Envisioning & Creating an Acute Care AAC Program for Adult Inpatients

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MASSACHUSETTS GENERAL HOSPITAL

SPEECH, LANGUAGE & SWALLOWING DISORDERS AND READING DISABILITIES

Disclosures

Financial

- Both presenters and all contributors are salaried employees of Massachusetts General Hospital
- MGH Ladies Visiting Committee start-up grant

Non-Financial

- No additional disclosures

Our Hospital

Massachusetts General Hospital

- 1,000 bed academic medical center
- 28 units
- 8 ICUs
- Emergency Department
- Pediatrics

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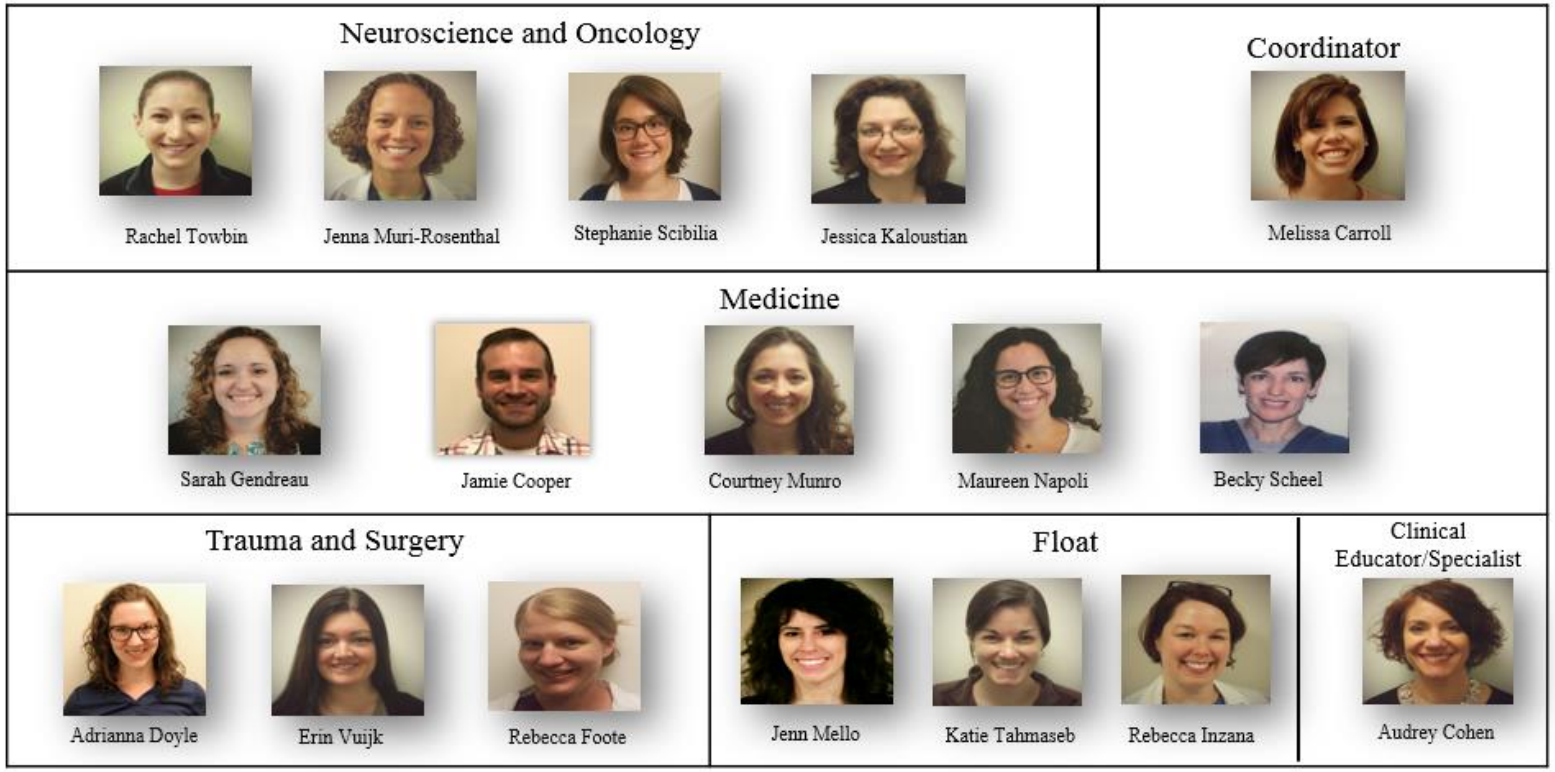
SPEECH, LANGUAGE & SWALLOWING DISORDERS AND READING DISABILITIES

Our Adult Inpatient SLP Team



- 12 full-time SLPs
- 4 part-time SLPs
- Organization
  - 3 rotating teams
- 16,000 annual consults

Learning Objectives

- Explore relevant AAC literature.
- Identify the benefits of developing an AAC initiative for communication vulnerable inpatients and for professional development.
- Consider institution-centered needs for development and implementation of an AAC program.

Agenda

- ❑Background on current landscape of AAC literature in acute care
- ❑Phases of implementing the MGH AAC initiative
- ❑“Imagine More!”
- ❑Resources
- ❑Lessons learned

Who is *Communication Vulnerable*?

chronic

acute

- Speech/Voice
  - dysarthria, apraxia, aphonia
- Language
  - aphasia, developmental delay
- Cognition
  - altered mental status, delirium, brain injury
- Sensory
  - vision, hearing
- Medical intervention
  - intubation, sedation, trach/vent

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Why is AAC important for us to prioritize for adults in acute care?

Patients' safety is at risk

Impact of patient communication problems on the risk of preventable adverse events in acute care settings

Gillian Bartlett PhD, Régis Blais PhD, Robyn Tamblyn PhD, Richard J. Clermont MD, Brenda MacGibbon PhD

"Patients with communication problems were **3 times more likely** to experience a preventable adverse medical event…"

It impacts patient outcomes

ELSEVIER

Applied Nursing Research 19 (2006) 182–190

Applied Nursing Research

www.elsevier.com/locate/apnr

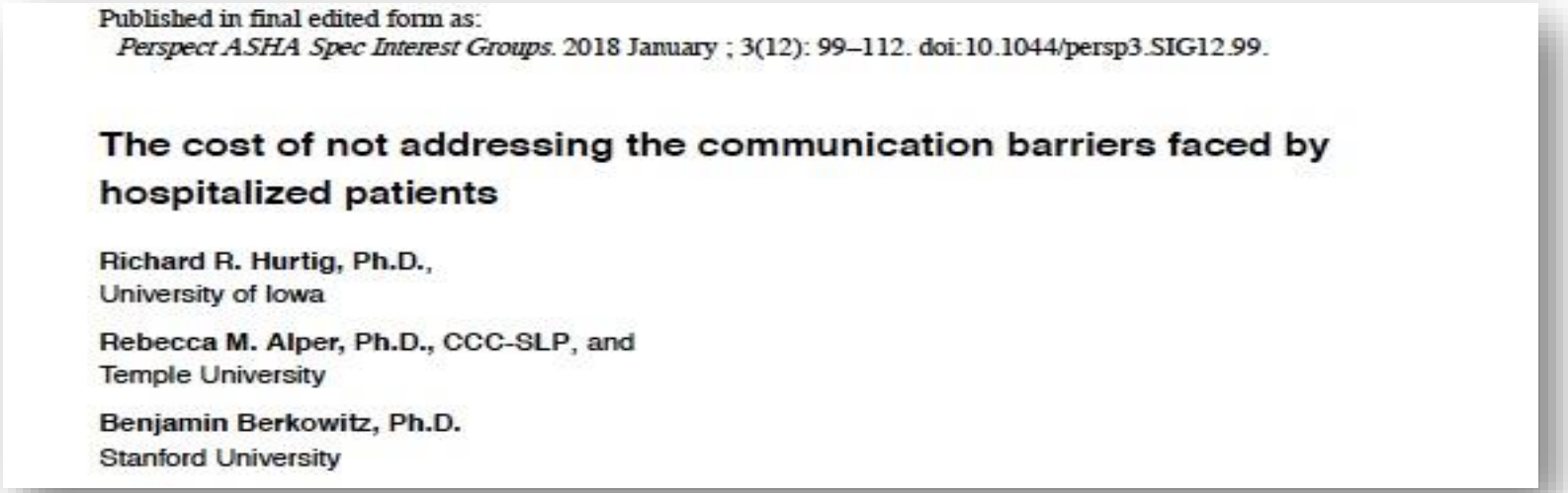
Original Article

Communication boards in critical care: patients' views☆

Lance Patak, RN, BSN, CCRN[a], Anna Gawlinski, RN, DNSc[b,*],
Ng Irene Fung, RN, MSN, ACNPc, CCRN[c], Lynn Doering, RN, DNSc[d],
Jill Berg, RN, PhD[d], Elizabeth A. Henneman, RN, PhD[e]

- 62% of critical care level patients report high levels frustration
- 69% report a communication board would have been helpful

There are financial consequences



Published in final edited form as:
Perspect ASHA Spec Interest Groups. 2018 January ; 3(12): 99–112. doi:10.1044/persp3.SIG12.99.

The cost of not addressing the communication barriers faced by hospitalized patients

Richard R. Hurtig, Ph.D.,
University of Iowa

Rebecca M. Alper, Ph.D., CCC-SLP, and
Temple University

Benjamin Berkowitz, Ph.D.
Stanford University

- National data on hospital admissions
- Incidence of preventable adverse events are approx. 671,440 cases
- Associated cost estimated at $6.8 billion annually

Patients need access

AJSLP

Review

The Feasibility, Utility, and Safety of Communication Interventions With Mechanically Ventilated Intensive Care Unit Patients: A Systematic Review

Charissa J. Zaga,[a,b,c] Sue Berney,[d,e] and Adam P. Vogel[b,f,g]

Published in final edited form as:
Heart Lung. 2015 ; 44(1): 45–49. doi:10.1016/j.hrtlng.2014.08.010.

The number of mechanically ventilated ICU patients meeting communication criteria

Mary Beth Happ, PhD, RN, FGSA, FAAN[a,b,*], Jennifer B. Seaman, BSN[b], Marci L. Nilsen, PhD, RN[b], Andrea Sciulli, BA[b], Judith A. Tate, PhD, RN[a], Melissa Saul, MS[d], and Amber E. Barnato, MD, MPH, MS[c]

53.9% of mechanically ventilated patients needed assistance with communication

It's within our scope of practice

- Cognitive-linguistic impairments experts
- Collaborations with colleagues for patients with complexities
- Already advocates for patients with complex communication needs and involved in serious illness conversations
- ASHA Scope of Practice
- Joint Commission Standard of Care

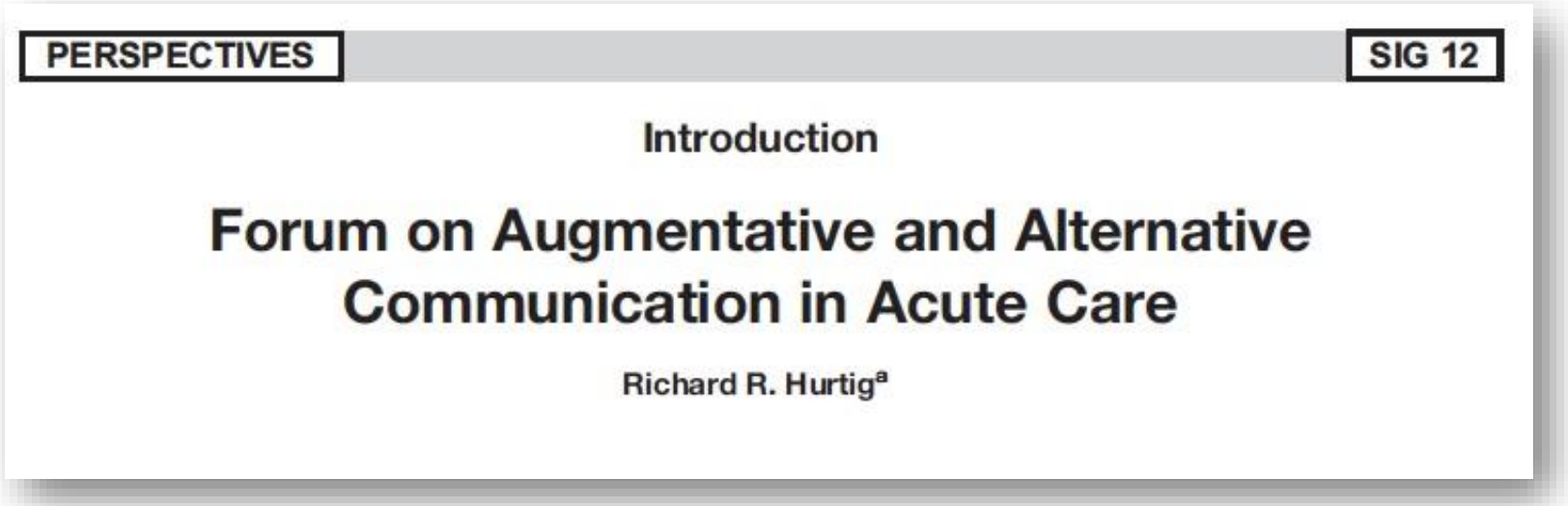
JACHO mandates it

"No longer considered to be simply a patient's right, effective communication is now accepted as an essential component of quality care and patient safety" (Cross et al. and Smedley et al. as cited by JACHO)

Call on SLPs to:

1. Determine communication impairments
2. Provide AAC resources
3. Train others on how to access /utilize

But many of us face barriers


PERSPECTIVES

SIG 12

Introduction

Forum on Augmentative and Alternative Communication in Acute Care

Richard R. Hurtig[a]

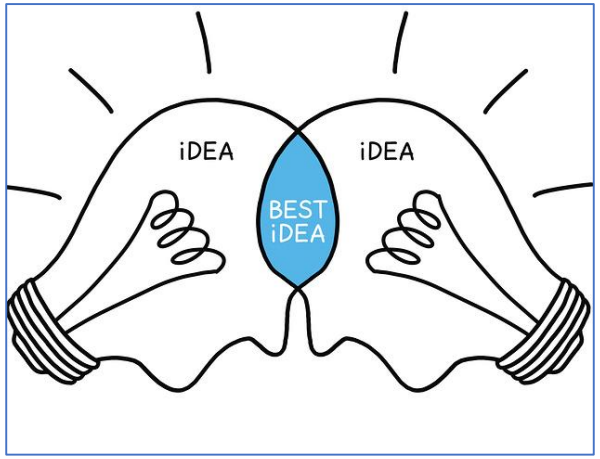
- Three part descriptive study via a series of cases
- Highlights barriers SLPs face and offers solutions related to:
  - Patients
  - Systems (Consult ID, etc.)
  - Training & implementation
  - Technology

That's why we are here!

Agenda

- ✓ Background on current landscape of AAC literature in acute care
- ❑ Phases of implementing the MGH AAC initiative
- ❑ “Imagine More!”
- ❑ Resources
- ❑ Lessons learned

Our service history… a 15-year journey



Our Initiative Story

- Patrick

Phase I: Conceptual Phase

What is our role?

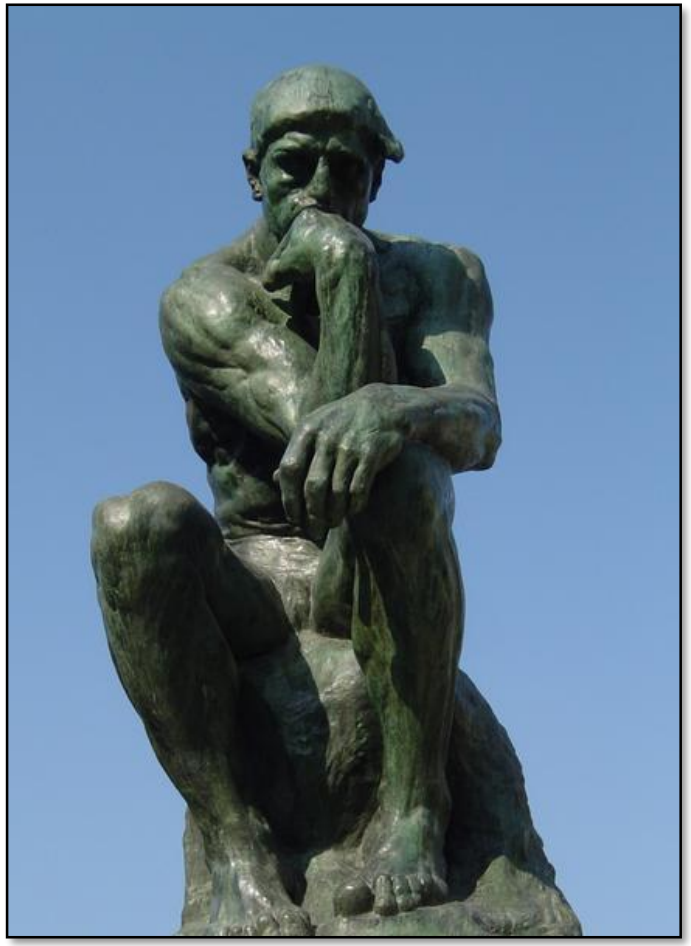
What resources do we have?

Who will want to collaborate?

What are other SLPs doing for these patients?

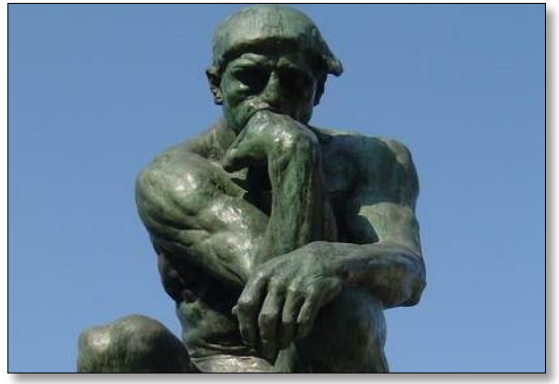
What does the literature say?

Where should we start?

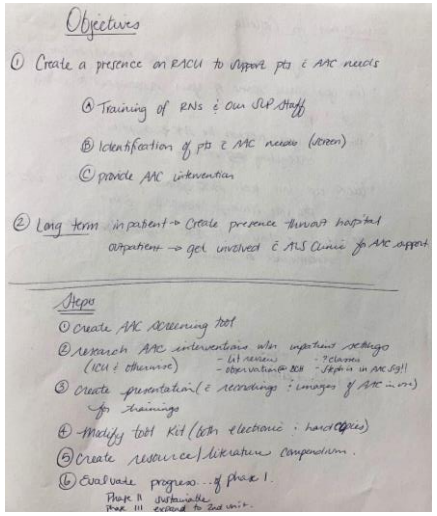


Phase I: Conceptual Phase

1. Identify goals
2. List team and hospital-specific needs
3. Review the literature and prior SLP work
4. Take inventory of available resources



1. Identified goals

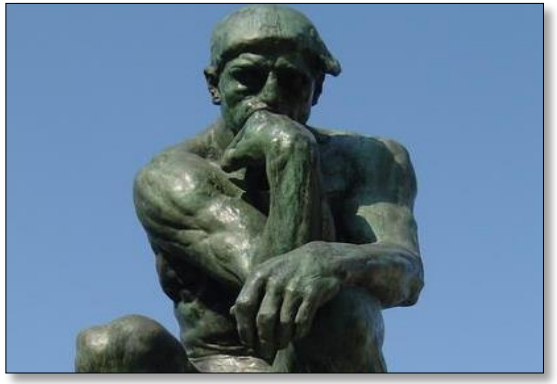


Short-term

- Create presence on a pilot unit
  - Identify communication vulnerable patients
  - Train unit RNs and SLP staff
  - Provide AAC intervention

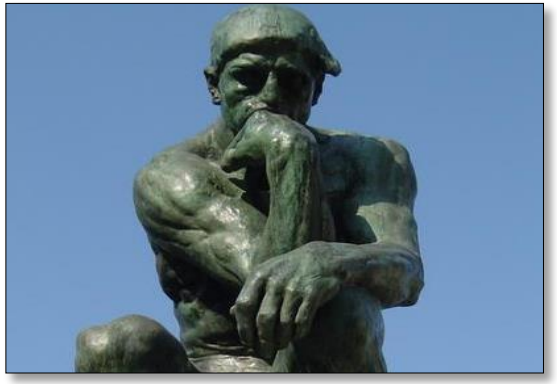
Long-term

- Spread program hospital-wide
- Collaborate with outpatient SLPs in the MGH ALS clinic



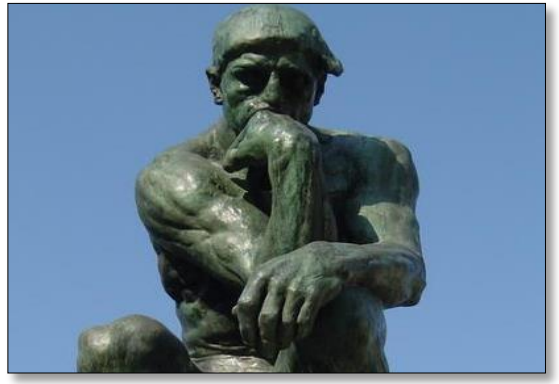
2. Listed team and hospital-specific needs

- Knowledge
  - Team
  - RN/Providers
- Materials needed
  - Communication boards
  - Implement system to identify appropriate AAC consults



3. Reviewed literature and prior SLP work

- Literature review
- Prior SLP work



AAC Community

Boston Children's Hospital:

Augmentative Communication Program

- 2013 presentation by John Costello MA CCC-SLP and Rachel Santiago MS CCC-SLP
  - *Three Phases of AAC Need in the Hospital ICU/Acute Care and Role of the SLP*
    - I: Emerging from sedation
    - II: Increased wakefulness
    - III: Need for broad and diverse communication access

- Created a robust collection of resources available
    - Published articles, presentations, and department website

      http://www.childrenshospital.org/centers-and-services/programs/a-_-e/augmentative-communication-program

AAC Community

Johns Hopkins

ASHA 2016 presentation by Kate Holdan and Betsy Zink

Initiating and Implementing an AAC program in an Adult Neuro ICU

- Created a low tech program and implemented in stages
- Utilized the SPEACs online & supplemental in-person training program
- Developed “communication tool kits”
- JACHO stated this was “best practice”

AAC Community

U. of Wisconsin Health Hospital

Waisman Center Communication Aids & Systems Clinic

Marshall & Hurtig articles published Oct 2019 in SIG 12

- Collaborative inpatient-outpatient model
- Use of both low and high tech tools

4. Took inventory of available resources

Physical

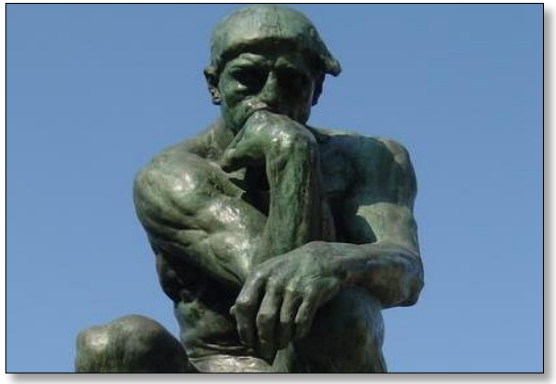
- What materials do we have vs. need?

Financial

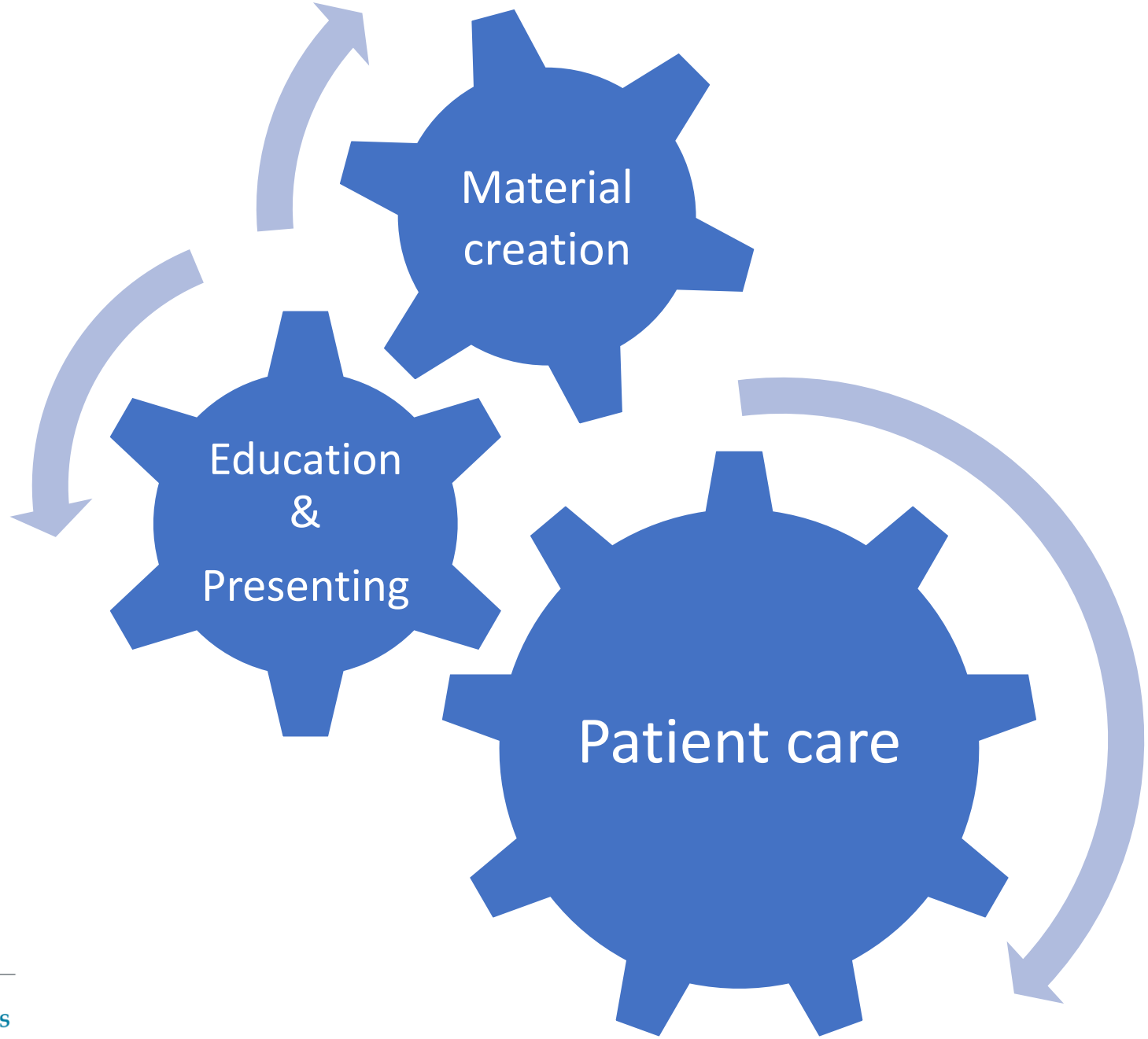
- What funds are available? Department budget? Grants?

Staff

- Clinical collaborators: OT, RN, interpreters, PM&R?
- Leadership champions/advocates: RN leadership



Phase II: Assess and Create


Material creation
Education & Presenting
Patient care

Phase II: Assess and Create

1. Form a dedicated SLP team
2. Present our goals to interdisciplinary community
3. Create materials
4. Collaborate with a pilot unit

1. Formed a dedicated SLP team

- Identified individual strengths and roles
- Joined by clinical specialist/department leadership
- Scheduled routine meetings
- Listed “action items” for each team member to complete prior to next meeting
- Periodic meetings with department director

2. Presented to our interdisciplinary community

- Who will be directly involved in this work?
  - Built our interdisciplinary team
  - Shared our plan with RN leadership and OTs

- Need to get buy-in!
  - Asked RNs about their AAC needs/received feedback
  - Suggestions for how to disseminate materials

3. Created materials

- For RNs
  - Decision tree—supports decision-making for patient communication needs
  - Generic communication boards

- For SLPs
  - Assessment guide
  - Report templates
  - Share drive

4. Collaborated with a pilot unit

- Identified a pilot unit
  - What unit has the most patients with complex-communication needs?
  - Where do we have a strong relationships with staff?

- Developed and presented RN trainings
  - What's a good time for the nurses?
  - What forum works best for their learning?

Phase III: Roll Out and Refine

Phase III: Roll Out and Refine

- SLP staff education series
- Collaborative evaluations with 2 SLPs
  - AAC learner
  - AAC team mentor
- Spread initiative to additional units
- Future plans
  - Ongoing feedback collection and refining
  - Collaborate with outpatient ALS Clinic
  - Interpretation of communication boards
  - Proactive intervention before planned procedures (e.g. tracheostomy)

Agenda

- ✓ Background on current landscape of AAC literature in acute care
- ✓ Phases of implementing the MGH AAC initiative
- ❑ "Imagine More!"
- ❑ Resources
- ❑ Lessons learned

“Imagine More!”

What would your Phase I look like?

- Goals
- Needs
- Resources

  physical, financial, staff


HELP
TIPS
ASSISTANCE
GUIDANCE
SUPPORT
ADVICE

List of Commonly Used Icons

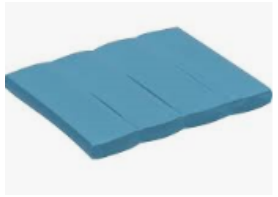
- Suction
- Mouth Care
- Thirsty
- Hungry
- Wash
- Call my family
- Bathroom
- Chair
- Bed
- Pain
- Medicine
- Hot/Cold
- Glasses
- Hearing Aid
- TV
- Nauseous
- Reposition
- Lights on/off

ITCHY 	**BOOTS** 
STEVE HARVEY 	**TEFILLIN** 

Inventory List

Physical Resources

- Binders
- Binder rings
- Clipboards
- Dry erase boards
- Fun tac
- Laminating pages
- Pocket folders
- Report folders
- Sharpies/markers
- Sheet protectors
- Tabs
- Teal paper



- Styluses (both fabric and rubber tipped)
- iPad
- iPhone holders x2
- Blue2Switch x1
- Bluetooth keyboard x2
- Laser pointer x1
- Printed boards
- Printed and laminated picture cards for matching
- Printed and laminated Yes/No cards

Inventory List

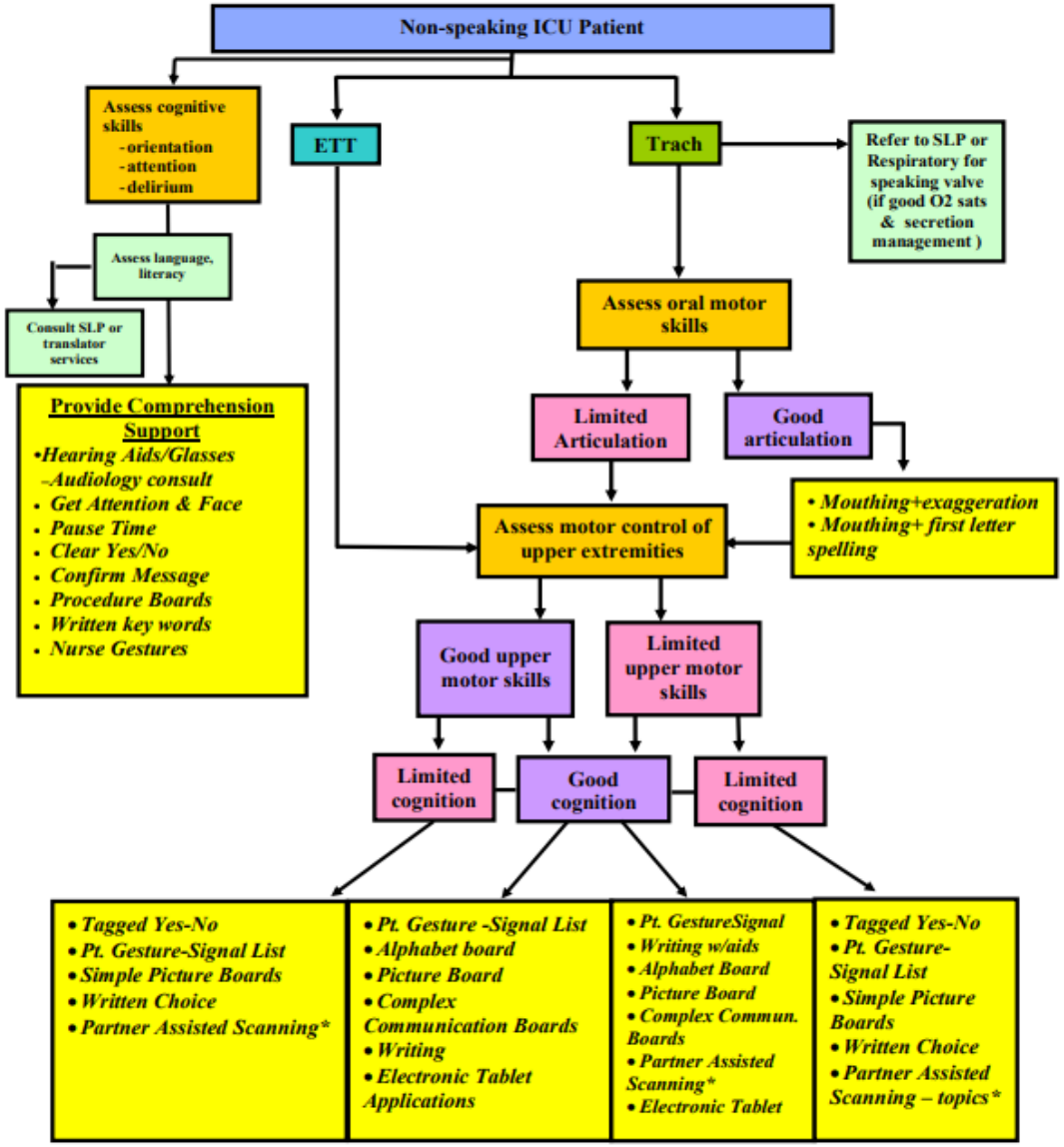
Virtual Resources

- Picture communication boards, editable
- Letter boards
- Flip books
- Catalogue of pictures/icons
- Interpreted boards
- Yes/No cards
- Yes/No questions
- OT Considerations for SLPs
- Template for Patient Communication Guide
- Instructions for AAC Use
- Pictures of AAC in use—positioning
- Evaluation template
- Decision Tree

Hospital Resources

- Magnifying glasses
- Personal amplifiers
- Brace shop
- Built up foam (e.g. for pens and utensils)
- Call bells
- Cuffs/braces
- Locline
- No-slip pages
- Pointers
- Positioning equipment
- Reader glasses
- Switches
- Weights
- Dry erase boards

SPEACS-2 Communication Assessment and Intervention



*Consult Speech Language Pathologist (SLP) for complex strategies or if selected strategies are unsuccessful.

http://nucleus.con.ohio-state.edu/media/speacs2/attachments/Large_Algorithm_10.07.09.happfootnote.pdf

Patient Communication Guide

MASSACHUSETTS GENERAL HOSPITAL

SPEECH, LANGUAGE & SWALLOWING DISORDERS AND READING DISABILITIES

Your name here

Voalte# 617-726-2333 X _____

Jess's Communication Guide

Primary Communication: **Mouthing**. When unintelligible, cue her to **over-articulate** and **speak slowly**.

Back-Up Communication:

Position: Hold the cards above and below your face.

Ask a yes/no question. The patient will respond by staring at the selected card.
(See hierarchical list of yes/no questions posted at bedside.)

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Your Name, SLP
Contact Info

Agenda

- ✓ Background on current landscape of AAC literature in acute care
- ✓ Phases of implementing the MGH AAC initiative
- ✓ "Imagine More!"
- ✓ Resources
- ☐ Lessons learned

Lessons Learned

- Hard work!
  - Start small
  - Get creative
  - Use resources that already exist when possible/appropriate
- Culture change
- Data collection
- Materials need to be quick, easy to use, and easily accessible
- No-to-low tech is often best
- Passion goes a long way

Thank you!

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