN MEDICINE
☐ NO THANKS

● 진료 계획:

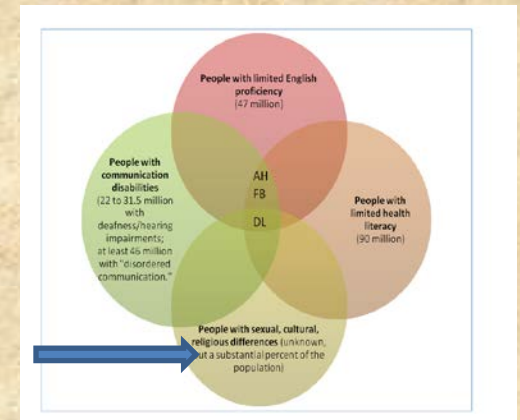
PLAN OF CARE

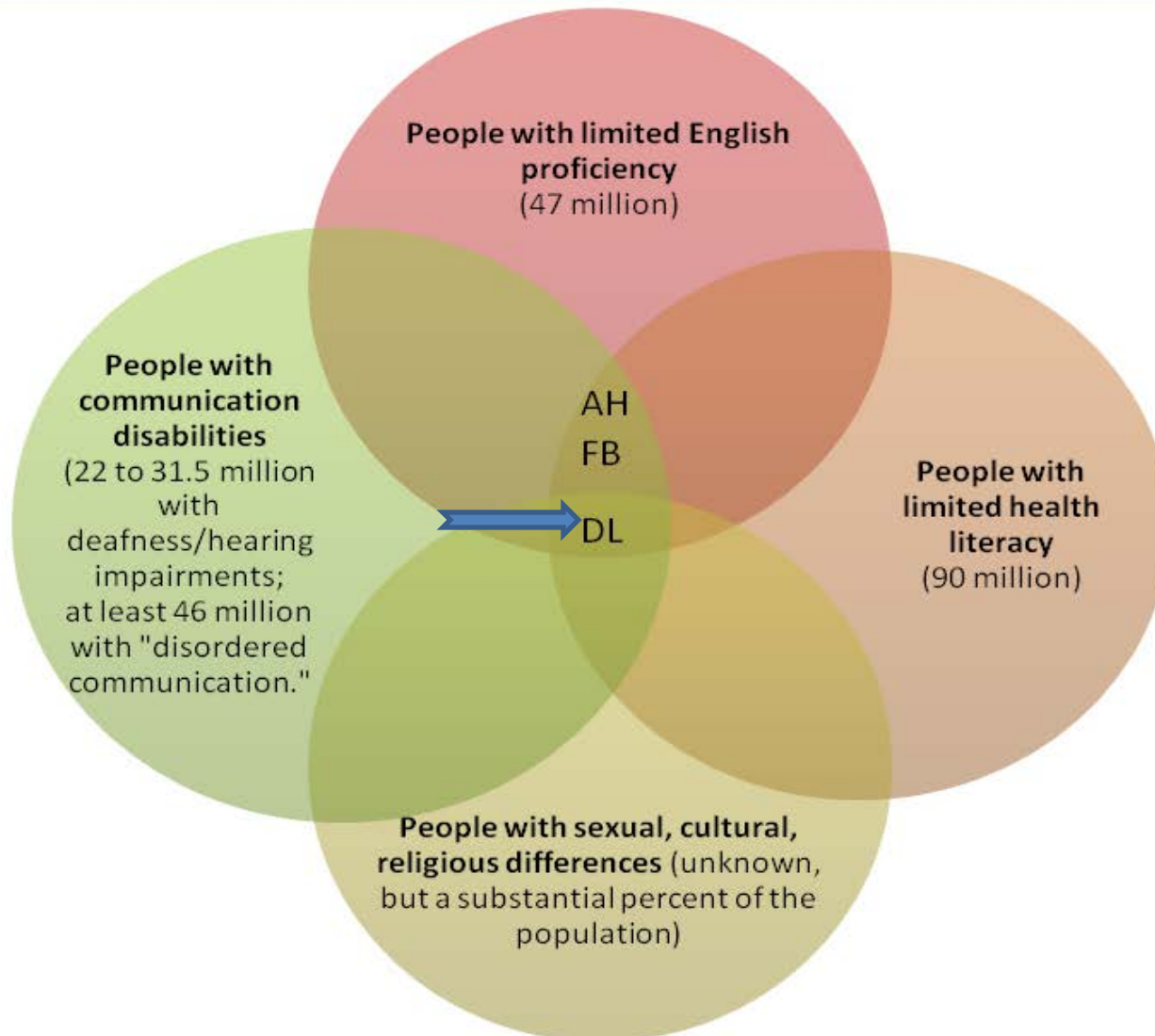
- ☐ 어디서
Where
- ☐ 어떻게
How
- ☐ 언제
When
- ☐ 무엇껏
How much
- ☐ 무엇
What
- ☐ 누가
Who

- ☐ 예
YES
- ☐ 아니오
NO
- ☐ 설명해 주세요.
Please Explain
- ☐ 확인이 필요함니다.
I Need Reassurance
- ☐ 그만
Stop
- ☐ 집에 언제 갈 수 있나?
When Can I Go Home?
- ☐ 계획이 어떻게 되지요?
What Is The Plan?

People with cultural differences

- Cultural differences
- Sexual preferences/identities
- Religious differences





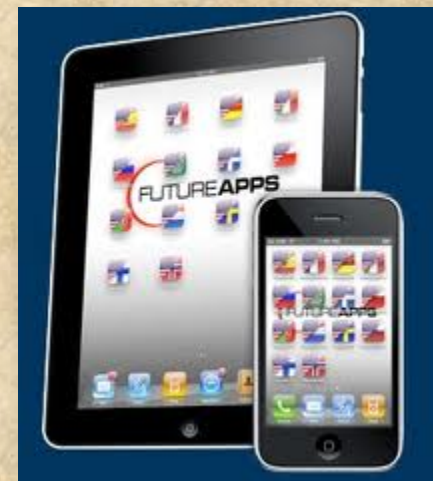
DL: Man in mid-twenties. Recent immigrant. Fell down stairs

Brought to ER after 15 hours

- Qualified interpreter brought in 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 hospitalization

- Had surgery and 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
 - Interpreter pointed out some pictures of objects during assessment were not common in the patient’s culture . Suggested alternatives.
- Rapid progress in his speech and 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 and made a 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
- Research
- Material development



**We need to be AT
the table**

Part III – Case Illustrations of Interventions

The Key Role of SLPs & Audiologists

Case 1

- Italian immigrant
- Elderly, widow
- Limited English
- Limited Health Literacy
- Hearing Impairment
- Abdominal – ER admission
- Severe edema – minimal movement

Communication Needs

- Easy to use amplification
- Picture information forms
 - Admission/HIPAA rights
 - Medical diagnoses
 - Procedures
- Interpreter
- A means of communicating her needs

Accommodations

- Translated consent and procedural explanation forms (see example next slide)
- Picture-enhanced
- Admissions staff: Slow rate of explanation, point to pictures, gesture, draw as needed (Augment Input)
- Obtain translator or request family member's assistance
- Contact Catholic clergy
- Pocket Talker/hearing amplification

Basic needs communication board – Italian translation

gabinetto



bevanda



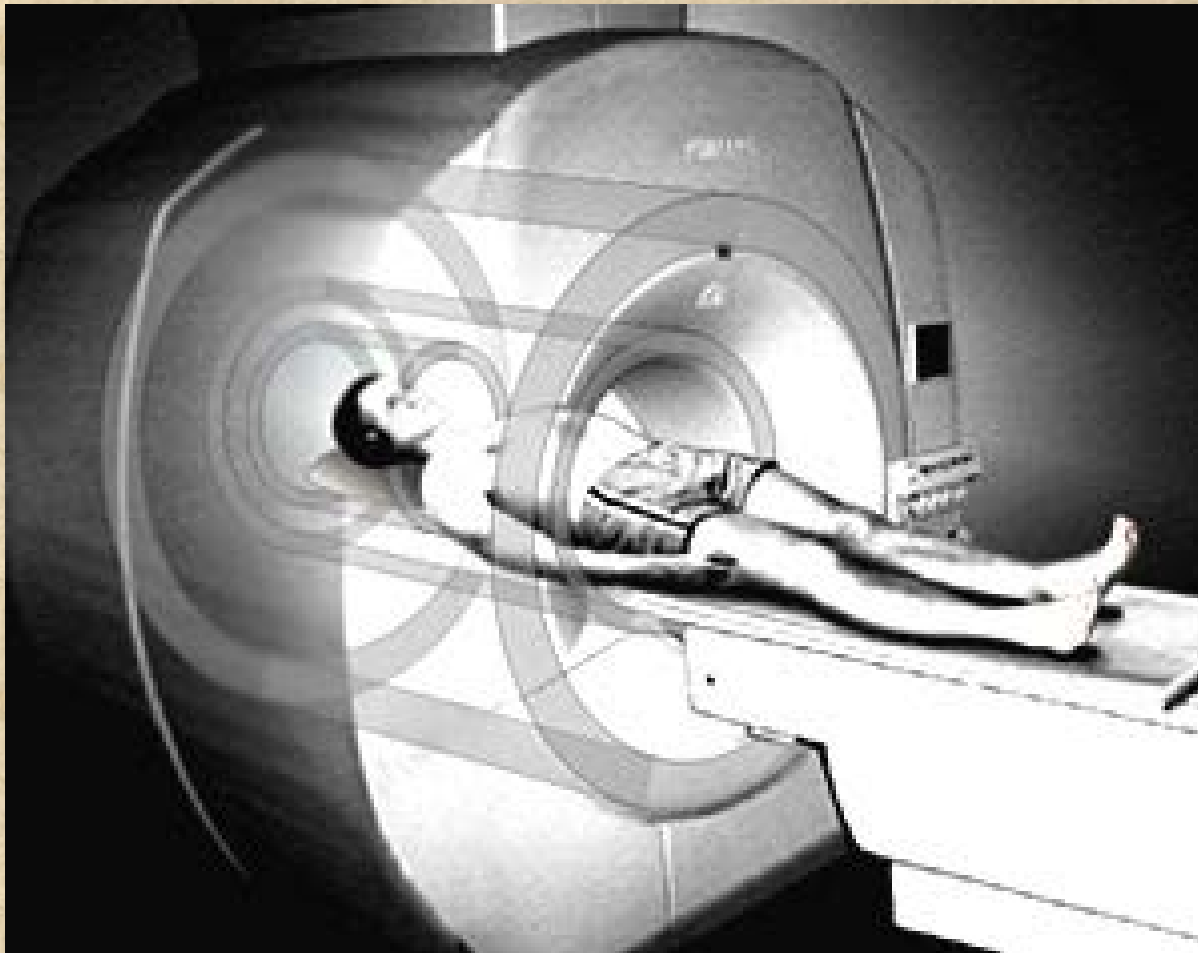
telefono



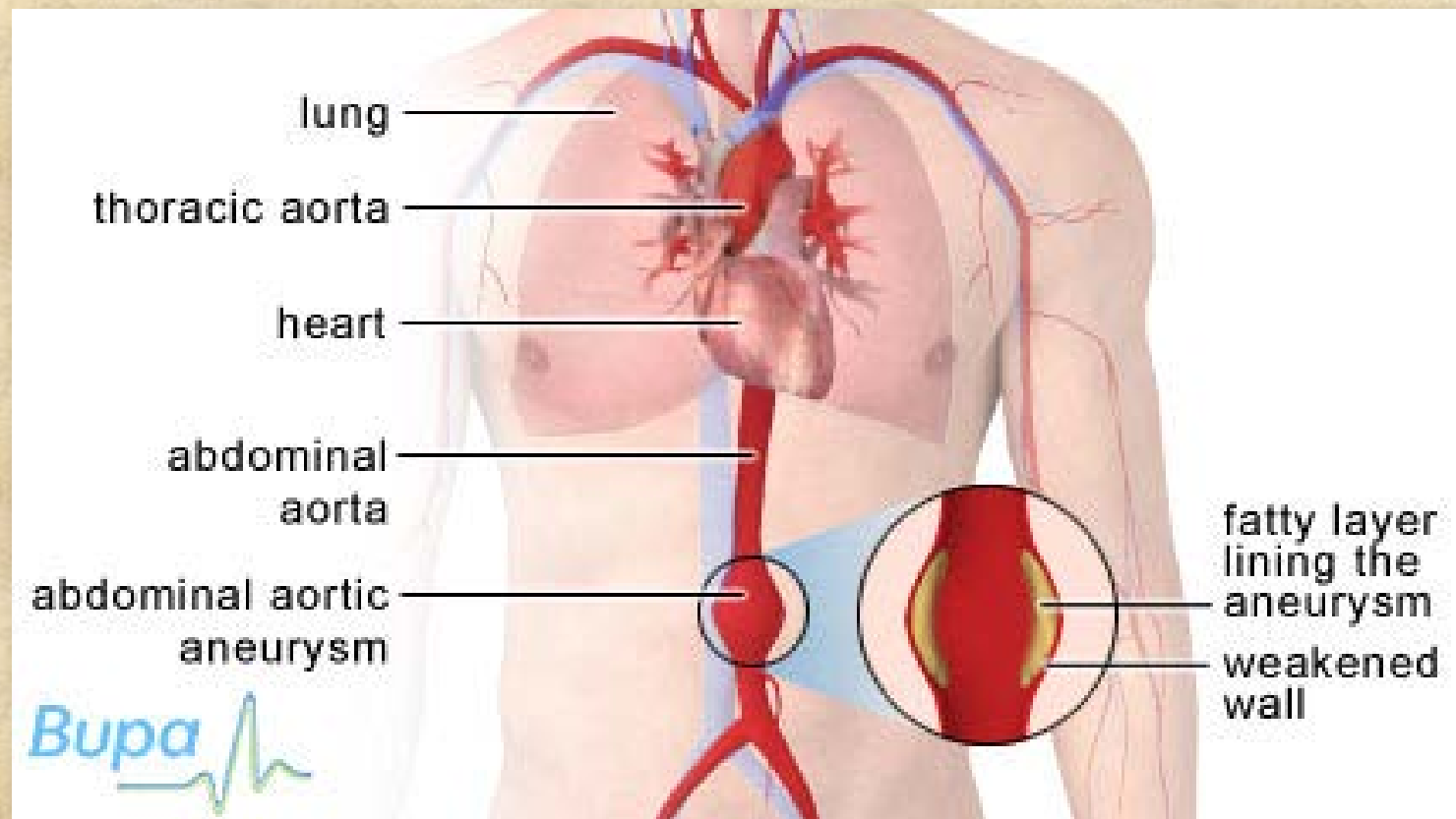
mangiare



Picture explanation -- MRI



Picture explanation – surgery to repair aneurysm



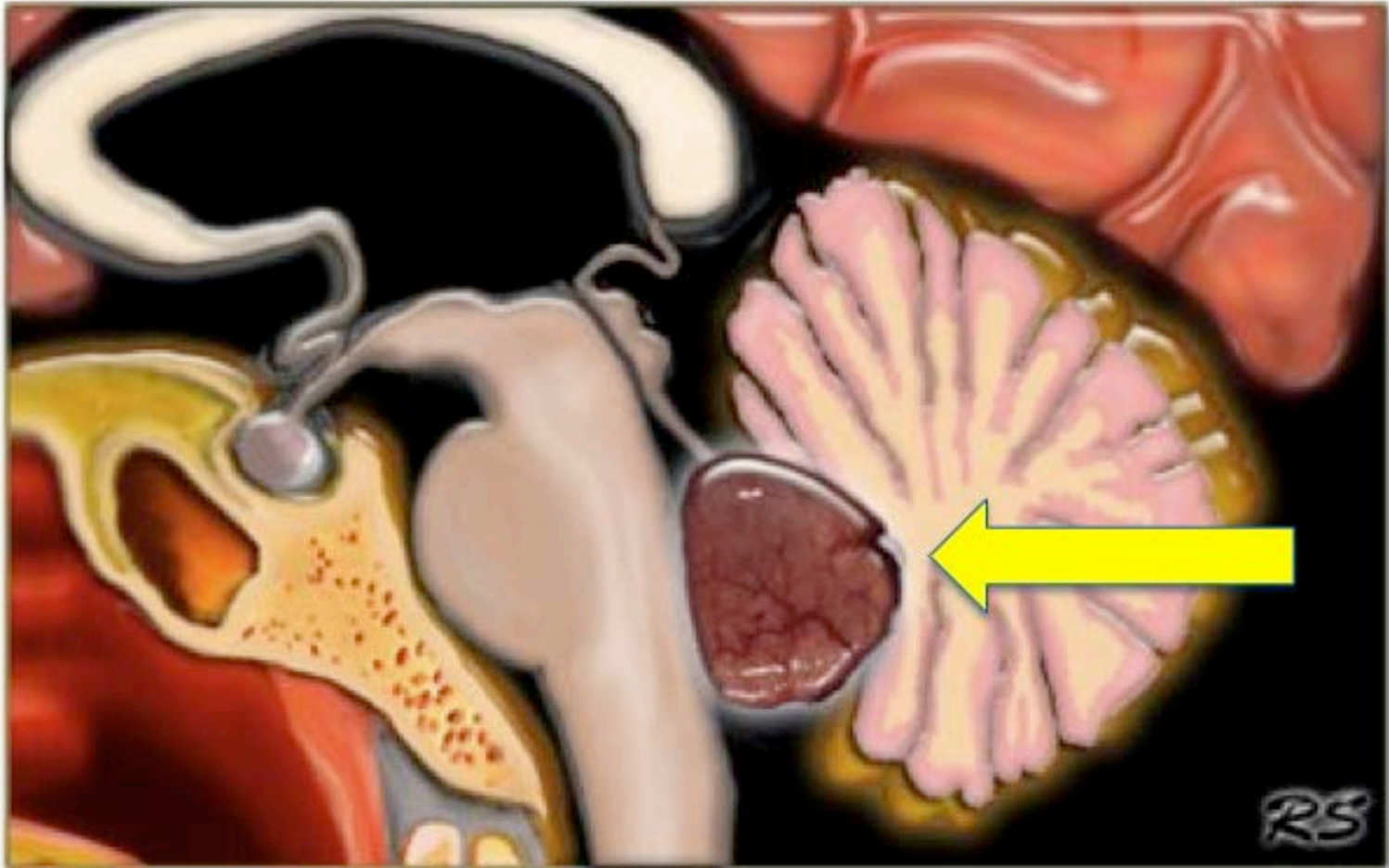
Pocket Talker



Case 2

- Middle-aged adult, married, teenage children
- Orthodox Jewish faith
- Rapid onset of paralysis and nonspeakingness
- Diagnosed with rapidly growing brainstem glioblastoma (4th ventricle)
- Visual impairments became significant
- Mechanical ventilation + poor oral motor skills
- Yes-no with arm/hand signals maintained for 2 weeks
- Rapidly lost consciousness
- Physicians requested a decision from family – terminal wean?

4th ventricle Glioblastoma



Family needed “friendly” info on type of tumor

- Malignant glioma – Grade 4 (max on 1-4 scale)
- Also known as glioblastoma multiforme
 - Gliomas consist of abnormally growing brain cells that originate in the brain
 - Astrocyte (brain cell) and oligodendrocyte (glial cells)
 - Characteristics – rapidly spreading, tendrils, own blood supply
 - Cells re-enter a mitotic state (continuously divide)
 - Poor prognosis, even with radiation, chemo
 - Difficult to reduce the bulk of the tumor via surgery due to precarious location above brainstem/below cerebellum

Ventilator



Accommodations

- No therapies, meetings or major procedures on Saturday
- Systematic methods for all staff and family to identify shifting “yes-no” signals (Frequent reassessment, posting)
- Used partner dependent scanning to find out patient’s answers to questions for 1 week
- Family requested simplified info about tumor and prognoses – previous schematic was used, + research based family info on glioblastomas, pros/cons of continued treatment
- Jewish rabbi assisted during decision making meetings with physicians, neurosurgeon, and family
- Jewish rabbi consulted with ethicists within the hospital

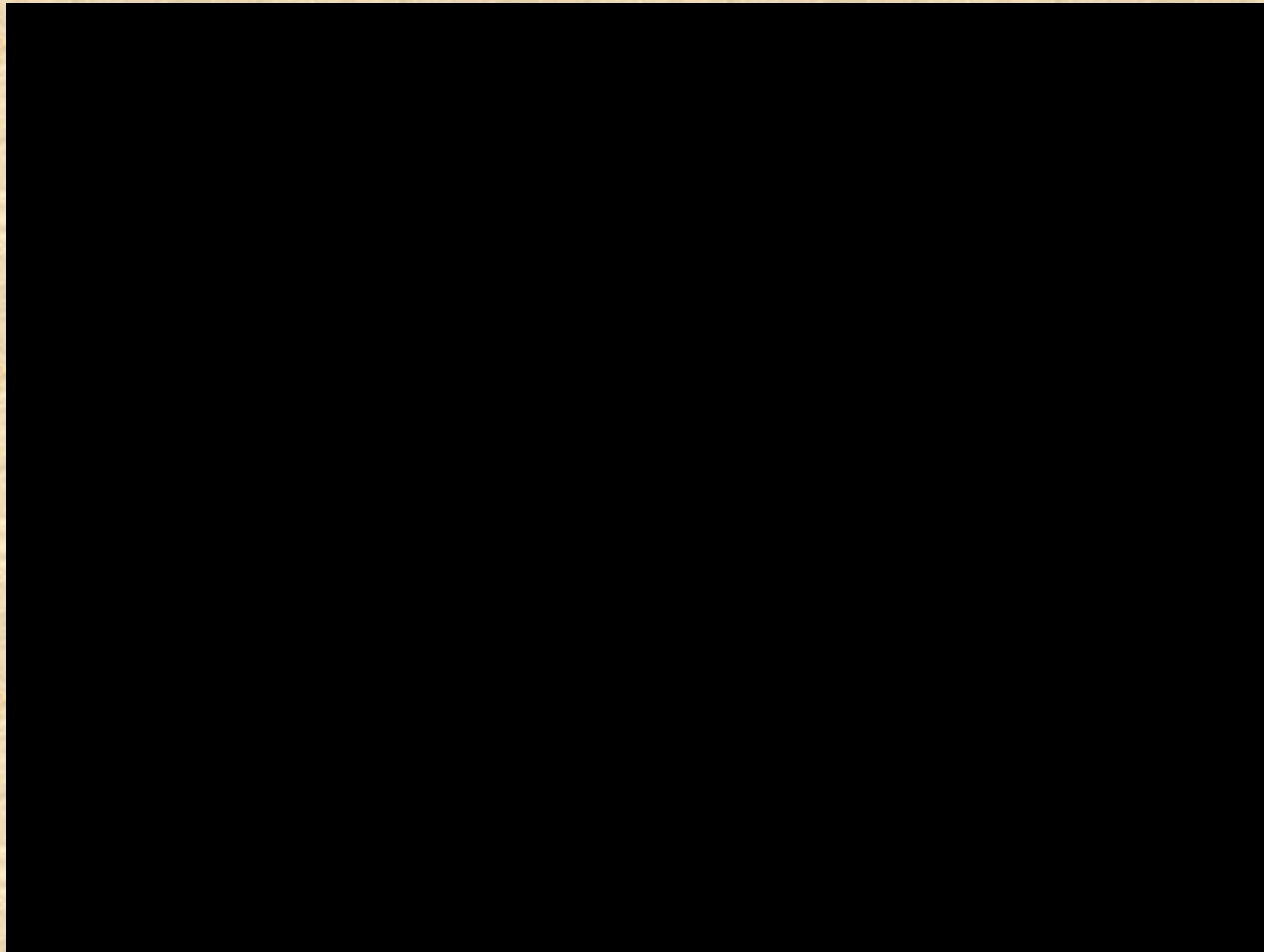
Yes-No Signal Chart – revised frequently

_____ communicates by:	
Yes:	_____
No:	_____
Other signals:	

Representative video (Not actual case)

courtesy of Susan Fager, PhD CCC-SLP, Madonna Rehabilitation Hospital/AAC-RERC

<http://www.youtube.com/watch?v=g1fahHLDXAA>



Case #3



Thanks to John Costello, Children's Hospital Boston

- 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

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)

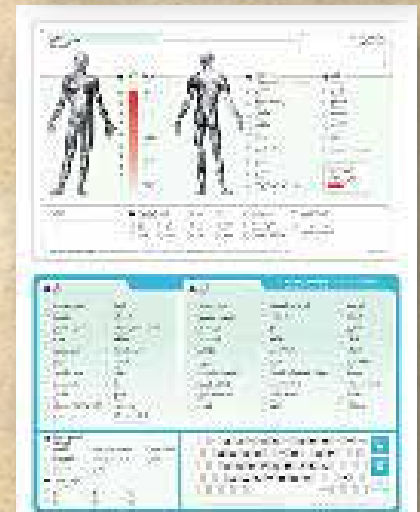


Unexpected post-op needs

- 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.



Case #4

- HIV positive English-speaking woman in her 40's
- Long term care facility
- History of drug and alcohol abuse/anoxic episodes
- Encephalopathy and Parkinsonian disorder
- Severe dysarthria
- Limited mobility
- Moderately impaired memory and problem solving
- Problematic interactions with staff -- avoidance
- Poor compliance with medical regimen
- Multiple attempts to “wheel on out”

Communication needs

- Counselor
- Advocate
- Simple techniques to improve intelligibility
- Pictorial schedule
- Pictorial medication/treatment regimen
- Calendar
- Script with info about circumstances reviewed every shift
- Positive behavior supports

Accommodations

- iPad with text-to-speech program was preliminarily successful, but “disappeared”
- Low tech “first letter spelling/supplemented speech” board attached to W/C by soft tie
- Top of board listed interesting topics
- Staff instructed in technique
- System of positive incentives/rewards established
- Facility-owned speech output device available for special situations (e.g., phone calls to friends), though memory loss required retraining for each use
- Worked with rec therapy director to have Debbie serve as current events group leader on occasion
- Recipe club – shared special ethnic recipes she had constructed in therapy (pictures and typed key words)
- Calendar in room, script constructed

Debbie –

Today is April 7th, 2011. It is Thursday.

You are at Meadowbrook Care Center.

You have some medical problems. We are trying to build up your strength.

Thanks for:

- **Eating your healthy meals to get stronger!**
- **Taking medicine to build up your immune system.**
- **Pointing to your letters when you speak – this helps us understand you!**
- **Staying in your wheelchair. Ask us if you want help to walk.**
- **Ask us (staff) for your photo albums when you get upset.**
- **Ask us to help you with the CD player.**

Your mom comes to visit on Saturday. You can call her tomorrow.

Thanks Debbie! Your nurses and helpers.

OUTCOMES

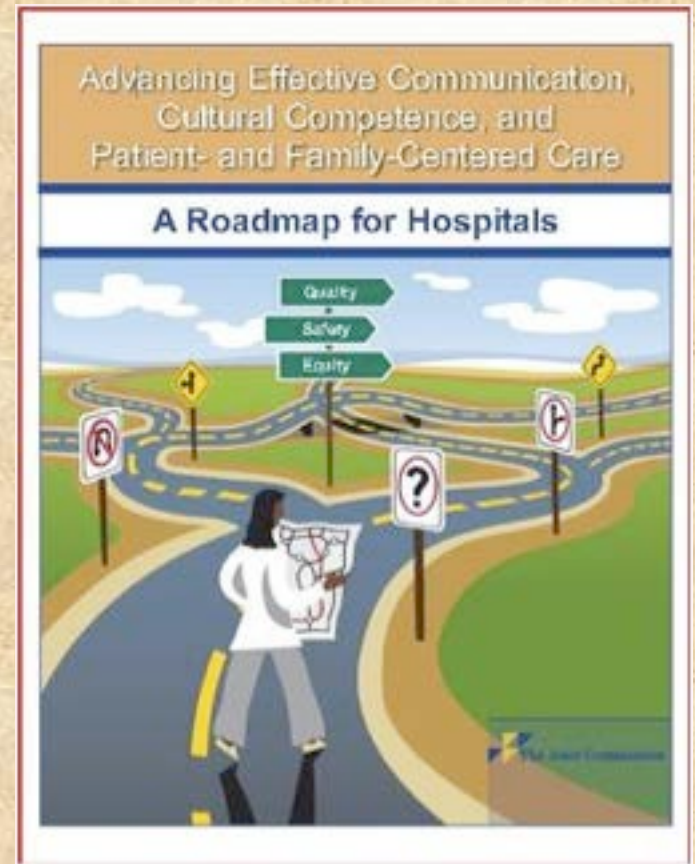
Part IV

Ready, Set, Action:
Leading the charge to implement
effective communication across
healthcare settings

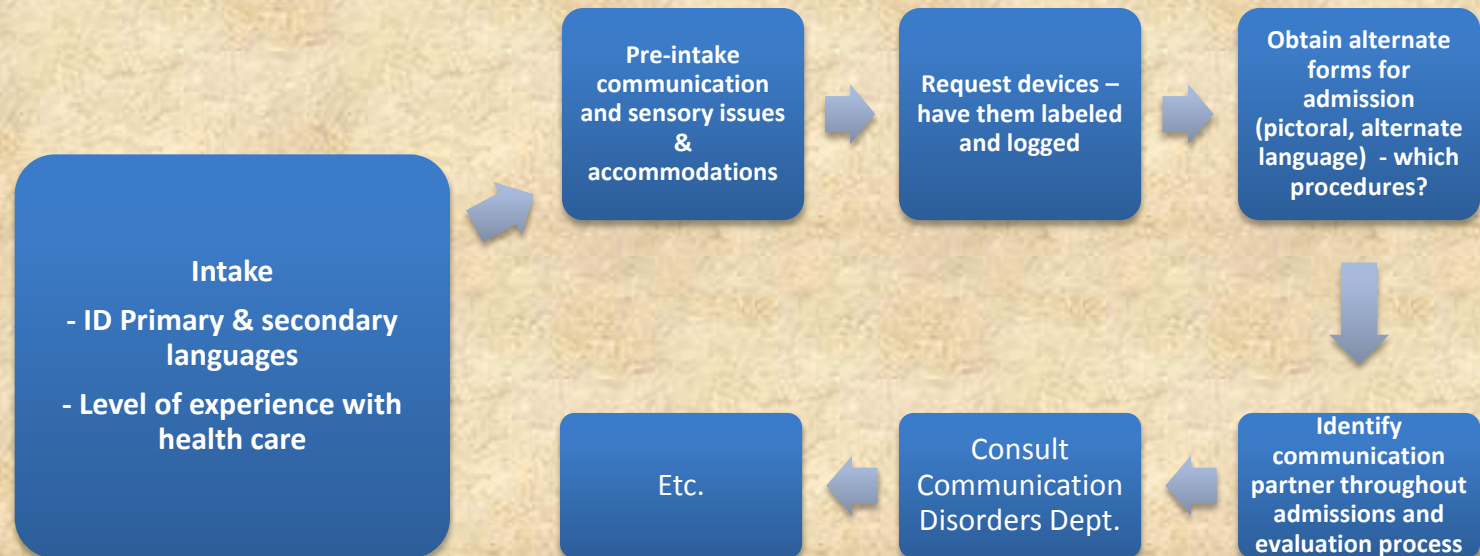
1. Read the Roadmap

- The Joint Commission
New Standard. Effective
January 2011
***Advancing effective
communication,
cultural competence &
patient-centered care: A
Roadmap for Hospitals***

www.jointcommission.org



2. Help develop algorithms for patient care that include communication, cultural and health literacy needs from intake thru discharge across health care continuum



3. Revise intake forms

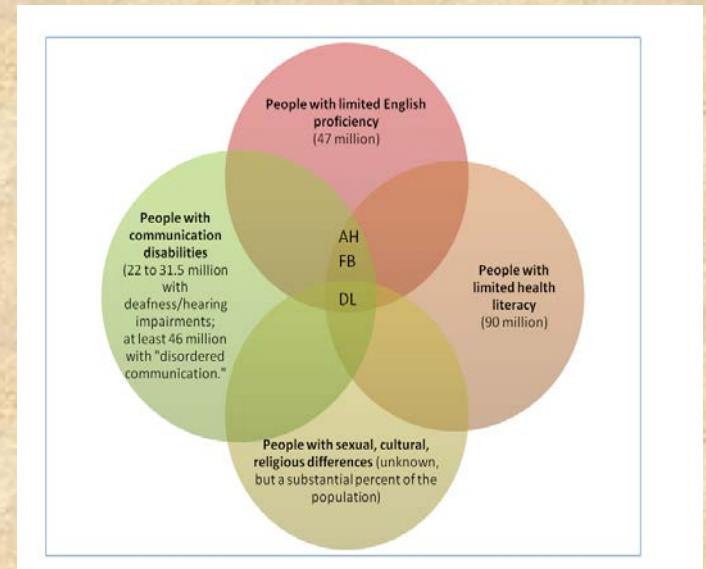
- **Hospital level**

- Establish SLP liaison with admissions departments

- Emergency
 - Surgical
 - Outpatient

- **Department level**

- Market SLPs as assistants during the admissions process when communication is difficult
 - Have adapted forms and explanatory materials on hand and/or work with admissions to house them in intake areas



Example: Questions to elicit Literacy/Language Differences

- Can (patient's name) read?
 - _____ Simple _____ Medium _____ Complex
- Language (s) _____

- Would pictures help patient to understand the consent form? _____ Yes _____ No
- Does the patient need a translator? _____

 - _____ Family can provide _____ Need hospital to provide
 - _____ During consent and procedure explanations only
 - _____ During all patient-provider interactions

Example: Questions to elicit Cultural Differences

- What religious practices does the patient routinely engage in?
- What modifications to health care should we provide because of religious or cultural differences?

— Examples:

- no therapy or procedures on Saturday
- female/male staff-person present at all examination
- No interruptions during daily prayer at _____

- Dietary needs (e.g., kosher, etc.)
- _____

Example: Questions to elicit Sensory Impairments

- Does the patient wear glasses or contacts?
 - Reading glasses _____ Near-sightedness _____ Other _____
 - Will you bring them in for use with the patient? *
 - *explain special conditions for care and storage
- Does this patient have a hearing loss?
 - _____ probably, but not verified
 - _____ Yes. Type (if known) _____
 - _____ wears hearing aids. Type (if known) _____
 - _____ Doesn't wear aids, but needs amplification
 - _____ Has a cochlear implant
 - _____ Should have hi/hers ears checked
 - _____ Would benefit from face-to-face communication, slow rate of speech, or visual means of communication (signs, printed pictures)
 - _____ Speaks a form of Sign Language _____

Example: Questions to identify pre-existing communication disorders

Does this patient have any communication challenges that existed before admission?

LIST: _____

Examples:

- _____ Autism
- _____ Developmental Disability
- _____ No speech
- _____ Slurred, or difficult to understand speech
- _____ Cannot use hands to write or point
- _____ Deaf
- _____ Limited speech ability, but understands very well
- _____ Limited speech ability and comprehension problems
- _____ Dementia
- _____ Degenerative motor disease
- _____ Previous history of brain trauma or disease
- _____ Oral or laryngeal cancer
- _____ Other _____

Example: Questions to identify pre-existing communication strategies

Did this patient use any special communication strategies or devices prior to admission?

LIST: _____

Will you provide these during the patient's stay?

_____ Yes _____ No

_____ Facility should provide a similar strategy or device

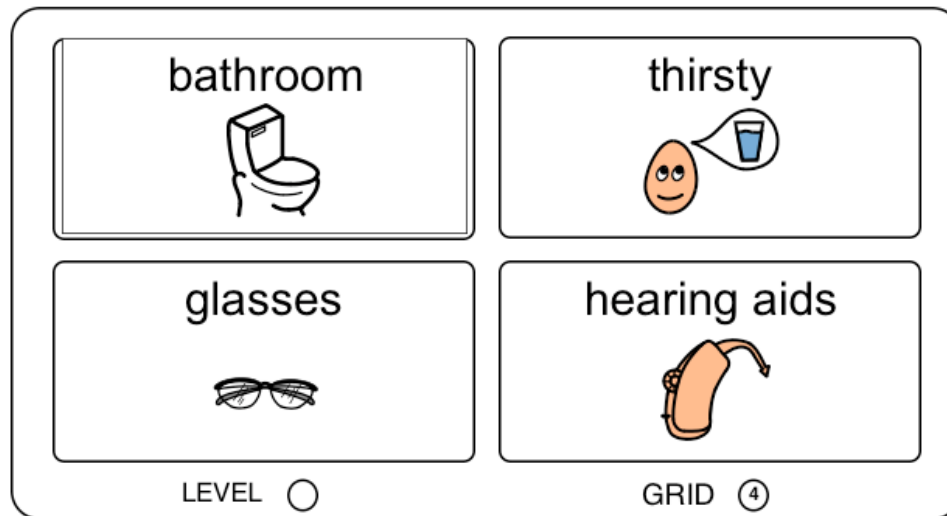
4. Acquire materials for adapting forms and procedure explanations

- Boardmaker (useful for multiple language formats + picture symbols)
- Talk to Me Technologies (web-based symbol creation program)
- Color printers
- Laminators
- Rings, sleeves, plastic covers, velcro, etc.

5. Develop or purchase low tech materials

- To support interactive (patient-provider) communication
 - Partner-supported strategies (dependent scan boards, eye gaze technologies, written-choice books, picture boards, explanation boards)
 - Independent communicator strategies (alphabet boards in multiple languages, picture boards, pens)
- Build in “infection control” features
 - Paper materials should be laminated
 - Wipe-able surfaces or toss after 1 patient’s use

Simple needs boards



Spelling Boards

Is it in Row...?		Then -- Is it...(letter ...letter....letter....letter?)					
1	(A thru D)	A	B	C	D		
2	(E thru H)	E	F	G	H		
3	(I thru M)	I	J	K	L	M	N
4	(O thru T)	O	P	Q	R	S	T
5	(U thru Z)	U	V	W	X	Y	Z
Partners -- Please summarize the letters as we go so I don't forget what I was spelling							

6. Develop accessible storage locations for materials

- Options
 - On nursing floors
 - In SLP departments
- Label clearly
- Provide disinfectant materials at storage location
- Provide location for “used”, nondisposable materials e.g., Pocket Talkers in plastic bin

Portable storage cart



Labels, ziplocks, and supplies



Include
batteries for
hearing aids
and devices

7. Determine cost assignment

- Who pays for materials?
- Who pays for the labor?
- How much can be automated?
 - Identifying needs during admission
 - Eg., electrolarynx for all laryngectomy patients
 - Creating/reordering materials
- Cost
 - Set up costs of materials and customization charges in advance
 - ID billing codes
 - ID materials/services that are “included” in daily rate
 - ID special cost items that are “added to the bill”

8. Set up a mid- to high-tech equipment pool

- Simple digitized message devices
- Text-to-speech devices
- Multi-function devices (e.g., iPads)
- Complex devices
 - Multiple levels
 - Dynamic screens
 - Switch and scanning access
- Mounts
- Pocket Talkers (Hearing amplification)

Considerations

- Clearance with Infection Control Dept.
- Clearance with Biomedical Devices Dept
- Waterproof labels with contact info
- Mark charging ports, chargers, etc.
- Charging “placemats” in rooms
- Check out/check in systems
- Auto returns when patient DC’s or transfers

9. Conduct Inservices


- Nursing staff, therapists, physicians, residents
- Partner dependent communication strategies
- Options for independent communicators
 - High tech/Low tech
- Assessment
- When to call/include the SLP
- Informing others about specific patient communication strategies

10. Develop procedure or mechanism for “advertizing” patient’s communication accommodations

Communication Care Plans

**SPEACS
COMMUNICATION CARE PLAN**

Date Posted: 2/7/07 Patient Initials: C.T.



1. This patient likes to talk about:
Current Events his dog
Football

2. Please make sure the patient ALWAYS has:
glasses

3. Communication Tips (i.e., lock eyes, etc.):
° Lock eyes
° position pt in HOB upright


4. Communication Strategies that work BEST:

① Mouthing words and pointing to 1st
* Give him letterboard letter:
* Watch Mouthing
* AND Watch him point to letters

② PT ALSO uses SPELLING DEVICE
• Make sure pt. positioned adequately to type message.
• "MEMO"- Ask pt. to write message during four tasks.
* LISTEN AND READ MESSAGE *

**SPEACS
COMMUNICATION CARE PLAN**

Date Posted: 2/7/07 Patient Initials: C.T.



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4. Communication Strategies that work BEST:

① Mouthing words and pointing to 1st
* Give him letterboard letter:
* Watch Mouthing
* AND Watch him point to letters

11. Participate in Outcomes and Quality Control Assessment

- Improving communication across health care settings is a new “push”
- Soon, we will want to measure the difference that our efforts make
- Develop simple systems for tracking usage of strategies and devices
- Interview patients (who can participate) upon DC – did communication strategies and devices make a difference?

12. Market your services

- Within hospital or facility
- Across facilities
- To departments (admissions, respiratory, rehab, administration, Quality assurance, physicians, nursing)

13. Help Clients/Families Prepare in Advance

- Increase Health Literacy Skills
- Provide Tools
- Train Communication Assistants
- Advocate for scheduling appointment with Communication Disorders Department, Medical Interpreters, etc. in Advance, if possible
- Request necessary accommodations re: Intake, discharge, consent forms, support persons, interpreters, nurse call buttons, AAC supports

Part V

Resources

1. Supporting Health literacy

Typical PP Interview

- Between general practitioner and person without a disability
20 minutes in length (Mann et al., 2001)
- Patient typically has 23 seconds to communicate concerns before being interrupted by the doctor.
Marvel *et al.* (1999)

Preparing our clients

- 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.
- Preparing communication assistant

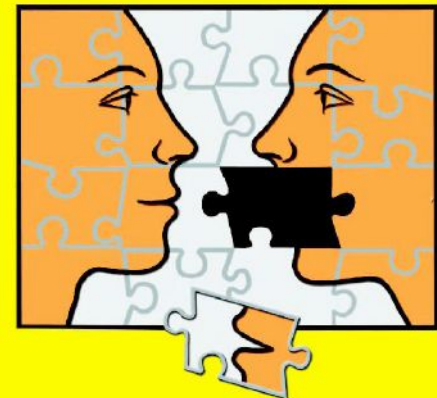
Communication Matters

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

Focus on...

Communicating with Patients who have Speech/Language Difficulties

Guidance for Medical & Nursing staff



COMMUNICATION MATTERS

Health Passport

**Talkback
Health Passport**

a Poet..... Health Passport Project inspires a Poet.....

Home
Health Passport
For You
For Carers
For Health Professionals
Survey
Health Passport Officers
Other Health Projects
Contact Us

Hello

Welcome to the **Health Passport** website.

In Buckinghamshire, people with a learning disability have been using **Health Passports** since 2005.

The **Health Passport** was made for and with people with a learning disability.

On this website you will be able to find out more about the **Health Passport** and how you can get one.



Health Pass

A summary for professionals can be found at the back

This Health Passport contains private information and belongs to:

please stick
a picture of
yourself here

I need to have my Health Passport when I visit:
a doctor
a nurse
a hospital
or have other health appointments







www.healthpassport.co.uk



Health Passport



1. Important information	
2. Support	
3. Tablets and Medicine	
4. Body (physical health)	
5. Thinking and feeling (mental & emotional health)	
6. Communication	
7. More about me	
8. Hospital information	
9. Getting around	
10. Health diary	
11. Health Action Plan	
12. About this Health Passport	
13. New pages	
14. Professionals summary	

talkback@talkback-uk.com
www.healthpassport.co.uk

Introduce self and communication system: Communication Passport

Transportation

It is important that I do not miss my transportation ride.

I will make every effort to be ready for the pick up time but in a situation where either the pick up is earlier than planned, please tell the driver to wait for me.

If I am late for my pick up, please contact me immediately and inform the driver to wait for me.

Telephone number for the transportation dispatcher:

My transport registration number is

Thank you

Please do the following things when I am communicating with you:

Item	Yes	No
Say the item that I point to out loud		
Do not guess what I mean until I am finished		
Guess if you think you know what I mean		
Give me time to think about what I want to say		
Write down what I am pointing to		
Do not interrupt me		

Developed by ACCPC
www.accpc.ca

HOW I COMMUNICATE

My name is¹

I have difficulty speaking but I can hear and understand what you say.

LET'S COMMUNICATE

THINGS TO KNOW WHEN COMMUNICATING WITH ME

- Talk to me like an adult
- Speak directly to me, not to the person who may be accompanying me
- Do not speak loudly, slowly or in a condescending manner
- Ask me if I want someone to help me communicate my messages to you – see list of facilitators.
- Give me time to communicate

REMEMBER

- I can make my own decisions
- I need you to respect my privacy at all times. Please do not discuss issues regarding me with other people unless I give you permission.
- I need you to keep me informed of everything that is going on.
-
-

Emergency Contacts

Contact	Tel #

Communication Facilitators

Contact	Tel #

IF YOU THINK I NEED ASSISTANCE, ASK ME:

- Is this an emergency?
If yes, find out if I need you to call someone in my emergency list, my transportation, an ambulance, or the police?
- Is there a problem with your wheelchair?

If yes, follow these instructions:

-
-
-
-

Do you need some personal assistance?

If yes, it could be:

-
-
-
-

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

The Clear Communication People Ltd



[Back](#)



[Hospital Book](#)



[Home](#)



Due to the file size of the Hospital Communication Book we have saved it in two sections

You will need to download both sections to make a complete book.

The Hospital Communication Book is a resource free to download to use to help people to communicate when they visit or stay in hospital.

Please do not alter your copy the book in any way without contacting us first.

We can print and laminate copies for you if you need a number of them made professionally. We charge £15 each, and £12.50 each for orders of 50 or more.

The Hospital Communication Book

[Click here to download section 1](#)

[Click here to download section 2](#)

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

2. 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



www.aactechconnect.com

Kit de Communication by Elisabeth Negre

<http://rnt.over-blog.com/article-kit-de-communication-44780636.html>

Kit de communication

Mieux communiquer pour mieux soigner : « le Kit de communication de l'AP-HP »

L'Assistance Publique –Hôpitaux de Paris annonce le 11 février 2010 (date anniversaire de la loi du 11 février 2005 !) la publication d'un kit de communication permettant d'améliorer la communication et ainsi la prise en charge des personnes ayant des difficultés d'expression et /ou de compréhension de manière définitive ou transitoire, dans la situation de consultation hospitalière.

Ce kit est le fruit d'un groupe de travail conduit par la Mission Handicap de l'AP-HP et constitué de médecins urgentistes (c'était leur demande initialement), de professionnels du secteur sanitaire et médico-social travaillant auprès des personnes handicapées et d'associations. L'association des paralysés de France avec la présence d'Elisabeth Negre, conseillère technique en Communication Alternative, a grandement participé à l'élaboration et aux nombreux débats qui ont abouti à cette création.

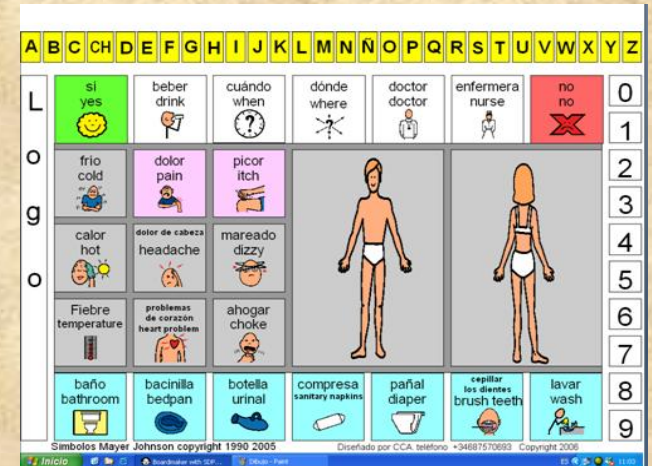
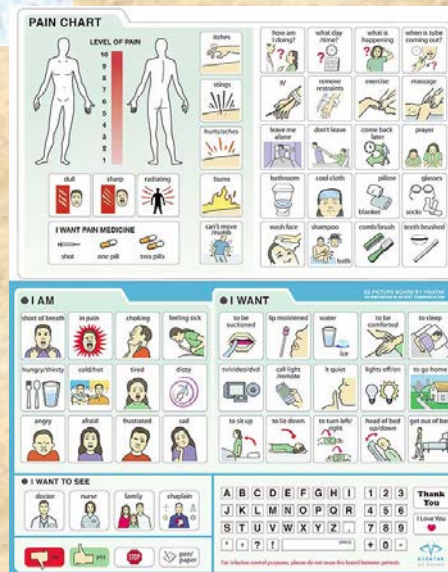
Les domaines de la surdité, de la déficience intellectuelle, de l'autisme, du polyhandicap étaient également participants.



- 20 pictograms
- Loose-leaf sheets or dialogue, reflecting questions most often asked during a medical examination
- Ring-binder that invites carers to offer other forms of communication
- Tools to complete questions or elicit responses (yes-no, ABC, pain scale).

Subtitled in English, Russian, Mandarin Chinese and Arabic languages,

3. Commercially available options



YouTube Videos

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

4. Patient-provider website

www.patientprovidercommunication.org

- Articles
- Presentations
- Bibliography
- Examples of Materials
- Case Examples
- Newsletters
- International Newsletter



Communication



Is The Joint Establishment Of Meaning

Google Custom Search

[About PPC](#)
[Participants](#)
[Useful Information](#)
[Annotated Bibliography](#)
[Case Examples](#)
[Examples of PP Materials](#)
[Newsletter](#)
[Presentations](#)
[Contact Us](#)

Supported By:



Central Coast Children's Foundation, Inc.

[View All Supporters](#)

Monday, February 14, 2011

www.patientprovidercommunication.org

NOW AVAILABLE: Important support for hospital personnel to implement New Joint Commission Standard on Effective Communication

Advancing Effective Communication, Cultural Competence, and Patient- and Family-Centered Care: A Roadmap for Hospitals

Advancing Effective Communication, Cultural Competence, and Patient- and Family-Centered Care: A Roadmap for Hospitals is a monograph developed by The Joint Commission to inspire hospitals to integrate concepts from the communication, cultural competence, and patient- and family-centered care fields into their organizations. The Guide provides recommendations to help hospitals address unique patient needs, meet the new Patient-Centered Communication standards, and comply with existing Joint Commission requirements. Example practices, information on laws and regulations, and links to supplemental information, model policies, and educational tools are also included. The Patient-Centered Communication standards are included in a separate appendix that provides self-assessment guidelines and example practices for each standard.

To read online or download the Road Map from The Joint Commission website, go to

<http://www.jointcommission.org/assets/1/6/ARoadmapforHospitalsfinalversion727.pdf> or scroll down and click on READ MORE.

[Read More](#) | [View All Articles](#) [Read Comments](#)

Other Recent Articles:

7/21/2010 [Razones que los Hospitales deben mejorar el acceso comunicativa para los pacientes vulnerables-con citas de RESOLUCION](#)



A Guide for Healthcare Providers and Hospital Administrators

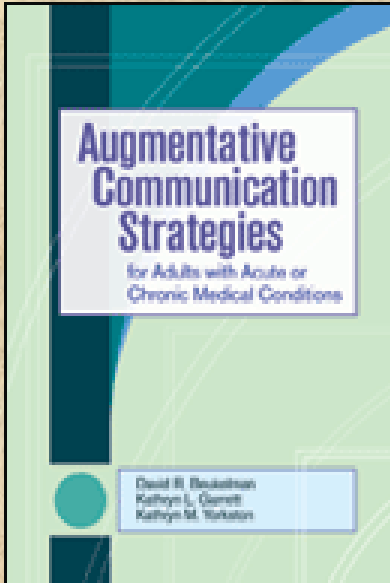
- Upcoming sections on
- Communication access during emergency/disaster situations
 - Podcast series

27 Reasons Hospitals Should Improve Communication Access

- Supportive Evidence (research) in both English and in Spanish
- Razones que los Hospitales deben mejorar el acceso comunicativa para los pacientes vulnerables-con citas 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.***

<http://www.patientprovidercommunication.org>

5. Other Resources



- *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
- AAC-RERC website and upcoming webcast –
[www.aac-rerc](http://www.aac-rerc.org)

- Information about
 - ❖ Promising practices
 - ❖ The Joint Commission Standard and Implementation Manual
 - ❖ Tools of the trade



AAC - RERC

- The Rehabilitation Engineering Research Center on Communication Enhancement (AAC-RERC) is funded under grant #H133E080011 from the [National Institute on Disability and Rehabilitation Research \(NIDRR\)](#) in the U.S. Department of Education's Office of Special Education and Rehabilitative Services (OSERS).
- Please visit our website at AAC-RERC.COM for more information



www.aac-rerc.com



- Upcoming webcast
- Materials that relate to emergency preparedness

Audience Participation Activity



- Find a group of people who work in a similar health care setting
- Choose 1 of the “Getting Ready” action items from Part IV
- Get ready...get set...get to work on it!
- Be ready to report to the audience

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
7. Determine cost of assessment
8. Set up a mid- to high-tech equipment pool
9. Conduct inservices
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

Ideas from Participants

- 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
- 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.

Ideas from Participants

- 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.
 -
- Help clients/families prepare in advance (#13)
 - Empower patients to be partners
 - Develop specific materials for certain groups (rehab, diabetics)

Ideas from Participants

- Market your services (#12)
 - Develop inservices for specific contexts (e.g., home health programs)
 - Graduate students might assist in developing, marketing and providing training

Part VI

Summary and Wrap Up

SHIFTING ROLES of SLPs/Audiologists

1. Acknowledging and accommodating the health literacy skills of people in health care settings
2. Understanding and communicating to others the crucial importance of communication in determining healthcare outcomes.
3. Understanding the “added value” that AAC expertise can provide to the treatment of ALL communication vulnerable patients.
4. Collaborating with health care providers (nurses, interpreters) to help ALL patients communicate more effectively across healthcare settings.

What we can do now

- Develop language access services for patients (or providers) who speak languages other than English (including sign language) or who have limited health literacy
- Translate forms and instructional materials into other languages
- Respect, understand, and address different cultural, religious and spiritual beliefs, including lesbian, gay, bisexual, and transgender patients
- Address the needs of patients with disabilities, including those with speech, physical or cognitive impairments, blindness/low vision, or hearing impairments.

Professional Preparedness

We (ASHA) **MUST** be prepared and **MUST** prepare future SLPs to meet the needs of patients who are communication vulnerable *OR institutions will look elsewhere.*



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VII. References

- Agency for Healthcare Research and Quality. (2006) *National Healthcare Disparities Report*. Rockville, MD. Retrieved from <http://www.ahrq.gov/qual/nhdr06/nhdr06.htm>
- American Speech-Language-Hearing Association. (2007). *Scope of Practice in Speech-Language Pathology*. doi: 10.1044/policy.SP2004-00197.
- American Speech-Language-Hearing Association. (2008a). Incidence and Prevalence of Communication Disorders and Hearing Loss in Children - 2008 Edition. Retrieved from <http://www.asha.org/research/reports/children.htm>.
- American Speech-Language-Hearing Association. (2008b). Incidence and Prevalence of Speech, Voice, and Language Disorders in Adults in the United States: 2008 Edition. Retrieved from http://www.asha.org/research/reports/speech_voice_language.htm.
- American Speech-Language-Hearing Association. (2008c). Incidence and Prevalence of hearing loss and hearing aid use in the United States – 2008 Edition. Retrieved from <http://www.asha.org/research/reports/hearing.htm>
- American Speech-Language-Hearing Association. (2010). The prevalence and incidence of hearing loss in children. Retrieved from <http://www.asha.org/public/hearing/Prevalence-and-Incidence-of-Hearing-Loss-in-Children/>
- Bartlett, G., Blais, R., Tamblyn, R., Clermont, R.J. & MacGibbon, B. (2008). Impact of Patient communication problems on the risk of preventable adverse events in acute care settings. *Canadian Medical Association Journal*, 178(12), 1555-1562.
- Berke, J. (2010). Hearing Loss - Demographics - Deafness Statistics: Statistically, How Many Deaf or Hard of Hearing? About.com Guide. Retrieved from <http://deafness.about.com/cs/earbasics/a/demographics.htm>
- Blackstone, S., Ruschke, K., Wilson-Stronks, A. & Lee, C. (March 2011). Converging Communication Vulnerabilities in Health Care: An Emerging Role for Speech-Language Pathologists and Audiologists. *Perspectives on Communication Disorders and Sciences in Culturally and Linguistically Diverse (CLD) Populations*. 18:1, 1-26.
- Blackstone, S., Garrett, K. & Hasselkus, A. (January 18, 2011). New Hospital Standards Will Improve Communication: Accreditation Guidelines Address Language, Culture, Vulnerability, Health Literacy. *The ASHA Leader*, 16:1, p.24-25. Rockville, MD: American Speech-Language-Hearing Association.
- Blackstone, S. W., Williams, M. B., & Wilkins, D. P. (2007). Key principles underlying research and practice in AAC. *Augmentative and Alternative Communication*, 23(3), 191-203.
- Chuang, M. H., Lin, C. L., Wang, Y. F., & Cham, T. M. (2010). Development of pictographs depicting medication use instructions for low-literacy medical clinic ambulatory patients. *Journal of Managed Care Pharmacy*. 16(5), 337-345. Retrieved from <http://www.amcp.org/data/jmcp/337-345.pdf>
- Clark, H.H. (2004). Pragmatics of language performance. In L. R. Horn & G. Ward (Eds.), *Handbook of pragmatics* (pp.365-382). Oxford: Blackwell.
- Diamond, L., Wilson-Stronks, A. & Jacobs, E.A. (2010). Do hospitals measure up to the national culturally and linguistically appropriate services standards? *Medical Care*. 48(12), 1080-1087.
- Divi, C., Koss, R.G., Schmaltz, S.P. & Loeb, J.M. (2007). Language proficiency and adverse events in US hospitals: a pilot study. *International Journal of Quality Health Care*. 19(60)67.
- Ethical Force Program Oversight Body (2006). *Improving Communication-Improving Care, How health care organizations can ensure effective, patient-centered communication with people from diverse populations*. Chicago, IL: American Medical Association.
- Garrett, K. L., Happ, M. B., Costello, J., & Fried-Oken, M. (2007). AAC in intensive care units. In D.R. Beukelman, K.L. Garrett, & K.M. Yorkston (Eds.). *Augmentative communication strategies for adults with acute or chronic medical conditions*. Baltimore, MD: Brookes Publishing Co.
- Garrett, K. L., Paull, B. M., & Happ, M. B. (2007). *Content of an Instructional AAC Program for ICU Nurses*. Paper presented at the 2007 Clinical AAC Research Conference, Lexington, KY.
- Goodwin, C. (1980). *Conversational organization: Interaction between speaker and hearer*. New York: Academic Press.
- Hasselkus, A. (March 2011). Health Communication: Implications for Diverse Populations. *Perspectives on Communication Disorders and Sciences in Culturally and Linguistically Diverse (CLD) Populations*. 18:1, 1-26

- Hasnain-Wynia, R., Yonek, J., Pierce, D., Kang, R. & Greising, C. (2006). *Hospital Language Services for Patients with Limited English Proficiency: Results From a National Survey*. Health Research and Educational Trust. Retrieved from www.onlineresources.wnyc.net/pb/orcdocs/LARC_Resources/LEPTopics/HC/2006_HospitalLanguageServicesforLEPPatients.pdf
- Lambda Legal. (2010) *When Health Care Isn't Caring: Lambda Legal's Survey on Discrimination Against LGBT People and People Living with HIV*. Retrieved from <http://www.lambdalegal.org/health-care-report>
- National Council on Interpreting in Health Care (NCIHC). (2011). FAQs FOR Health care professionals. Retrieved from <http://www.ncihc.org/mc/page.do?sitePagelId=101286&orgId=ncihc>
- National Institute on Deafness and Other Communication Disorders (NIDCD). Mission statement. Retrieved from <http://www.nidcd.nih.gov/about/learn/mission.html>
- Patak, L., Wilson-Stronks, A., Costello, J., Kleinpell, R., Henneman, E. A., Person, C. & Happ, M.B. (2009). Improving Patient-Provider Communication: A Call to Action. *Journal of Nursing Administration*, 39(9), 372-376.
- Pleis, J.R., & Lethbridge-Cejku, M. (2006). Summary health statistics for U.S. adults. National Health Interview Survey, 2005. National Center for Health Statistics, *Vital Health Stat 10* (232), table 11.
- Smedley, B.D., Stith, A.Y. & Nelson, A.R., Eds. (2002). *Unequal Treatment: Confronting racial and ethnic disparities in healthcare*. Washington, DC: National Academy Press. Retrieved from http://www.nap.edu/openbook.php?record_id=12875&page=R1
- The Joint Commission. (2007). *Improving America's Hospitals: The Joint Commission's Annual Report on Quality and Safety*. Oakbrook Terrace, IL: The Joint Commission.
- The Joint Commission. (2010). The Joint Commission Standards for Hospitals. Oakbrook Terrace, IL: The Joint Commission. Retrieved from <http://www.jointcommission.org>
- The Joint Commission. (2010). *Advancing Effective Communication, Cultural Competence, and Patient- and Family-Centered Care: A Roadmap for Hospitals*. Oakbrook Terrace, IL: Author. Retrieved from <http://www.jointcommission.org/assets/1/6/ARoadmapforHospitalsfinalversion727.pdf>
- U.S. Department of Education. (2006). ED Performance and Accountability. Twenty-Sixth Annual Report to Congress on the Implementation of the Individuals with Disabilities Education Act. Retrieved from <http://www2.ed.gov/about/reports/annual/osep/2004/index.html>
- Weiss, Barry D. (2007). *Health literacy and patient safety: Help patients understand* (second edition). American Medical Association Foundation and American Medical Association. Retrieved from <http://www.ama-assn.org/ama1/pub/upload/mm/367/healthlitclinicians.pdf>
- Wisely, J. M. (2010, May 18). *Skilled Nursing Facility Assessment Tool Focuses on Patient Communication*. *The ASHA Leader*. Retrieved from www.asha.org/Publications/leader/2010/100518/Skilled-Nursing-Facility-Assessment.htm
- Wolf, D.M., Lehman L., Quinlin R., Zullo T. & Hoffman L. (2008). Effect of patient-centered care on patient satisfaction and quality of care. *Journal of Nursing Care Quality*, 23, 316-321.
- Zeng-Treitler, Q., Kim, H., & Hunter, M. (November, 2008). *Improving patient comprehension and recall of discharge instructions by supplementing free texts with pictographs*. American Medical Informatics Association Annual Symposium Proceedings, 849-853. Retrieved from <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2656019/?to=pubmed>