

Adult Acute & Intensive Care



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&

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Populations That Are Communication Vulnerable

- Complex Communication Needs
 - Acute and Temporary CCN
 - Pre-existing CCN
- Limited English Proficiency
 - Cultural Differences
 - Linguistic Differences

Factors That Influence Communication

- **Social and Environmental**

- Linguistic and cultural differences
- Health literacy
- Family caregivers and support persons

- **Medical Condition**

- Mechanical ventilation
- Sensory impairments
- Developmental and acquired chronic disabilities affecting speech and language
- Recent onset neuromuscular paralysis and weakness resulting from injuries and illnesses
- Structural impairments (facial surgery)
- Muscle weakness (pre-existing or specific to hospitalization)
- Significant cognitive disabilities
- Delirium (frequent in ICUs)

UIHC- LEP Demographics

Table 6–3. Most Commonly Requested Language Interpreting Services at UIHC (2013–2014)

<i>Language</i>	<i>Number of Services Provided</i>	<i>Percent of Services Provided</i>
Spanish	10,703	73.47
ASL/Sign language	737	5.06
French	667	4.58
Arabic	543	3.73
Chinese	506	3.47
Swahili	419	2.88
Arabic	543	3.73
Bosnian	318	2.18
Vietnamese	311	2.13

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Patients with CCN at UIHC

Table 6–2. Conscious Patients Over the Age of Three Who Were Unable to Access the Nurse Call System or Speak Without Intervention at UIHC

	Number of Patients (Daily Average)	Percentage (%) of Patients Unable to Access Nurse Call	Percentage (%) of Patients Unable to Use Speech	Percentage (%) of Patients Unable to Access Nurse Call Who Also Could Not Use Their Speech
Intensive care units	91	33	33	19
Non-intensive care units	386	14	7	1

Note. From Zubow and Hurtig (2013). Reprinted with permission from Richard Hurtig.

The Importance Of Effective P-P Communication In Hospitals

- Sentinel Events
 - Impact on patients
 - Cost to healthcare providers
- Patient Bill of Rights/ JC Standards

Study of Communication Strategies

Table 6–6. Communication Strategies Used by Nurses in ICUs and on the Neuroscience Unit at UIHC

Communication Strategy	Percentage (%) of Nurses Indicating Use of Strategy
Paper and pencil	96
Picture or symbol board	80
Lip reading	70
Alphabet boards	65
Electronic speech-generating device	46
Sign language	35
Other	18

Note. Reprinted with permission from Richard Hurtig.

Problem with Paper & Pencil

Illegible writing

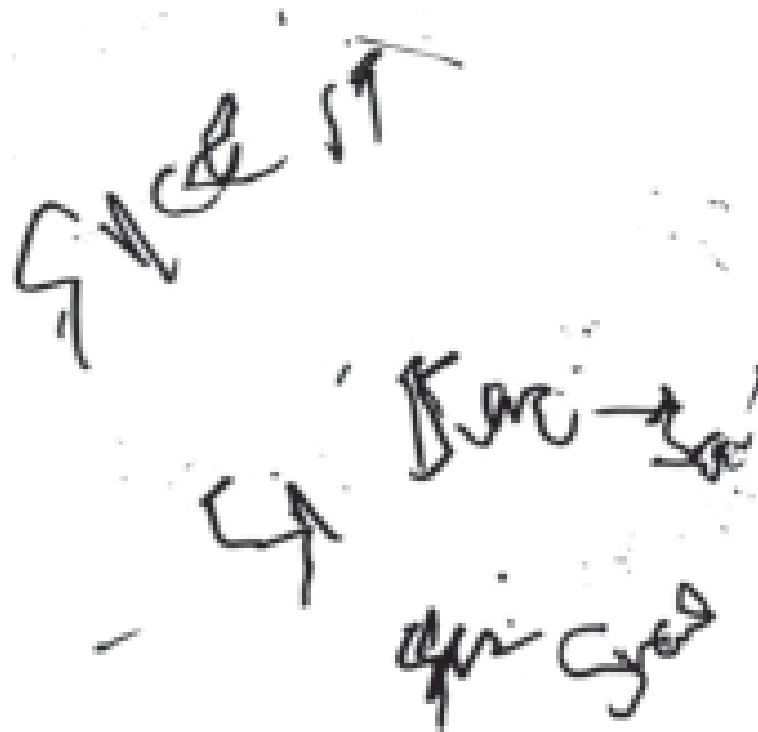


Figure 6-6. Unintelligible writing sample. Reprinted with permission from Richard Hurtig.

The Solution: Creating a “Culture of Communication”

- Advocacy for Supporting Patients’ Communication Needs
- Inter-Professional Training and Practice
- Establishing Ways of Assessing Communication Needs & Strategies to Address Needs
- Strategies to Meet the Communication Needs from Pre-admission to Discharge
- Establish Systems for Tracking Needs & Communication Strategies in the Medical Record

Hospital Wide Culture Of Communication Bed Side Signage



Figure 6-2. Bedside signage. Reprinted with permission from Richard Hurtig on behalf of the Assistive Devices Lab at the University of Iowa.

Identify Resources & Disseminate Information

COMMUNICATION RESOURCES

- SPEECH-LANGUAGE SERVICES
 - DEPT OF OTOLARYNGOLOGY (1-1111)
- SOFT TOUCH NURSE CALL (FOR PATIENTS TOO WEAK TO USE STD. CALL)
 - TELECOMMUNICATION CENTER (2-2222)
- SPECIALTY SWITCHES (FOR PATIENTS WITH LIMITED MOTOR FUNCTION)
 - ASSISTIVE DEVICES LAB (PAGER 1214)
- ALTERNATIVE & AUGMENTATIVE COMMUNICATION DEVICES (FOR PATIENTS WHO CANNOT SPEAK OR PATIENTS WHO ARE ON VENTS)
 - ASSISTIVE DEVICES LAB (PAGER 4321)
- ASSISTIVE LISTENING DEVICES (FOR PATIENTS WHO ARE HEARING IMPAIRED)
 - TELECOMMUNICATION CENTER(3-3333)
- INTERPRETERS (FOR PATIENTS WHO DO NOT USE ENGLISH TO COMMUNICATE)
 - DEPT OF SOCIAL SERVICES (4-4444)
- LAPTOPS & IPADS
 - PATIENT LIBRARY (5-5555)



Figure 6–8. Referral information chart. Reprinted with permission from Richard Hurtig on behalf of the Assistive Devices Lab at the University of Iowa.

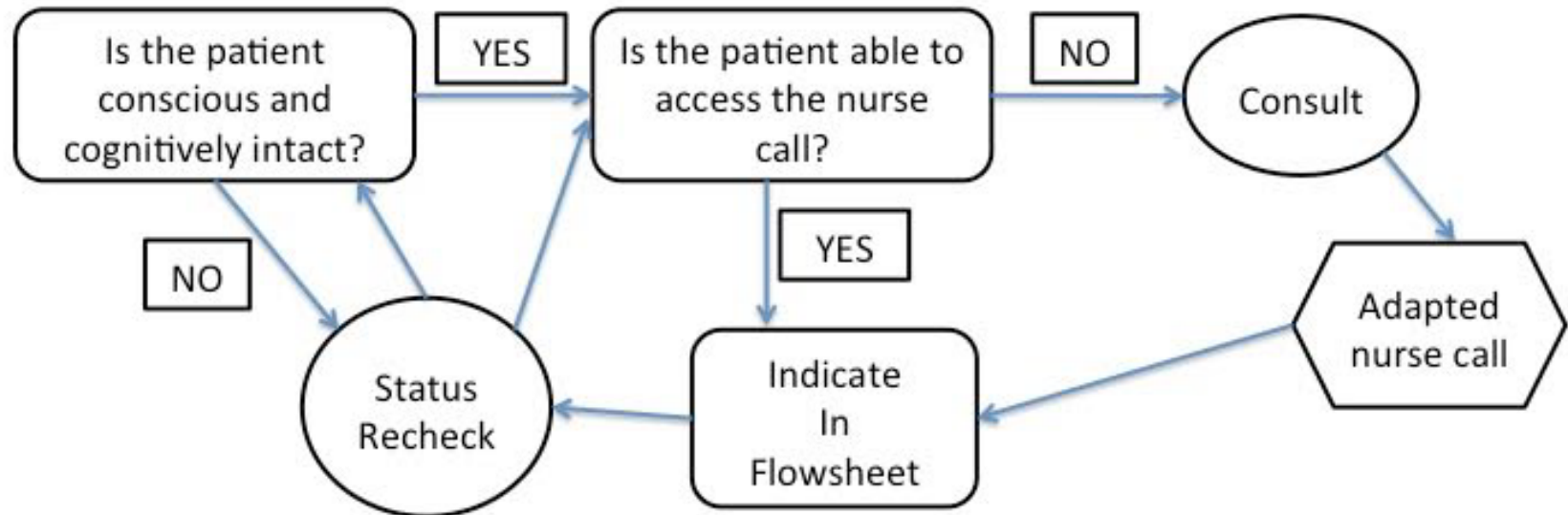
The Solution:

Supporting All Communication

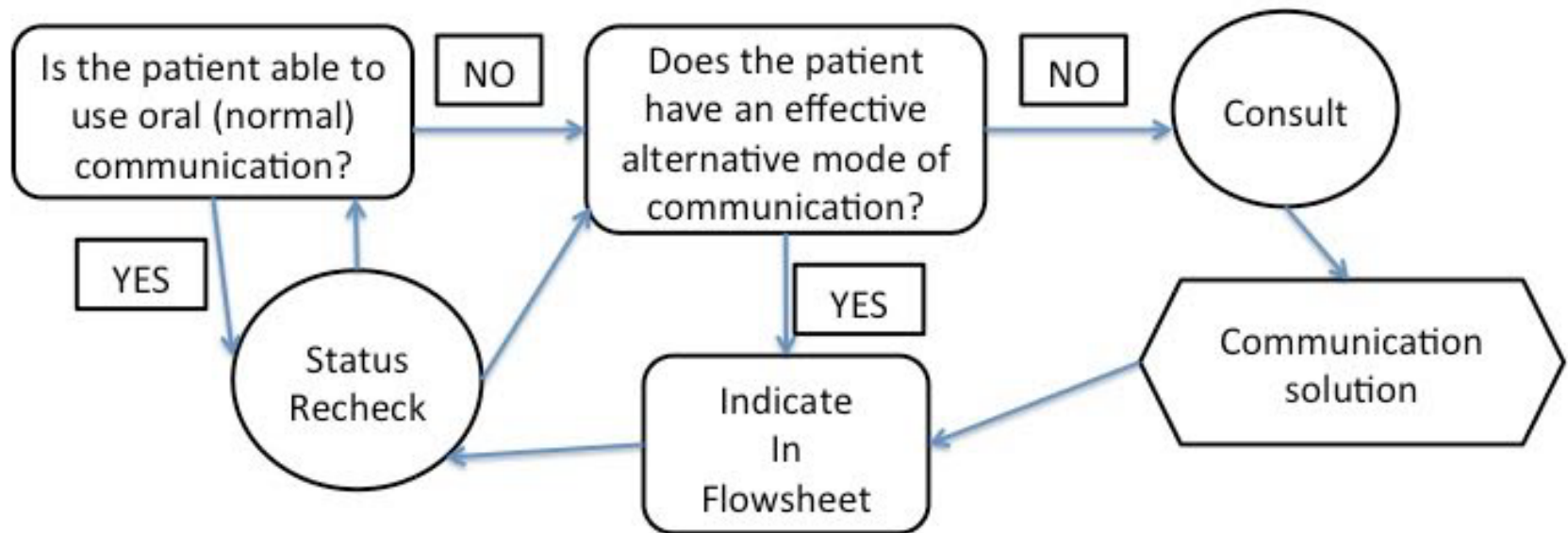
- Insure access to nurse call and effective communication (including pain management)
- Support Medical Decision Making
- Address End of Life Communication Issues
- Maintaining Personal Identity- allowing for everything from anger to humor
- Assess Patient & Staff Satisfaction

Access to Nurse Call

Nurse Call Decision Tree



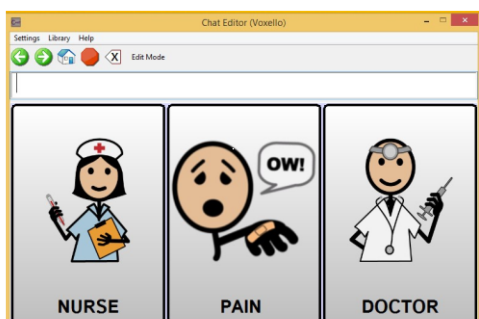
Access to Effective Communication Communication Decision Tree



Example of Patient Using A Minimal Tongue Click Gesture to Summon Nurse and Control a Speech Generating Device

Communication Page Sets

Noddle-Chat Template Progression

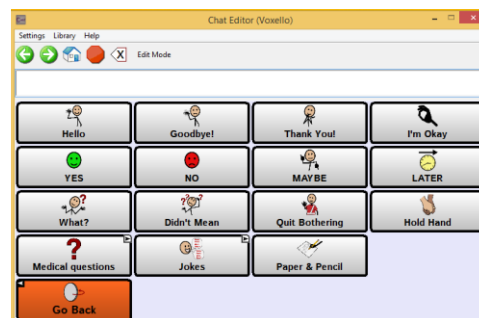


Single Page-Start Set

Multiple Page-Basic Set



Multiple Page-Full Set



Communicating About Pain...

Pain and Suctioning

I am having trouble breathing.	I have pain.	I have pain in my head.	My pain is mild.
Can you suction my mouth?	Let me tell you where my pain is.	I have pain in my upper body.	My pain is moderate.
I think I need suctioning.	Let me tell you about how much pain I have.	I have pain in my lower body.	My pain is severe.

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Figure 6-5. Pain and suctioning. Reprinted with permission from Richard Hurtig on behalf of the Assistive Devices Lab at the University of Iowa.

Supporting Medical Decision Making

Advanced Directives

I want to talk about resuscitation.	I want to talk about my living will.	I want to change my will.
I want to talk about mechanical ventilation.	I want to talk about dialysis.	I want to talk to a medical or health care power of attorney (POA).
I want to talk about alternative nutrition and hydration assistance.	I want to address organ donation.	I want to talk about my do not resuscitate (DNR) order.



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A

Questions about DNR and Related Decisions

What will you do if my heart stops?	What will you do if I stop breathing?	What is CPR?	What can happen if you do CPR?
I want you to do everything possible to revive me.	I do not want you to do anything to revive me.	I do not want to be mechanically ventilated.	I understand that without the ventilator I would die.
I would like any procedure or device that will keep my heart going.	I do not want any invasive procedures done.	I do not want you to do chest compressions.	I do not want you to use a defibrillator on me.
If I change my mind how will I be able to let you know?	I do not want to talk about this.	When do I have to decide what should be done?	I do not understand.



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B

Supporting Medical Decision Making

Questions about Ventilation

Why am I on a ventilator?	When will I come off the ventilator?	Can I come off the ventilator?	I want to come off the ventilator.
What happens if I am taken off the ventilator?	I understand what can happen if I am taken off the ventilator.	I understand that if I wish to live I must stay on the ventilator.	I understand that without the ventilator I would die.
I want to be taken off the ventilator.	Don't take me off the ventilator.	Can I have a ventilator at home?	Can I have a ventilator in a nursing home?
I understand.	I don't want to talk about this now.	When do I have to decide what should be done?	I don't understand.

C



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Questions about Dialysis

Why am I on dialysis?	When will I come off dialysis?	Can I come off dialysis?	I do not want to be put on dialysis if my kidneys fail.
What happens if I am taken off dialysis?	I understand what can happen if I am taken off dialysis.	I understand that if I wish to live I must stay on dialysis.	I understand that without dialysis I would die.
I want to be taken off dialysis.	Do not take me off dialysis.	Yes.	No.
I understand.	I do not want to talk about this now.	When do I have to decide what should be done?	I do not understand.

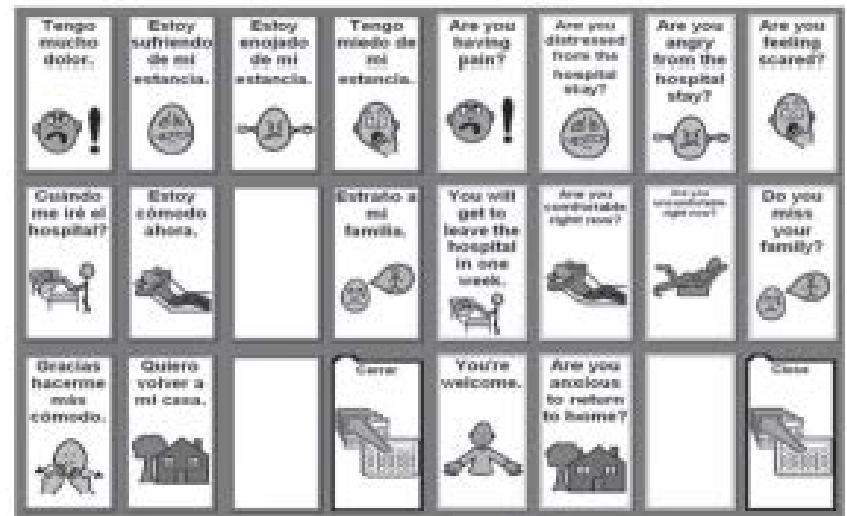
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Supporting Bilingual Communication

English-Spanish Bilingual Board

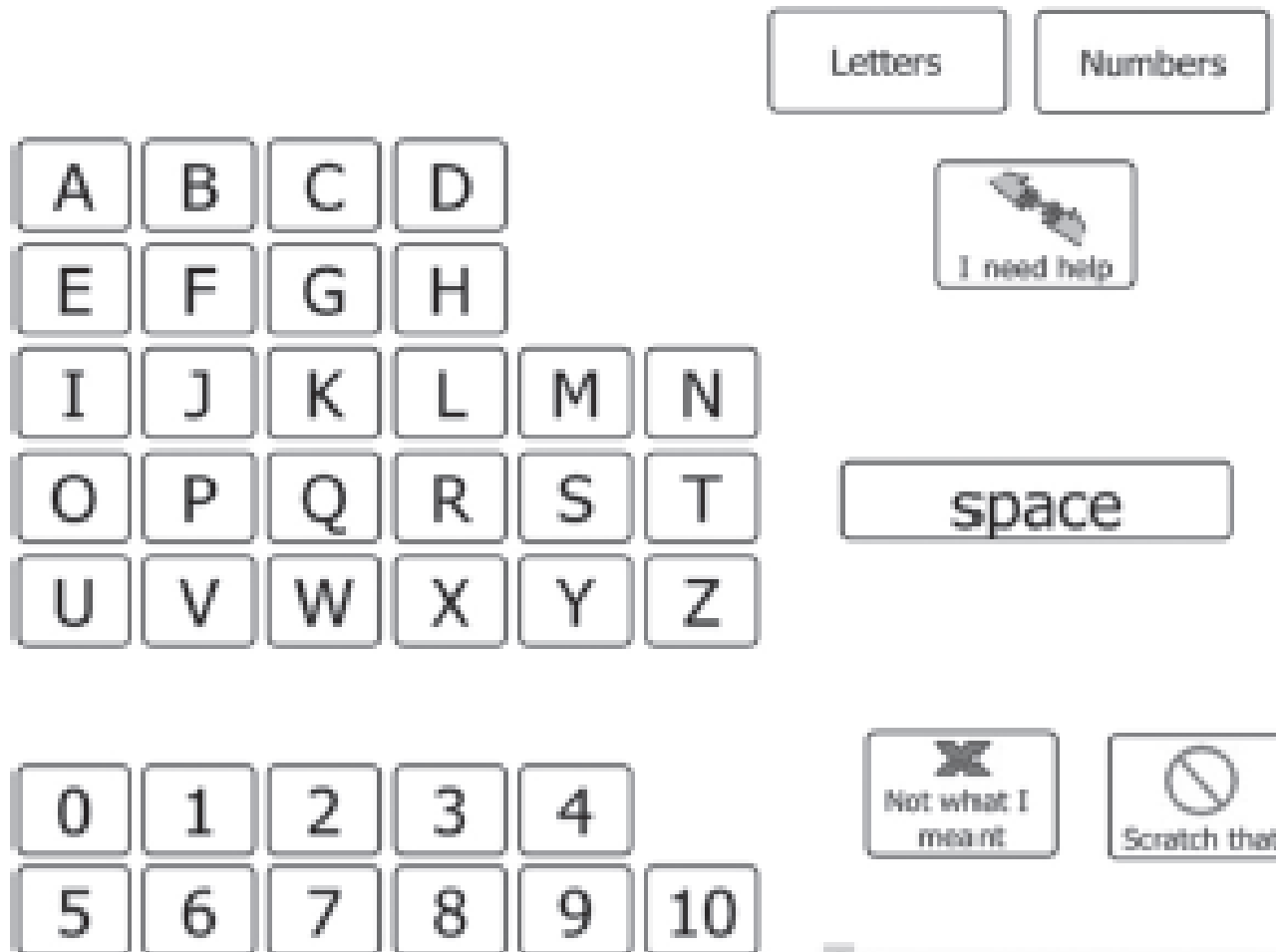


A

Arizona Chinese Lab at The University of Iowa



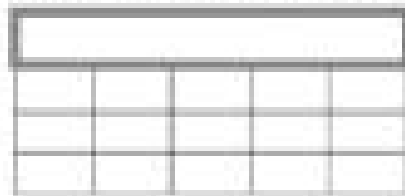
Supporting Communication: Keyboard Options



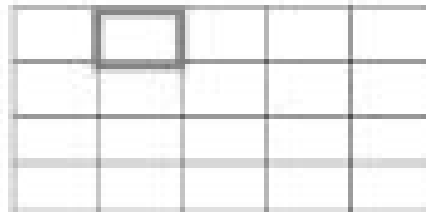
Training & Support Communication Partners

To assist patient in making choices:

- Establish a consistent Yes/No response.
- First, point to each row in turn asking, "Is it in this row?"



- When the patient makes a row selection, point to each successive box in the row and ask, "Is it this one?"



- Be sure to modify your speed according to the individual patient's needs.

Resources & Contact Information

- Richard Hurtig
 - Richard-Hurtig@uiowa.edu
 - www.voxello.com
- Patient Provider Network Resources
 - <http://www.patientprovidercommunication.org/>