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Providing Communication Access for Patients: The Role of AAC Across Healthcare Settings

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Disclosures

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PPC MATERIALS/TOOLS

PPC Materials and Tools discussed in the PPC Book are available on the following website:

www.patientprovidercommunication.org

Click on the Communication Materials Link

PPC: My Observations of MY Geographic Region

1. Outpatient medical visits are supported by family & friends
2. Emergency Care: Very inconsistent, depends on organization
3. Acute care units are highly variable (even within the same hospital)
4. ICU units often depend on an advocate (SLP, nursing, medical personnel)
5. Inpatient rehabilitation units are quite organized-usually with identified coordinator, facilitator, available PPC materials, referral strategies and team communication strategies in place.
6. Long-term Residential Care often depend on advocates (staff & family)
7. Hospice units are quite well managed
8. PPC support efforts managed advocate(s) without policy usually disappear when the advocate leaves

PPC Support for Communication Vulnerable Individuals for Medical Appointments/ Evaluations

Preparing for Medical Encounters

Focusing on their (1) communication limitations and (2) their unique communication needs in medical settings.

What communication content is needed?

When does preparation occur?

Who prepares for medical encounters?

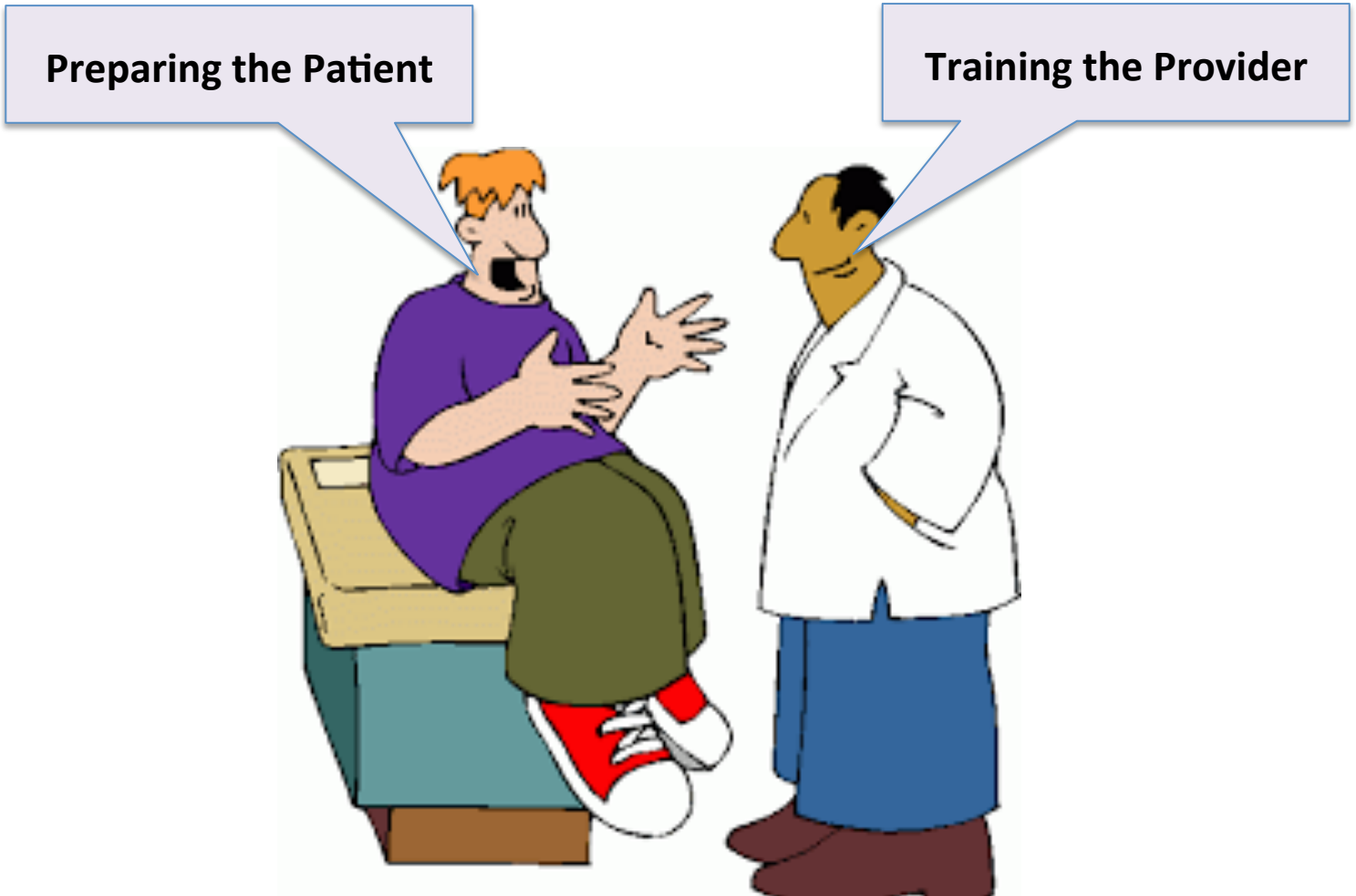
Preparing people with CCN for Predicable and UnPredictable Medical Encounters

Predictable: Outpatient visit, annual medical evaluation, commonly occurring medical evaluations, recurrent medical conditions (pneumonia, upper respiratory illness)

Unpredictable: emergencies/disaster scenarios, unexpected medical conditions or injuries

Who Prepares Pre-existing Conditions: Family Schools, Agencies, Clinics, Private Practice

Office Visits: Targeting Both Sides



Communication Strategies for Medical Staff

1. Have the person's attention before you speak.
   Eye contact
   Make sure they can see your mouth and face
2. Minimize or eliminate background noise if possible (music, TV, radio, other people).
3. Keep your own voice at a normal level.
   "I'm not deaf I have Aphasia!"
4. Keep communication simple, but adult.
   Just the facts

5. Confirm that you are communicating successfully with “yes” and “no” questions.
6. Repeat statements or directions when necessary
   Confirmation
   Write down key words
7. Give them time to speak, resist the urge to finish sentences or offer words.
8. Support communicate with drawings, gestures, writing and facial expressions.
   Whiteboard/paper and black marker large print
   Boogie Board

Basic Training for MDs: Communication Skills

SEGUE Framework (Makoul, 2001)

- Organizes important communication steps into checklist
- Used in a variety of medical situations
  - Setting the stage
  - Eliciting information
  - Giving information
  - Understanding the patient's perspective
  - Ending the encounter

Medical Visits/Evaluations for Communication Vulnerable Individuals with Pre-existing Conditions

1. Personal Information & Medical information
2. Information/Instructions about Care Needs and Special Equipment
3. Prepare Communication Assistant or Intermediary (facilitator)
4. Prepare for Outpatient Appointments & Evaluations
5. Prepare for Transitions to Medical Stays

How should we prepare the **Patient**?

PACT

P - Prepare before the visit

A - Ask questions from a prepared list

C - Construct a plan with the provider

T - Take-away materials so the patient, caregivers, patients, family remain informed.

Pre-existing and Recently Occurring Medical Conditions

Personalize PPC content and support materials.

Materials: patientprovidercommunication.org

Prepare Answers for Symptom Related Questions from **Medical Providers**

1. What are your symptoms?
2. When did they start?
3. How long do they last?
4. How often do they happen?
5. Does anything make them worse or better?
6. Do they prevent you from doing anything?

Questions to be Asked by Outpatient

1. What is my diagnosis, cause?
2. How long will this last?
3. Under what conditions should I call/come back
4. What test are being done? When results? Call?
5. What treatment best for me? Side effects?
   Alternatives?
6. Medications? Side effects? Will it work? When take?
   How long? What if I don't take?

Medical Referral Options for PPC Support How can Communication Supports be Ordered?

1. Specific Order
2. General Order
3. Standing Order
4. Care Map
5. Other Practices?

Specific Order (Referral)

A Specific Order (Referral) specifies the transfer of care for a specific patient from one clinician to another or a request made for assistance or a specific action.

The act of sending a specific patient to another clinician(s) for a second opinion, ongoing management of a specific problem, or authorization to obtain care from a specialist or agency.

General Referral

A **General Referral** is filed for a specific patient prior to his admission to a medical setting and to be activated on admission to a medical facility. For example-- if a patient with a prior communication condition is living in long-term residential care facility or at home, a general referral could be filed to specify that an AAC device or material set would be incorporated into the health care management when patient is admitted into the local hospital, care facility, hospice, etc.

Standing Order

A Standing Order usually names the medical condition and prescribes the action(s) to be taken for patients with the procedures and strategies documented in an Order Set

Medical Conditions	Interventions
TBI	Tracheostomy
SCI	Intubation
Aphasia	Laryngectomy
Oral/Laryngeal Cancer	Neuro Surgery (communication)

Order Set

The Order Set includes the specification of the procedures (including communication supports) that are included in a Standing Order

Care Maps

A **care map** describes the steps and decision points in the care providers' management of a condition. It is based on medical guidelines, recent evidence, and expert consensus. A **care map** is made up of one or more pages which together show the complete patient journey for a condition. (Quite common in rehabilitation situations)

When are Services Requested?

1. Prior to Intervention—Standing Order
2. Immediately upon arrival – Standing Order
3. Upon arrival of specific order—when medical examination or consultation is completed
4. After breakdowns in communication occurs
5. Medical Stability - Time for recovery
   Example: Post-extubation
6. During decision-making: medical care options, discharge plans, legal issues, end-of-life,

Who (or What) Initiates PPC Support for a Specific Individual/Patient

_____Physician or Physician Assistant (Hospitalist)
_____Communication vulnerable individual
_____Family member or personal advocate
_____AAC specialist
_____Communication or AT specialist
_____Medical personnel

_____Medical Situation
_____General Referral (based on medical condition or communication need)
_____Medical Care Map

Establishing and Maintaining a Communication Tools Center (Facility or Unit Based)

Low Tech Communication Books & Boards

(Unit level)

High Tech Communication Tools with Expert Support
(Facility level)

In-patient—Child and adult

Out-patient—Child and adult

Enter Communication Support Strategies for Specific Patient into Medical Records

1. Document in Electronic or Paper Medical Records
2. Internal Document
   - Treatment Card
   - Sticky Note
3. Include a check-list of optional communication supports in medical records and Identify those options in use with a specific patient

Display Communication Support Strategies Prominently

Display in patient room

- Following facility guidelines
- Encourage consistency in use

Access AAC Specialist (When Needed)

1. Collaborating with AAC Specialist who has previously (or is currently) served an individual with pre-existing condition.
2. Referring to an AAC Specialist if PPC needs exceed the expertise of the unit staff.
3. Assisting recent onset patient to identify an AAC specialist if one is needed following discharge.

Providing Instruction & Training to Medical (and Care) Personnel

1. New Employee Training
2. Unit Orientation (Hospitalist, SLP, Head Nurse, or (at times) a Family Member
3. Annual Mandatories
4. Scheduled Updates
5. Other Training?

Inpatient Rehabilitation Communication Issues

- Admission
  - Patients and legal guardian consent to treatment, specific procedures, medical confidentiality, & other legal documents
  - Familiarize with facility—digital images
- Establish Overall & Specific Goals
- Patient & Staff Getting to Know Each Other
  - Likes, dislikes, hobbies, favorite music, family member names, etc.

Who are Responsible for Supporting Effective Communication? (Intermediaries)

1. Communication Coordinator for Facility or Medical Unit
2. Daily Communication Facilitator for Individual Patient
3. Unique Communication Partners Support & Training (Family, Medical or Care Provider, etc.)
4. Legal Communication Intermediary for individual patients in legal procedures (will, court, end of life, business, child custody, etc.)—Ethics Committee.
5. Medical, health, language (cultural) interpreter for patients with foreign primary language or minimal medical awareness or background.

Continued

- Patient Input to Team
  - Expression of appreciation
  - Concern about lack of progress
  - Possibilities of Discharge
  - Problems with team or staff member
- Request More Complete Explanations
- Adjusting Participation Levels in Tx.

Take Home Message

1. Communication involves patients, providers, and support people
2. Health care providers want to do well, but they may not know how
3. Training them to use simple, consistent strategies may help

Communication with Care Staff

Review Menu Options & Order Food

Communicate—medical conditions,

positioning, adapted access to electronics

Resolve Disagreements—TV use & choices,

problems with room-mate (?),
temperature in room,

Discharge Planning

Location:

- Home (with or without home care or renovation),
- Long-term residential (assisted living, nursing home option)

Outpatient Rehabilitation

Managing Medications

Financial Issues

Communicating with Circle of Support/Friends: explaining to friends and family

Transition of (new) Life Roles

- Work
- Retirement—new social roles and activities

Evaluation: PPC Support for a Patient or a Medical Situation

Name:_____Number_____Room_____

Medical Situation (All that apply)

Medical (Doctor) Visit _____Medical Evaluation _____ICU_____
Acute Unit _____ IP-Rehab _____ OP-Rehab_____
Long-term Residential _____Hospice _____ Other_____

PPC Needs (All that apply)

Pre-existing_____ Recent-onset_____Intervention-based_____
Language/ Cultural_____Health Literacy_____ Legal_____

PPC Support

Absent or Occasional PPC Support: ___Yes ____No ____%
Consistent PPC Support: ___Yes ____No ____%
Managed by Family Member or Friend: ___Yes ____No ____%
Managed by Employee Volunteer ___Yes ____No ____%
Organizationally supported & managed: ___Yes ____No ____%
Managed by Assignment of Staff: ___Yes ___No
Specific Patient Facilitator: ___Yes ___No
Unit PPC Coordinator: ___Yes ___No

Evaluation: PPC Support for a Patient in a Medical Situations (Continued)

Personalization of PPC Support

1. Are PPC supports personalized for individual access, language, cognition, & social communication needs?

Yes_____No_____N/A_____

2. Are PPC supports personalized for unique medical needs of this individual? _____Yes ____No

3. Are PPC supports personalized by unique legal, care, or decision-making needs of individual? Yes__No____N/A

4. Are PPC supports personalized for the specific medical setting (situation)? Yes_____No_____N/A_____

5. Are PPC supports routinely available for this individual patient and medical/care staff? Yes_____N0_____

PPC Checklist

1. Is there a PPC unit/facility PPC coordinator?____
2. Is a communication facilitator assigned to each patient with PPC needs to support their communication needs, materials, technology use? _____
3. Are PPC materials available on the unit?___.
4. Are PPC materials selected for specific patients routinely accessible to them?___
5. Are (new) staff trained to communicate effectively with these patients?_____

PPC Checklist (Continued)

6. Are appropriate PPC messages represented?____
7. Are PPC options posted in patient's room?_____
8. PPC options posted in patient's medical chart?____
9. When an electronic communication device is used by patient, is the device ? ___
   A. Routinely accessible to patient _____
   B. Electrically charged daily_____
   C. Regularly cleaned_____
   D. Appropriate staff trained____
   E. Appropriate PPC messages stored in device___

PPC Checklist (continued)

10. Do patients with PPC needs have
    A. a health history document?_____
    B. a list of questions for physicians?_____
    C. a list of response options for physician/nurse health related questions?____
    D. a list of current medications?_____
    E. a list of contact information?_____

Long-Term Residential Care

1. Communication intermediaries in this setting???
2. Worry (fear) of the Future
3. Information Complexity—staff
4. Clarification of Participation Expectations
5. Identify policies that could potentially conflict with the use of communication support materials

Policies Regarding Communication Strategies

1. Identifying PPC Needs that
   Require Support
2. Availability of Communication Support
   Materials & Technology
3. Communication Types—Needs, Caregiving,
   Narrative Communication
4. Communication with Social Network (????)

PPC Book Resources

1. **Patient Provider Communication: Roles for SLPs and Other Health Care Professionals,** Plural Publishing Co. (Blackstone, Beukelman, & Yorkston, (2015)
2. **Augmentative and Alternative Communication in Acute and Critical Care Settings.** San Diego: Plural Publishing Inc. (Hurtig, R., & Downey, D. (2009).
3. **Memory and Communication Aids for People with Dementia**. Baltimore, MD: Health Professionals Press. Bourgeois, M. (2014)