

**Communication Access Across the Healthcare Continuum
SECOND FRIDAY FORUM**

June 11, 2021 Noon Eastern Time

MEETING MINUTES

1. Who's here? Anybody new?

- a. Thank you all for joining! Please click [HERE](#) to view the participant list from this past meeting. Please update your information as indicated.

2. Open Forum (issues, information sharing, announcements, requests for resources, upcoming conference presentations, program updates, questions)

- a. Sarah shared the importance of advocacy within the PPC arena. There are many organizations and leadership persons joining us today and throughout the year across the world who are supporting this effort. Let's recognize the support these organizations provide to this forum, as amazing things have come out of these collaborations.
- b. Randi has updated her low-tech communication products for families and caregivers. Big Picture caregiving communication book. 30 topic boards to support choice-making regarding personal care. Available on Amazon and sayitwithsymbols.com
- c. Sarah Blackstone discussed communication issues around disasters. People may lose access to communication when displaced or affected by disasters. USAAC developed a [text-based disaster preparedness course](#) Free to all and meant for individuals who have communication challenges and their families members/caregivers. Easy to use and important for preparation. In disaster situations, AACdisasterreliefrecovers.org is an available tool to seek support. Harvey added that emergency situations related to climate, power outages, etc. are currently happening (e.g. Puerto Rico's electricity/power issues). Preparedness remains key for AAC users and communication access needs. A group in PR, working with FEMA, are anticipating issues and seeking low-tech tools for those in need due to power outages (including a large population of people with ALS). Richard reiterated the need to connect with leadership across orgs to focus on low-tech needs.
- d. Rachel Grimaldi shared updates regarding CardMedic. Lots of new features to support a range of communication needs across healthcare settings. Looking to further support sign language, picture-symbol, and video representation. Also support communities across the globe including refugee camps. Rachel is excited for the future opportunities to enact change as well through CardMedic

Foundation to support developing countries, emergency preparedness and response, and female entrepreneurs and healthcare workers.

- e. Alex and Antonella shared their work on **AltComm**, an AI-powered point-of-care communication platform for critical care settings. There was not sufficient time during the Open Forum to share, but stayed on the call to give an overview of their efforts. More info can be found on the [website](#)
 - i. They would appreciate valued information from the PPC community:
 - 1. Feedback around common intake/ICU assessment protocols (or even specific items) that often result in communication breakdowns
 - 2. Feedback around inpatient populations that should get AAC consults but often don't
 - 3. Clinicians interested in learning more, or sharing their thoughts/experience
 - ii. Please contact them at: Alex Kapadia (alex@altcomm.co) and Antonella de Ceano (antonella@altcomm.co)

- 3. Presenter:** Dr. Rachel Barnard, a Qualitative Research fellow at City, University of London, currently working on a qualitative component of a discourse intervention for people with aphasia (the LUNA project).

Dr. Barnard presented an overview of two publications from her doctoral studies about information sharing between speech-language therapists and nurses on stroke units in the UK. The first publication was a meta-ethnography exploring communication between therapists and nurses in inpatient setting which led to the line of argument that four contingencies underpin communication (relationships, need, capacity and opportunity). Using these four contingencies, she will frame findings from the second paper, which explored information-sharing between SLTs and nurses on stroke units, using ethnography. The key focus on this paper is that the context for information sharing meant that interactions felt like interruptions to nursing work, this favoured swallowing information as SLTs self-limited the amount of communication information shared.

Links to the articles

[Barnard, R., et al. \(2020\). "Communication between therapists and nurses working in inpatient interprofessional teams: systematic review and meta-ethnography." *Disability and Rehabilitation* 42\(10\): 1339-1349.](#)

[Barnard, R., et al. \(2021\). "When interactions are interruptions: an ethnographic study of information-sharing by speech and language therapists and nurses on stroke units." Disability and Rehabilitation: 1-11.](#)

Click [HERE](#) to view a video abstract of this paper

Thank you Dr. Bernard for your presentation and to everyone who joined the June Forum call!

NEXT MEETING: FRIDAY, AUGUST 13, 2021 NOON EASTERN