

Bedside AAC Service Delivery by SLPs in Acute Care: Current Practice and a Call to Action

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Roles for Speech-Language Pathologists and Other Health Care Professionals

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Communication Vulnerabilities

- Medical treatment (intubation, trach, BIPAP)
- Neurogenic difficulties (aphasia, dysarthria, TBI)
- Sensory: hearing and vision
- Limited English proficiency / language difference
- Difficulty reading and/or writing
- Health literacy
- Inability to produce intelligible speech
- Pre-existing speech/language difficulties
- Altered mental status



Ebert, D. (1998)



Communication Risks

- Serious medical events
(Cohen, et al., 2009)
- Sentinel events
(The Joint Commission, 2007)
- Increased diagnosis of psychopathology
(The Joint Commission, 2007)
- Poor medication compliance
(Andrulis et al., 2002)



Communication Risks Cont'd

- Leaving Against Medical Advice
(Flores, 2003)
- Fear, stress, sleep disturbances
(Happ, et al., 2004)
- Loss of ability to participate in own care
(Garrett, et al., 2007)



Communication Access Benefits

- Received less sedation
- Transitioned quicker
- Increased patient satisfaction scores
- Felt more in control... generally do better...

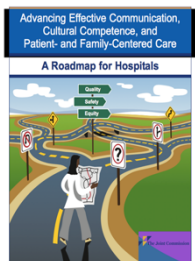


Happ, et al., (2004)
Patak, et al., (2008)



Joint Commission Standards

- Effective scoring in 2012
- Guidelines for AAC access on admission, assessment, and intervention guidelines for AAC support



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New Joint Commission PC Requirements

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

Rationale for PC.02.01.21

This standard emphasizes the importance of effective communication between patients and their providers of care, treatment, and services. Effective patient-provider communication is necessary for patient safety. Research shows that patients with communication problems are at an increased risk of experiencing preventable adverse events,¹ and that patients with limited English proficiency are more likely to experience adverse events than English speaking patients.^{2,4}

Identifying the patient's oral and written communication needs is an essential step in determining how to facilitate the exchange of information with the patient during the care process. Patients may have hearing or visual needs, speak or need a language other than English, experience difficulty understanding health information, or be unable to speak due to their medical condition or treatment. Additionally, some communication needs may change during the course of care. Once 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. This standard complements RI.01.01.01, EP.5 (patient right to and need for effective communication); RI.01.01.03, EP.2 (provision of language interpreting and translation services); and RI.01.01.03, EP.3 (meeting needs of patients with vision, speech, hearing, or cognitive impairments).

EP.1 The hospital identifies the patient's oral and written communication needs, including the patient's preferred language for discussing health care. (See also PC.02.01.01, EP.1)

Note: Examples of communication needs include the need for personal devices such as hearing aids or glasses, language interpreters, communication boards, and translated or plain language materials.

EP.2 The hospital communicates with the patient during the provision of care, treatment, and services in a manner that meets the patient's oral and written communication needs. (See also RI.01.01.03, EPs 1-3)

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Patient Satisfaction

- Hospital Value Based Purchasing Program adjusts what Medicare pays hospitals for **patient experience**.
- **Reimbursement** of up to **2%** in 2018 which equals approximately **\$1.8 billion**.
- Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) survey. Patient satisfaction is 25% of the equation.
- **10 out of 32 questions** on the survey focus on **communication**.

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HCAHPS Questions

6. During this hospital stay, how often did doctors **listen carefully to you**?

¹ ☐ Never
² ☐ Sometimes
³ ☐ Usually
⁴ ☐ Always

7. During this hospital stay, how often did doctors **explain things** in a way you could understand?

¹ ☐ Never
² ☐ Sometimes
³ ☐ Usually
⁴ ☐ Always

<https://www.medicare.gov/hospitalcompare/search.html>



Aim

- 1. Identify the state of AAC service delivery at bedside in acute care hospitals
 - Who is providing services
 - Types of services provided
 - Access to resources, tools, and materials
- 2. Identify SLPs' perceptions of AAC service delivery related to:
 - Professional knowledge and confidence
 - Barriers to implementation
 - Availability of resources
 - Hospital culture



Ultimate Goal

Identify gaps and challenges and create action plans to promote change



Methods

- 35 question electronic survey
- Disseminated through:
 - ASHA SIGS 2, 12, and 13
 - Facebook Groups:
 - “AAC for the SLP”
 - “Medical SLP Forum”
 - Email list serves
- Secure data collection software: RedCAP

Survey Questionnaire

1. SLP Background
2. Knowledge & Experience in AAC
3. Staffing
4. Bedside Practice
5. Confidence in Bedside AAC
6. Practice Barriers

Knowledge and Experience in Augmentative and Alternative Communication (AAC)

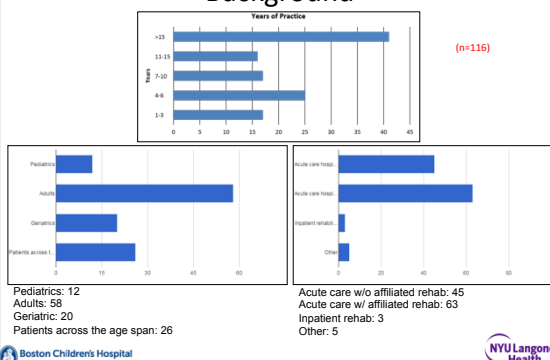
44. Describe your training in augmentative and alternative communication (AAC). (Select all that apply.)

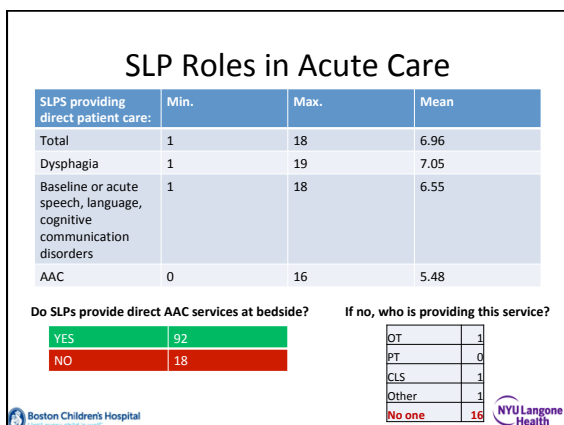
45. Select the statement that best describes your knowledge of AAC in your current practice environment. (Select one.)

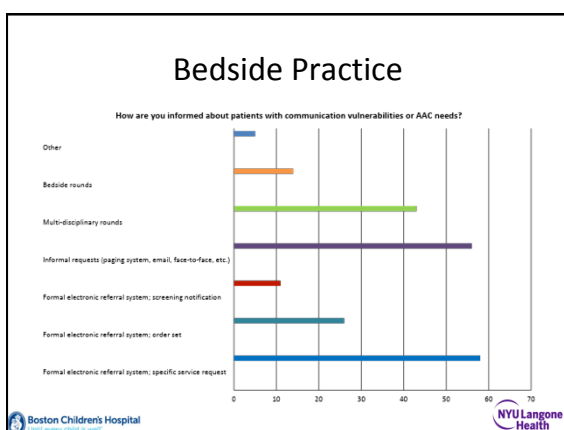
46. Select the statement that best describes your confidence in providing AAC services in your current practice environment. (Select one.)

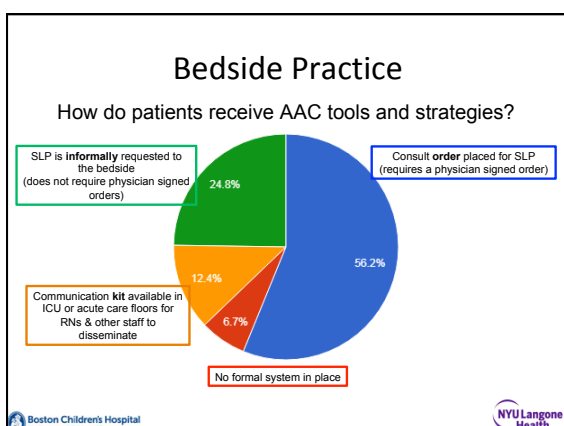
47. Have you ever heard the term "bedside provider communication?" (Select one.)

Background









Bedside Practice

Who makes referrals?

Referring Provider	Count	%
Nurses	88	94.6
Physicians	82	88.2
Occupational Therapists	68	68
Physical Therapists	59	59
Nurse Practitioners	55	59.1
Other SLPs	34	34
Social workers	30	32.3
Family members	28	30.1
Child Life Specialists	9	9
Psychologists	4	4
Chaplains	2	2.2
Outpatient providers	2	2.2
Other	1	1.1

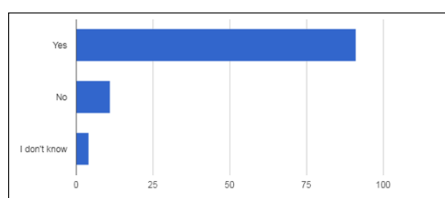
Available AAC Tools & Strategies

What types of AAC tools and strategies are available at your institution?

High-tech	29
Mid-tech	30
Low-tech	104
None of the above	0

Adapted Nurse Call Systems

Do patients with low mobility or physical access needs receive adapted nurse call systems at your institution?

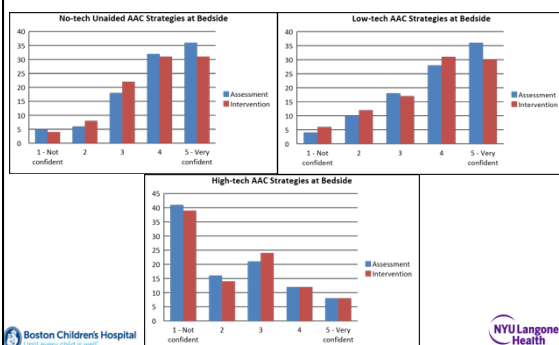


Staff Education

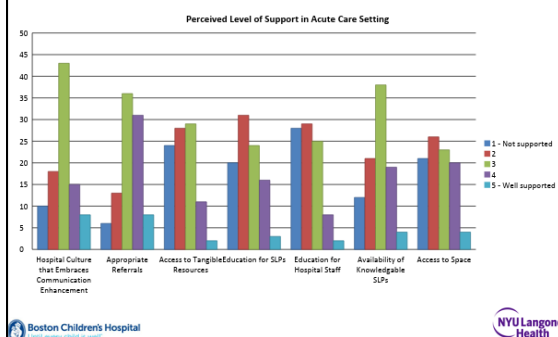
What type of training to staff receive regarding communication enhancement strategies?
(Select all that apply)

Bedside trainings	53
Flyers, handouts, and bedside signage	43
Informal in-service trainings	34
Formal in-service trainings	14
E-learning modules	12
Other	17

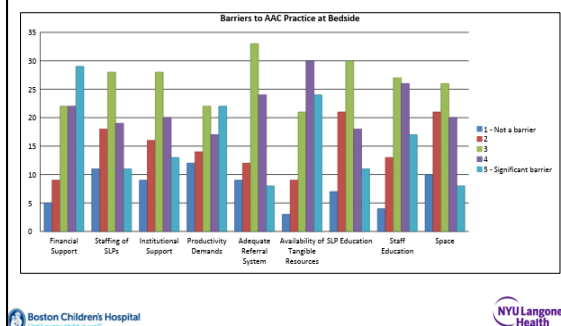
Confidence Level in AAC



Level of Institutional Support



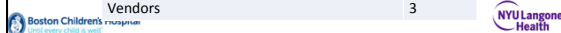
Practice Barriers



Information Sources

In your efforts to learn more about implementing AAC at bedside in the acute care setting, where do you turn for information?

Source	Count
Conferences	21
Colleagues	16
Webinars	14
Blogs/Websites	13
Organizations (ASHA, USSAAC)	10
Social Media	7
List Serves	3
Patient Provider Communication Forum	3
Publications	3
Vendors	3

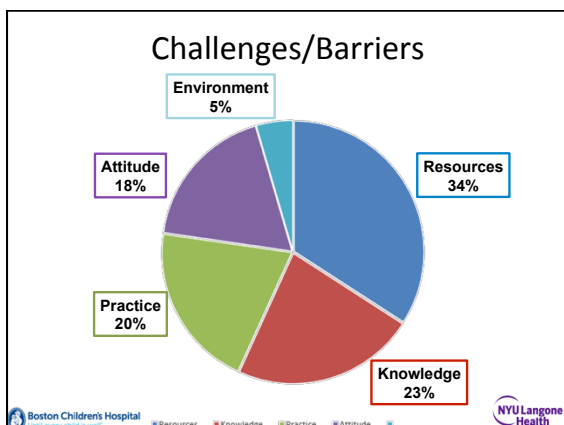


Opportunity Barriers Across Settings

Beukelman and Mirenda, 1998

- **Attitude**
Medical thinking; medical care is easier without interference
- **Practice**
Clinical priorities do not include communication access.
- **Resource**
Access to tools, materials
Experienced staff
Financial resources to fund service
Time
- **Knowledge**
Of SLPs and other bedside providers
- **Environment**
Abundance of medical equipment at bedside
Storage limitations





Resources

“Time to generate facility specific communication boards.”

“The biggest barrier is funding for long-term equipment needs.”

“One main barrier seems to be OT availability for inpatient time dedicated to support with positioning, access, mounting, etc. for our more involved patients.”

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Resources

“Time restrictions due to staffing levels and to maintain high level of productivity.”

“...There are limited resources available for Spanish speakers who use AAC in acute care.”

“...Losing equipment due to inadequate return system.”

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Knowledge

"More education needed on how to implement AAC for patients who are temporarily communication impaired."

"Staff awareness of SLP role."

"Complacency (nurses think they can tell what the patient wants)."



Practice

"It's simply less of a priority in the acute care setting. We do basic speech/language assessments when we have time and primarily focus on dysphagia."

"Length of stay and fluctuating medical conditions."

"Medical needs are more important than communication needs."



Attitude

"Active resistance from RNs on occasion."

"My managers, despite being great in other regards, do not see it as a necessity for SLPs to work to implement an effective means of communication for vent patients."

"Staff buy-in."



Environment

"The patient moved rooms and it was a significant stressor to keep track of the device."

"Being housed outside of the hospital presents a barrier for consults and follow ups."



Other Open Ended Responses

Is there anything else you would like to include regarding implementation or barriers to AAC service delivery at your hospital setting?

"Carryover of strategies/recommendations/tools across nursing shifts."

"High tech devices are not practical in the acute care setting."

"Working to obtain SLP involvement for AAC for intubated patients as protocol/order set for ABCDEF protocol."

"We are often asked to assist with AAC for goals of care discussions (e.g. a newly locked-in patient to assist with discussing trach/PEG care plan). This is of concern and challenge and we don't all feel well supported/informed on best practice."



What now?

- Identify challenges and barriers in your setting
- Just get started (if you can)!
- Develop an action plan



Staff Education

- Educate ourselves on appropriate bedside practices
 - Implementation strategies
 - Direct selection
 - Partner-assisted scanning
 - Eye gaze
 - Other access strategies (e.g. switch, joystick, mouse, etc.)
 - Caregiver training
- Educate acute care staff:
 - Making referrals
 - Implementation of low-tech strategies
 - When to call the SLP or other providers (e.g. OT, PT, child life, engineering)
 - Bedside training with RNs/physicians
- Incorporate communication status & needs into daily practice:
 - Do physicians mention communication status or needs as part of daily rounds?
 - Daily documentation by providers



Setup a Referral System

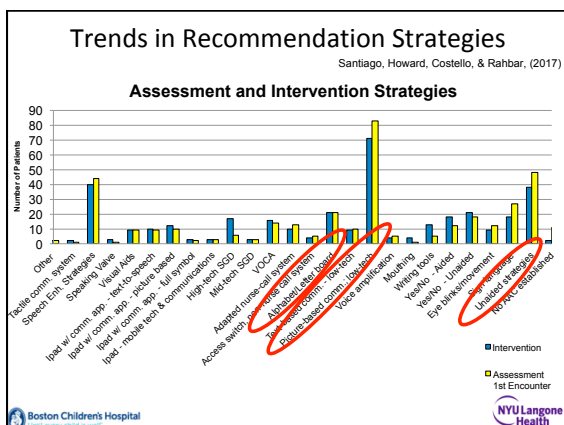
- Speak to hospital EMR specialists
 - Gain insight into how other consulting services receive similar consults
- Provide education to referring providers
- Tap into existing committees, initiatives, or programs (e.g. early mobility, sedation screenings, delirium screenings, etc.)
- Create a focus group of nurses to gain insight
- Create a decision tree for making referrals and using communication kits (if applicable)
- Add your pager, number, contact to the unit's "Frequent numbers" list
- BE VISIBLE!



Tangible Resources

- Communication Kits
- Low-tech tools
- Make materials ahead of time
 - Template communication boards – modify as needed
 - Off the shelf tools (e.g. Vidatek, Empower by Attainment, others)
 - Utilize graduate students, volunteers, etc.
 - Tap into outpatient providers for education, recs, and tools/strategies to save you time later
- Grant writing
- Data collection
 - Is there a deficit in needed materials vs. available materials?
 - Based on a feature-matched assessment!





Tangible Resources

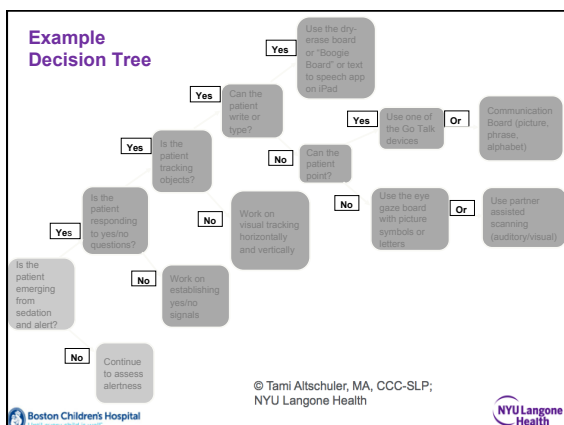
- Collaborate with PT, OT, child life, other services that may have access to materials that can be used to support AAC
- LABEL EVERYTHING!**
- Save space**
 - Partner with ICUs or other 'high traffic' units to store materials
 - Binder at front desk with communication boards stored by category/function
 - Establish dirty materials/tools drop off location
 - Should be soiled utility rooms
 - Speak to front desk, ESD staff, and nursing managers re: cleaned equipment
- Non-English speakers**
 - Vidatak boards
 - Communication apps in dual or multi languages
 - Meet with interpreter services to ensure creation of medically certified materials

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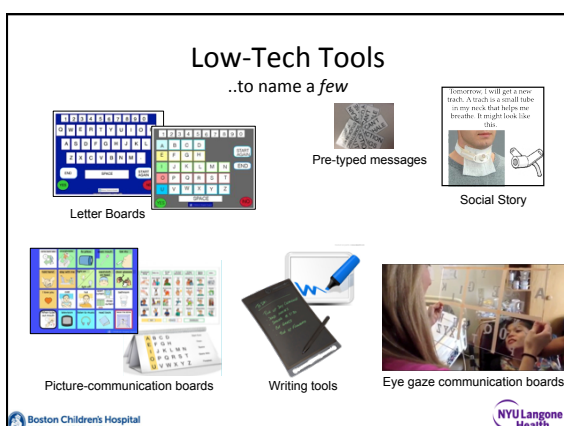
Communication Kits

- Communication boards**
 - Pictures
 - Alphabet
 - Varied displays (eye gaze, partner-assisted scanning, direct selection)
- Non-English supports**
 - Bilingual visual aids
- Writing tools**
 - Clipboard, pen/paper
 - Dry erase board
 - Boogieboard
- Sensory aids**
 - Magnifying glass
 - Voice amplifiers
 - (Personal hearing aids)*
 - (Personal glasses)*
- Tools to gain attention**
 - Voice-output communication aids
 - Chimes
 - Adapted nurse-call access
- Simple mounting supports:**
 - Switch arm
 - Tabletop or bed mount
 - Instructions

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Low-Tech Tools

..to name a *few* more

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Access Equipment

...to name *very* few

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Unaided Strategies

Sign language
Lifeprint.com

Eye blinks
(1 for "yes" | 2 for "no" |
Raise eyebrows for "I don't know")

THINGS I SAY:
When I say: Dah dah food/hungry
Manda medicine
Ah ah poo-poo

When I: Click my tongue Get my letter board

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Attitudes & Practices

- Conduct focus groups with RNs and physicians
- Involve non-SLP in a task force to guide & implement changes
- Establish nurse champions across shifts
 - Education
 - Training
 - Advocacy
- Provide education:
 - Case scenarios
 - Patient testimony
 - Evidence based practice
 - High reliability + adverse event issues
 - Cost-benefit
- Attend multi-disciplinary rounds
 - Disseminate information about current patients
- Collect data:
 - From patients and families: experiences, challenges, successes

PPC Information

<https://www.asha.org/SLP/PatientProviderCommunication/>

PPC Information

Patientprovidercommunication.org

PPC Information

Patient-Provider Communication Forum



A The Joint Foundation Of Learning



<https://www.facebook.com/groups/PatientProviderCommunication/>



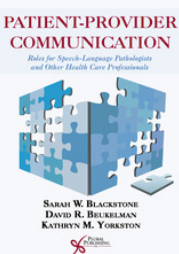
Bimonthly phone call



Information on upcoming conferences, lectures, webinars, etc.




PPC Information



Patient-Provider Communication
Roles for Speech-Language Pathologists and Other Health
Care Professionals

What can you find here?

- Chapter 1. Building Bridges to Effective Patient-Provider Communication
- Chapter 2. Issues and Challenges in Advancing Effective Patient-Provider Communication
- Chapter 3. Medical Education: Preparing Professionals to Enhance Communication Access in Health Care Settings
- Chapter 4. Enhancing Communication in Outpatient Medical Clinic Visits
- Chapter 5. Integrating Emergency and Disaster Resilience Into Your Everyday Practice
- Chapter 6. Adult Acute and Intensive Care in Hospitals
- Chapter 7. Pediatric Acute and Intensive Care in Hospitals
- Chapter 8. Patient-Provider Communication in Rehabilitation Settings
- Chapter 9. Residential Long-Term Care
- Chapter 10. Enhancing Communication in Hospice Settings
- Chapter 11. Making It Happen: Moving Toward Full Implementation




Conferences and Organizations

- USSAAC
- ISAAC
- ASHA
- ATIA
- SIG 12
- BCH Facebook page

<https://www.facebook.com/ACPCHBoston>




This Year @ ASHA:

Sessions related to PPC or Communication in Healthcare:

THURSDAY		FRIDAY	SATURDAY
1003	MCO1	1305	SC 30
1004	6088	6224	1721
1021	4014	1375	1850
1028	1110	1474	4101
4010	1126	1528	6667
4564	6127	1546	
7002	1186	1562	
7094	7306	1627	
6078			



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