



Call to Action: Improving Care to Communication Vulnerable Patients

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



Video: Yvonne

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)



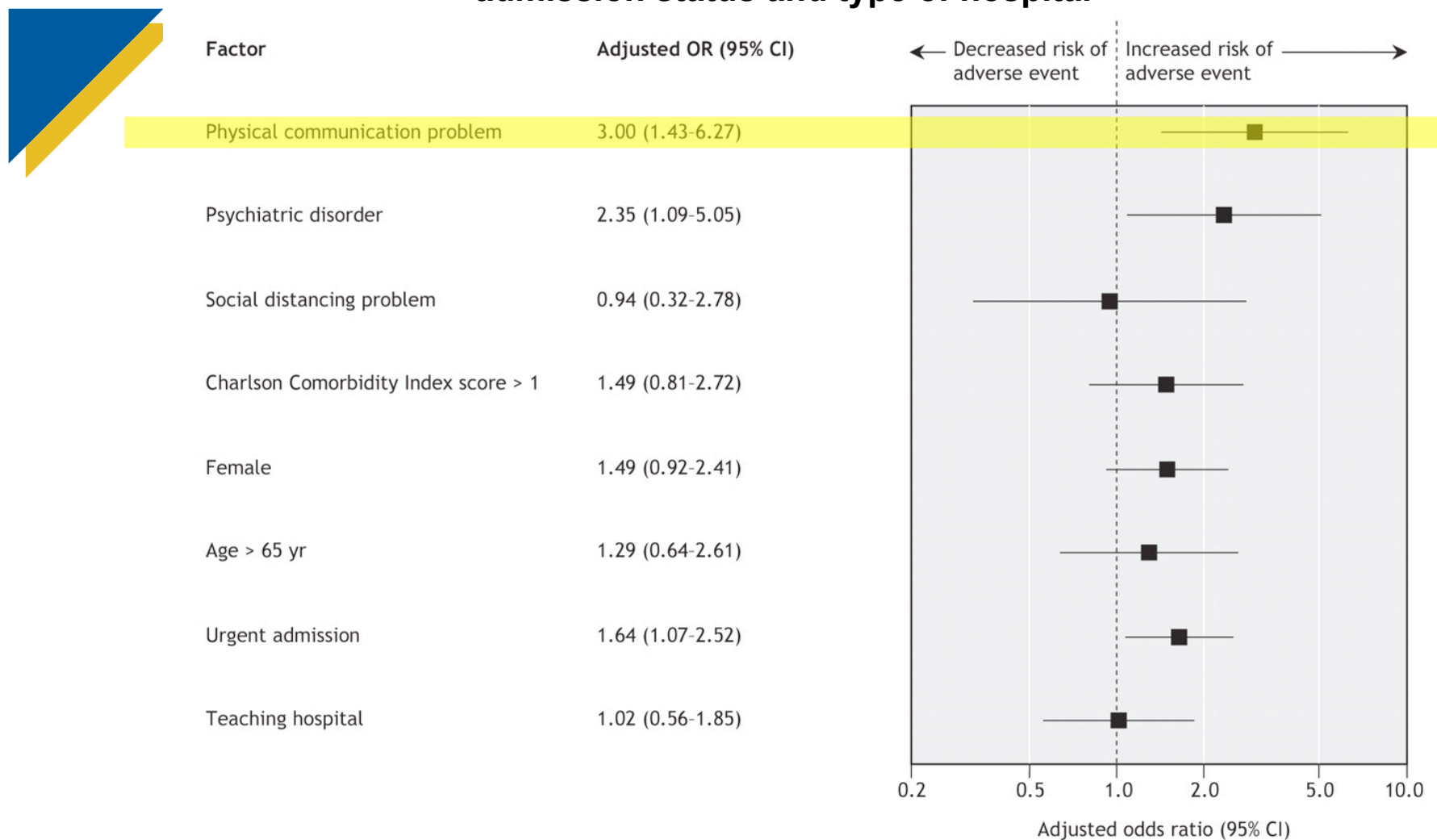
Bartlett, G. et al.

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



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)

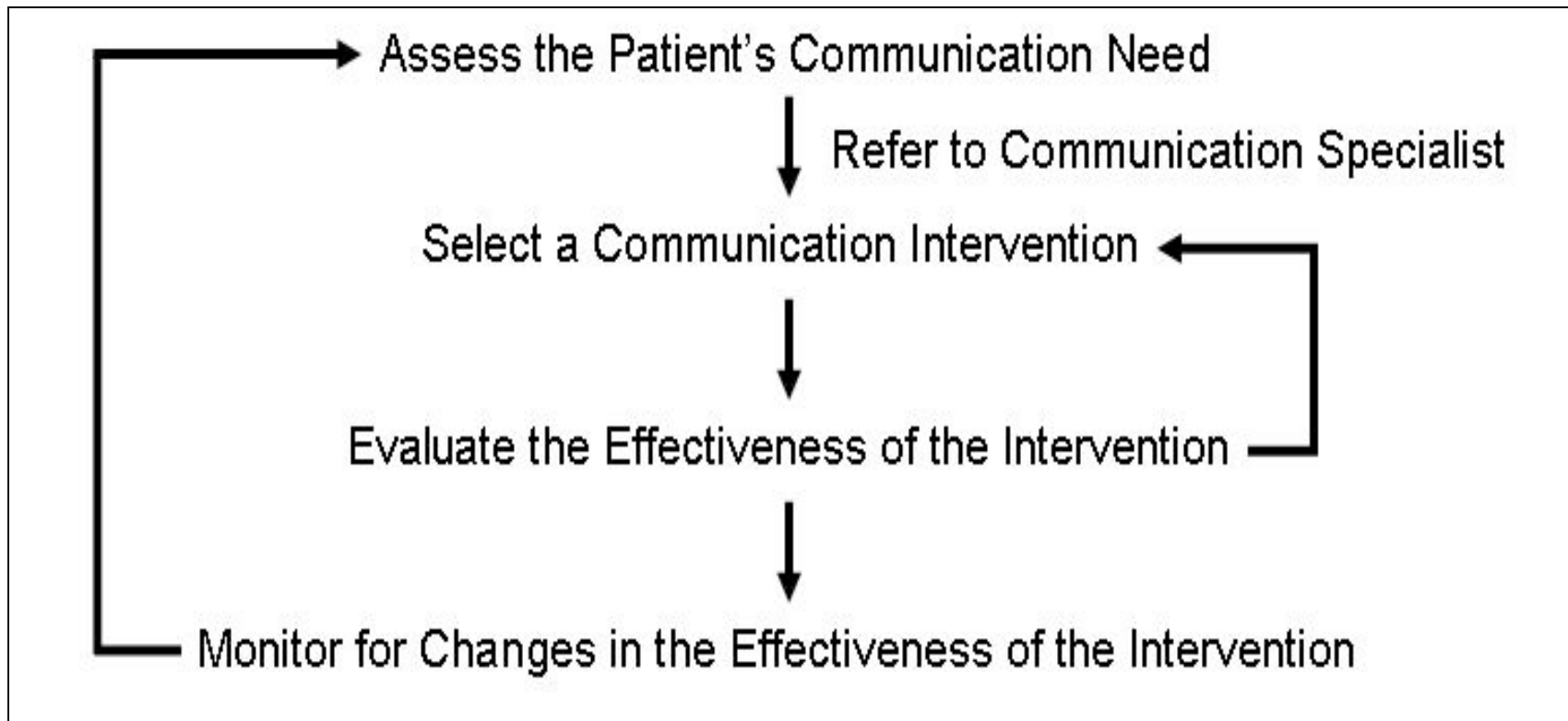
Provision of professional interpreter services is associated with improved clinical care and increased quality of care to LEP patients.

(Karliner et al. 2006)

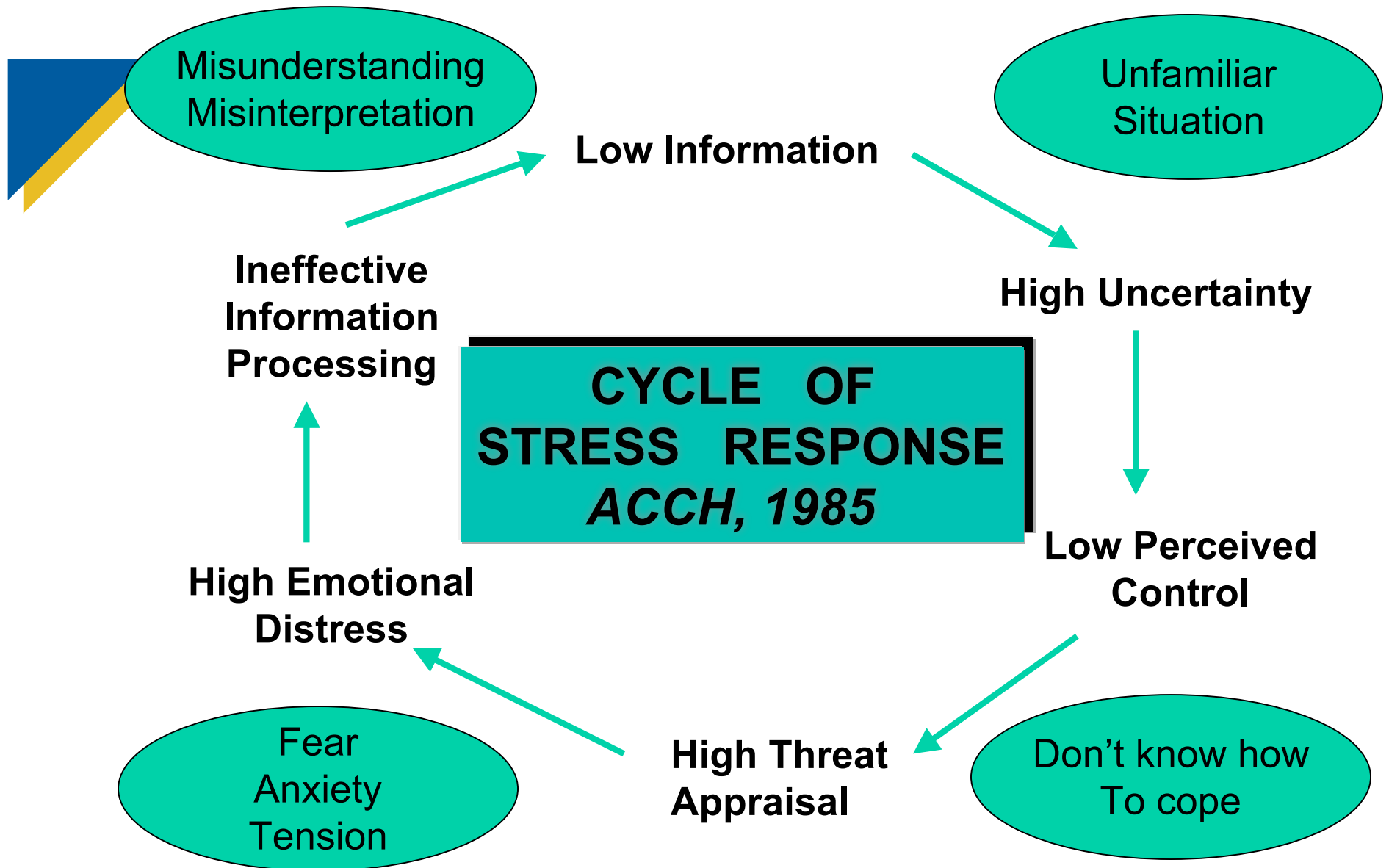
Call to Action

- 
- 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 health 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**

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 wear 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

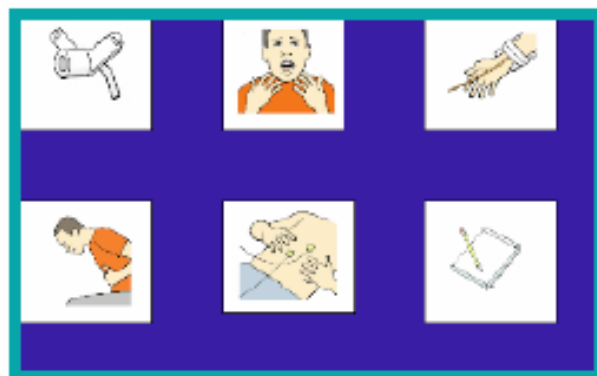
- 
- Size of targets
 - Color contrasts
 - Complexity of layout
 - Use of symbols versus text



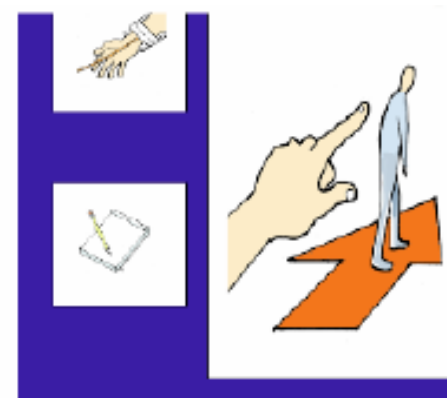
**Background
contrast**



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



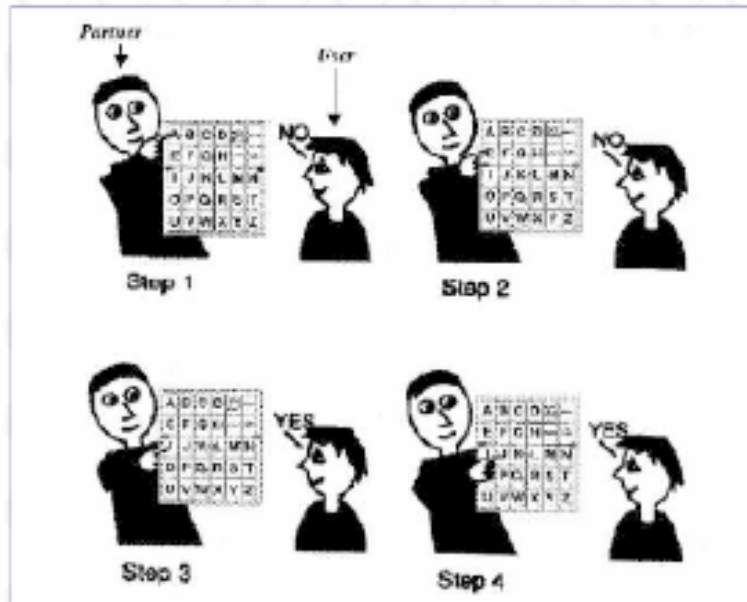
Videos: Real life examples

Amy - Direct select

Andrew - single switch scanning

Lori - splint to help access

Partner Assisted Scanning



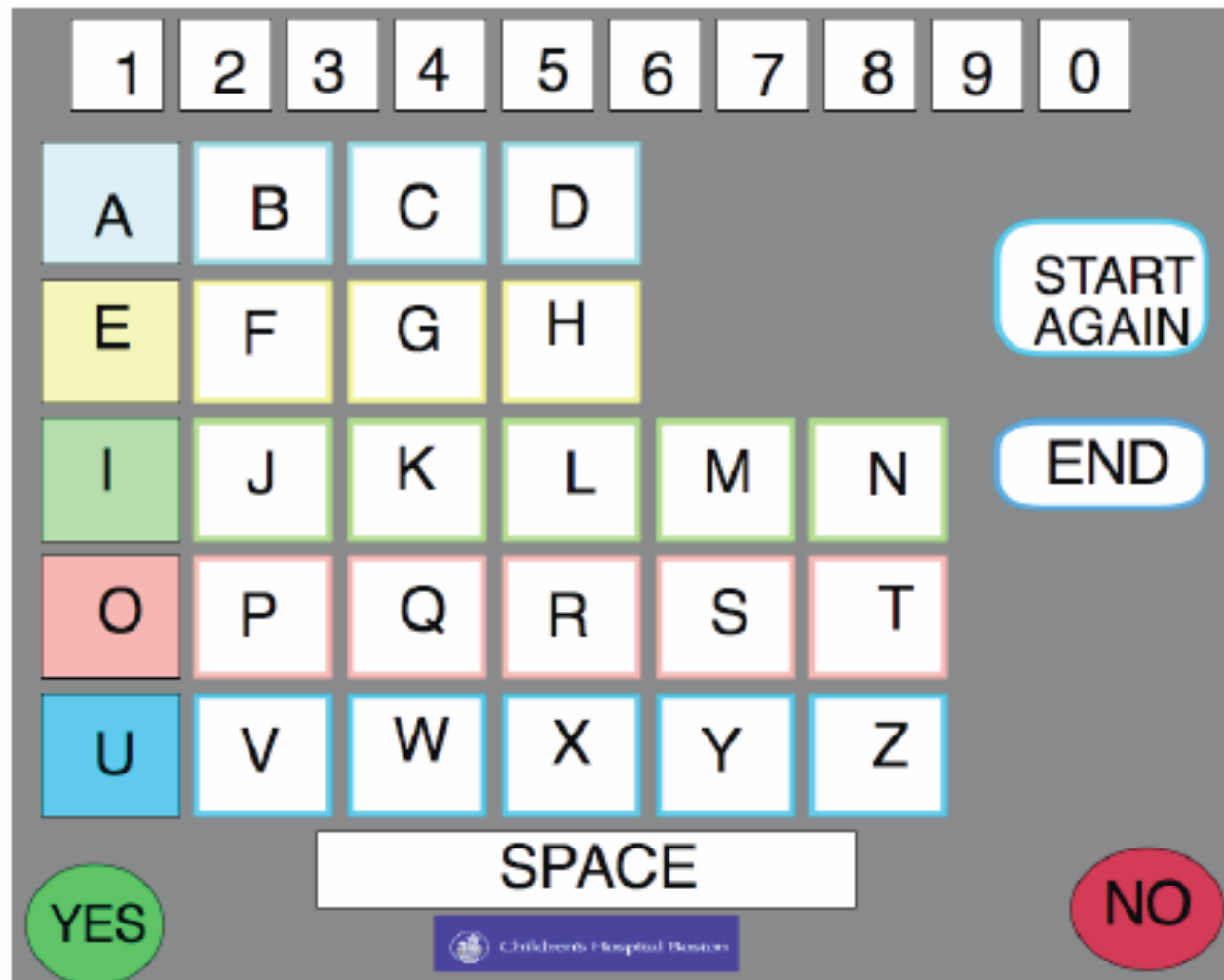
W. S. Karsandjian. Communication & Swallowing Disorders for the ALS Community. A COTA Manual. San Diego, 1997.



VIDEO

Resource: <http://www.cini.org>

Partner Assisted Scanning Spelling Board



A digital interface for a Partner Assisted Scanning Spelling Board. It features a grid of letter buttons (A-Z) and a numeric row (1-0). The letters are color-coded: A-D (light blue), E-H (yellow), I-N (light green), O-T (light red), and U-Z (light blue). A 'SPACE' button is located below the letter grid. To the right of the grid are two buttons: 'START AGAIN' (white with a blue border) and 'END' (white with a blue border). At the bottom left is a green circular 'YES' button, and at the bottom right is a red circular 'NO' button. A small logo for 'Children's Hospital Boston' is visible at the bottom center of the interface.

1	2	3	4	5	6	7	8	9	0
A	B	C	D						
E	F	G	H						
I	J	K	L	M	N				
O	P	Q	R	S	T				
U	V	W	X	Y	Z				
SPACE									

START AGAIN

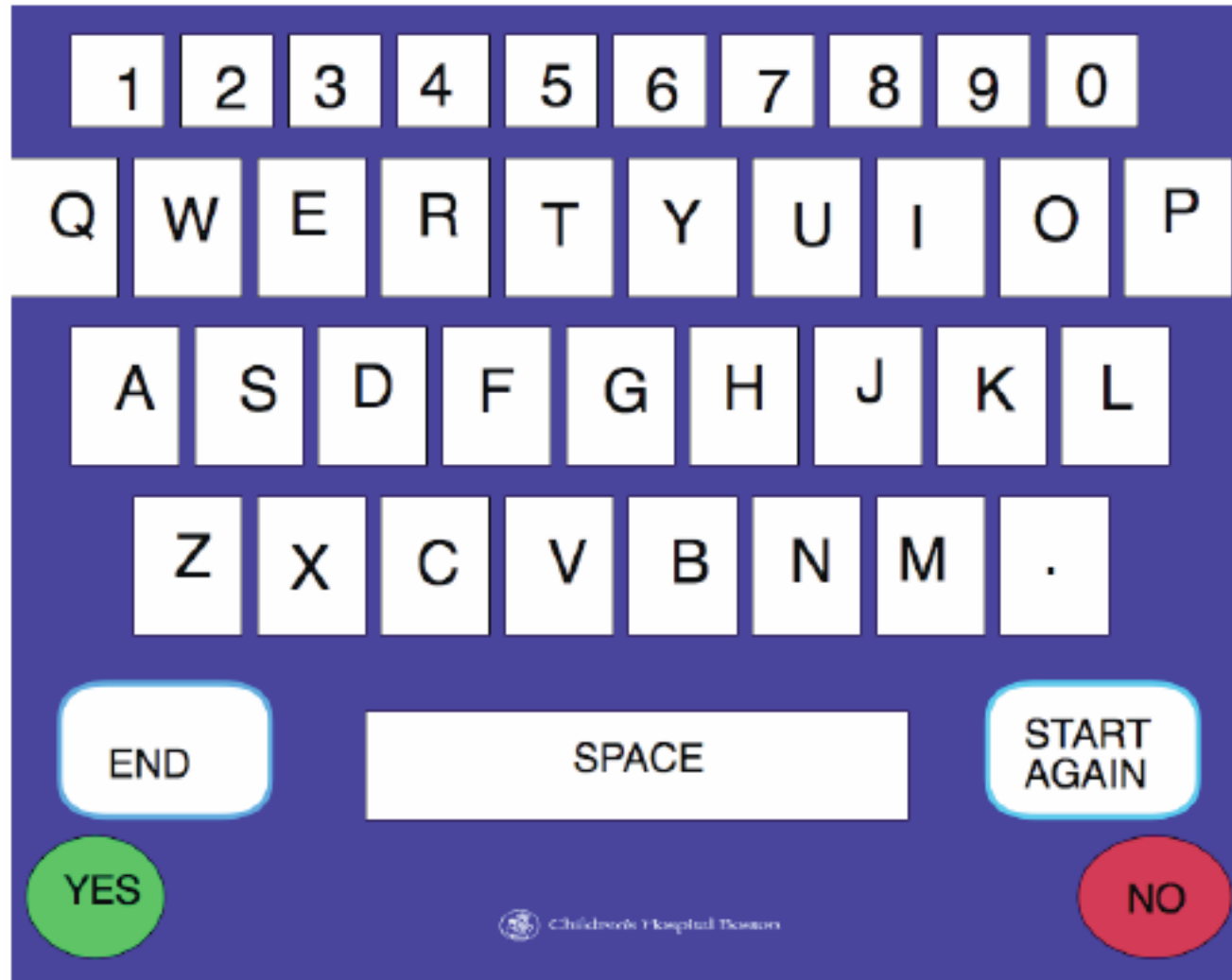
END

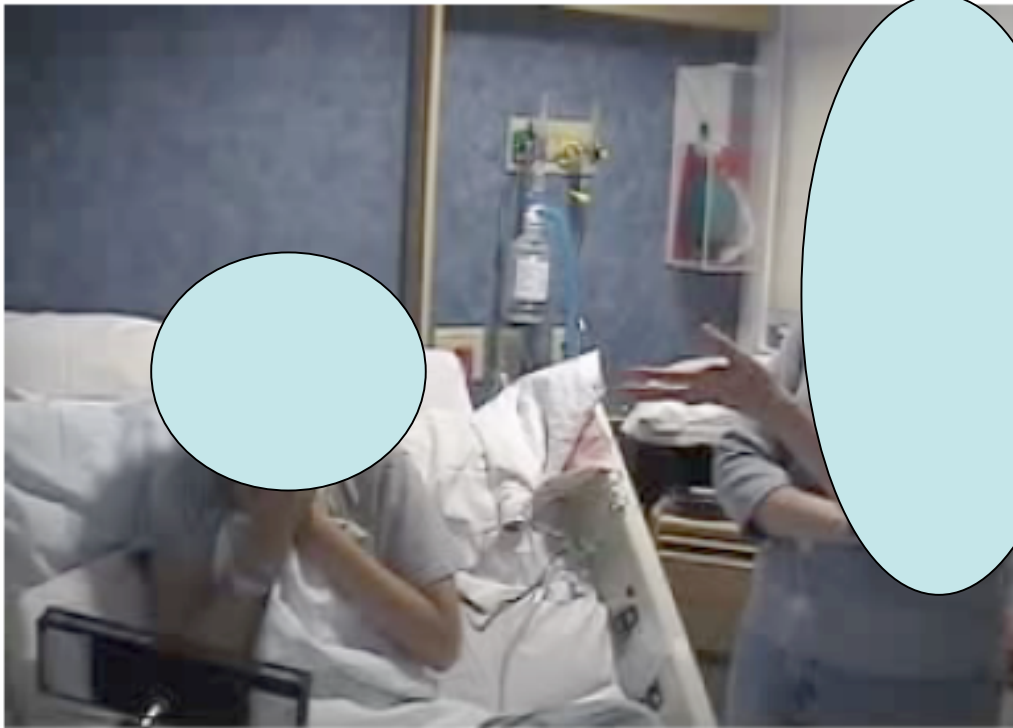
YES

NO

Children's Hospital Boston

Direct Selection Spelling Board





**Video - Hannah,
communicating with nurse call**



**Step by Step
From Ablenet, Inc**



adjust	up	on stomach	head	pain
pillow	down	on side	arms	okay
out of bed	sit in chair	rub	legs	itchy
uncomfortable	IV	massage	feet	untie hands

body comfort

Children's Hospital Boston



EZ PICTURE BOARD BY VIDATAK
AN INNOVATION IN PATIENT COMMUNICATION

● I AM

short of breath 	in pain 	choking 	feeling sick
hungry/thirsty 	cold/hot 	tired 	dizzy
angry 	afraid 	frustrated 	sad

● I WANT

to be suctioned 	lip moistened 	water 	to be comforted 	to sleep
tv/video/dvd 	call light /remote 	it quiet 	lights off/on 	to go home
to sit up 	to lie down 	to turn left/right 	head of bed up/down 	get out of bed

● I WANT TO SEE

doctor 	nurse 	family 	chaplain
------------	-----------	------------	--------------

Response Buttons:

no	yes		pen/paper
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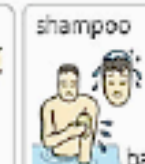
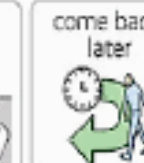
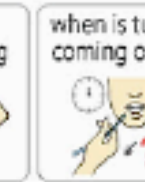
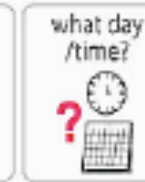
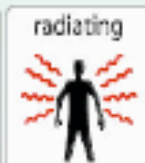
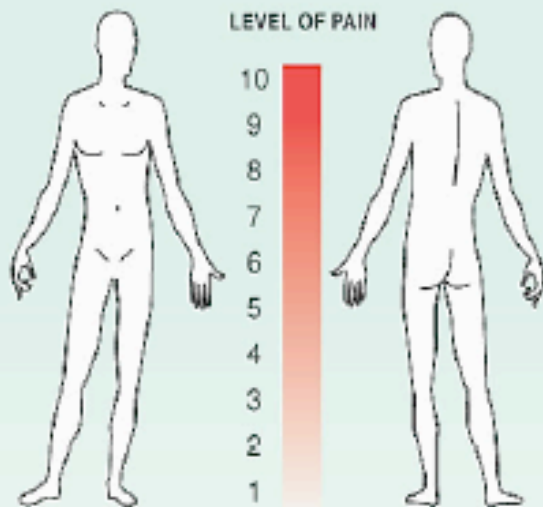
Alphabet and Numbers:

A	B	C	D	E	F	G	H	I	1	2	3	Thank You I Love You
J	K	L	M	N	O	P	Q	R	4	5	6	
S	T	U	V	W	X	Y	Z	.	7	8	9	
'	,	?	!	SPACE				+	0	-		

For infection control purposes, please do not reuse this board between patients.

<http://www.vidatak.com/>

PAIN CHART



All images copyright Children's Hospital Boston 2006. Used by permission. All rights reserved. KEEP THIS BOARD WITH PATIENT AT ALL TIMES. To order Contact: 1-877-300-4223 © 2006 Copyright. All rights reserved. Item for CCH - Patient. MADE IN CHINA

<http://www.vidatak.com/>

● I AM

☐ Short Of Breath ☐ Grogginess
☐ Frustrated ☐ In Pain
☐ Nauseous ☐ Light-Headed
☐ Anxious ☐ Afraid
☐ Disappointed ☐ Lonely
☐ Tired ☐ Angry
☐ Drowsy ☐ Wet
☐ Better ☐ Worse
☐ Thirsty ☐ Hungry
☐ Hot ☐ Cold
☐ Unsure (Or What Is Happening)

● I WANT

☐ Suctioned ☐ More Control ☐ To Be Comforted
☐ To Sit Up ☐ To Lie Down ☐ Prayer
☐ Water ☐ Ice ☐ Exercise
☐ Bath ☐ Shampoo ☐ Lotion
☐ Eyeglasses ☐ Hairbrush ☐ Massage
☐ Socks ☐ Urinal ☐ Bedpan
☐ Make A Call ☐ Call Light, TV ☐ Pillow
☐ To Turn Right ☐ To Turn Left ☐ Lights On
☐ Lights Off ☐ Lights Dim ☐ Blanket
☐ It Quiet ☐ To Sleep ☐ To Rest

● I WANT TO SEE

☐ Doctor ☐ Chaplain ☐ Assistant
☐ Nurse ☐ Social Worker ☐ My Family
☐ Respiratory Therapist ☐ Physical Therapist

● I WANT TO CLEAN

☐ Mouth ☐ Teeth ☐ Face
☐ Nose ☐ Hands ☐ Hair

A B C D E F G H I 1 2 3
 J K L M N O P Q R 4 5 6
 S T U V W X Y Z 7 8 9
 ? 0 !

Thank You
I Love You

VIDATAK
PAIN CHART

PAIN CHART

THIS CHART BELONGS TO: _____

● LEVEL OF PAIN

10 Worst
9
8 Severe
7
6 Moderate
5
4
3 Slight
2
1 None

● THIS PART (Of My Body)

☐ Itches
☐ Stings
☐ Hurts
☐ Cramps
☐ Can't Move
☐ Is Numb
☐ Aches
☐ Burns
☐ Is Tender

● THE PAIN IS

☐ Constant
☐ Intermittent
☐ Radiating
☐ Throbbing
☐ Dull/Aching
☐ Sharp

I WANT Pain Medicine

☐ YES ☐ NO ☐ Please Explain ☐ I Need Reassurance
☐ Where ☐ When ☐ What ☐ Stop ☐ What Is The Plan? ☐ When Can
☐ How ☐ Why ☐ Who ☐ Continue ☐ How Am I Doing? ☐ I Go Home?

VIDATAK PAIN CHART

<http://www.vidatak.com/>



BIỂU ĐỒ ĐAU
Pain Map

MỨC ĐỘ ĐAU
Pain Level

10 Nặng nhất
9
8 Nặng
7
6 Trung bình
5
4 Nhẹ
3
2
1 Không

PHẦN NÀY
Part of the body

☐ Ngựa
☐ Đau nhói
☐ Đau
☐ Vộp bề
☐ Không cử động được
☐ Tê bại
☐ Đau nhức
☐ Bỏng
☐ Đau khi chạm đến

CƠN ĐAU
Pain attack

☐ Liên tục
☐ Cách quãng
☐ Lặn xa
☐ Nhói
☐ Âm ỉ/nhức
☐ Như cắt

TÔI MUỐN
I want
☐ Thuốc giảm đau

BẢNG GHI NHỚ:
Memory table

KẾ HOẠCH CHĂM SÓC:
Care plan

☐ CÓ
☐ KHÔNG

☐ Hãy vui lòng giải thích
☐ Tôi cần sự trấn an

☐ Ở đâu
☐ Khi nào
☐ Cái gì
☐ Hãy ngừng lại
☐ Khi nào tôi có thể về nhà?
☐ Tôi sẽ phải làm như thế nào?

☐ Thế nào
☐ Tại sao
☐ À
☐ Hãy tiếp tục
☐ Kế hoạch này là gì?

Vietnamese

Spanish

respirar
Breathe

☐ Frustrado/a
☐ Náuseas
☐ Ansiedad
☐ Decepcionado/a
☐ Cansado/a
☐ Somnoliento/a
☐ Mejer
☐ Sed
☐ Calor
☐ Frio

quiero ver a una
I want to see a

☐ Médico
☐ Enfermera
☐ Asistente

quiero limpiarme
I want to clean myself

☐ La boca
☐ Los dientes
☐ La cara
☐ La nariz
☐ Las manos
☐ El cabello

quiero
I want

☐ Que me hagan una succión
☐ Sentarme
☐ Agua
☐ Bañarme
☐ Anteojos
☐ Calcetines
☐ Hacer una llamada
☐ Darme vuelta a la derecha
☐ Que apaguen la luz
☐ En silencio

☐ Más control
☐ Recostarme
☐ Hielo
☐ Champú
☐ Un cepillo para el pelo
☐ Un orinal
☐ Llamar a la enfermera, Ver TV
☐ Darme vuelta a la izquierda
☐ Que bajen las luces
☐ Dormir

☐ Sentirme reconfortado/a
☐ Orar
☐ Ejercicio físico
☐ Crema para el cuerpo
☐ Masaje
☐ Chata para orinar
☐ Almohada
☐ Enciendan la luz
☐ Cobija
☐ Descansar

A B C D E F G H I 1 2 3
J K L M N O P Q R 4 5 6
S T U V W X Y Z . 7 8 9
? 0 !

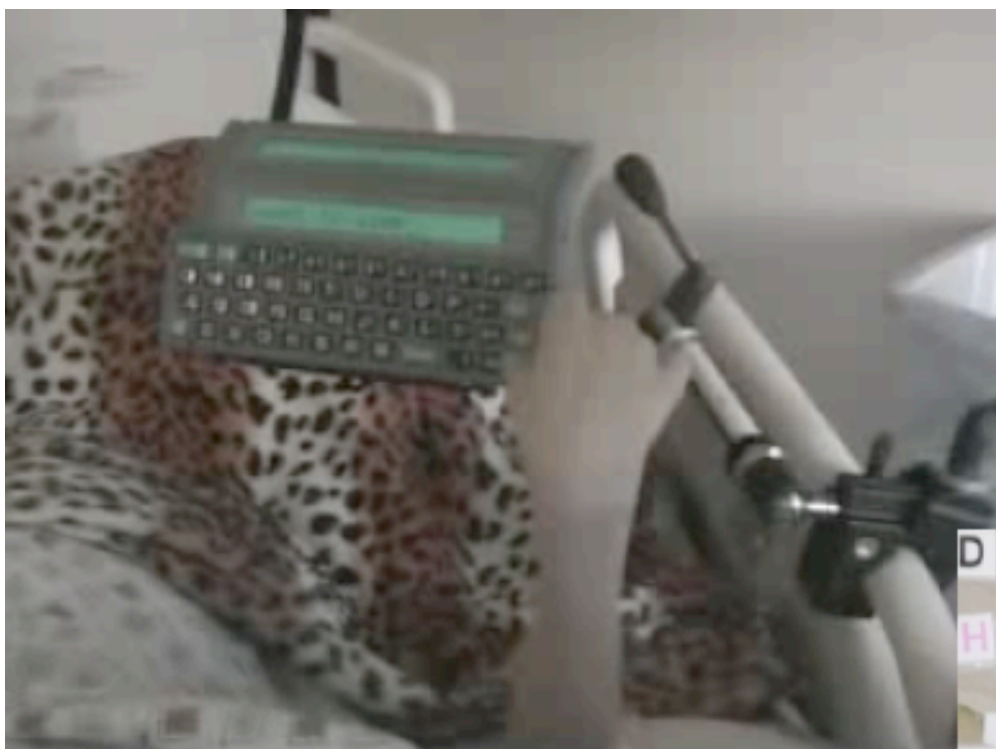
<http://www.vidatak.com/>



**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 psychosocial 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

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- 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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