Welcome….before we begin
Please respond to questions below.
Thanks!

1. Give at least 3 reasons why effective communication between patients and providers is important?

2. Please describe briefly a situation during which you (personally) or a client of yours experienced a communication breakdown during a medical encounter. What was the impact?

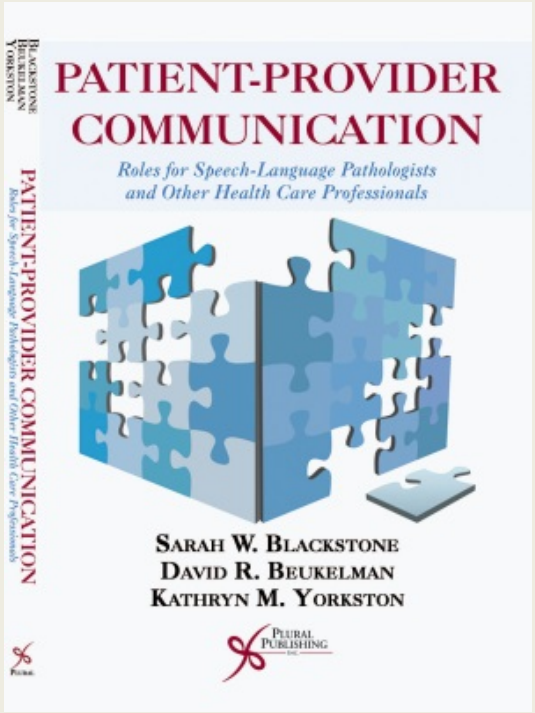
Patient Provider Communication: Exciting Opportunities for SLPs

Sarah W.Blackstone, Ph.D. CCC-SP, F-ISAAC
Augmentative Communication Inc.
sarahblack@aol.com
www.patientprovidercommunication.org

Disclosures

- President, Augmentative Comm. Inc.
- Co-leader PPC Forum www.patientprovidercommunication.org
- Honoraria: SJSU workshop

- Blackstone, S., Beukelman, D., & Yorkston, K. (Eds.). (2015). *Patient Provider Communication: Roles for Speech-Language Pathologists and Other Health Care Professionals*. San Diego, CA: Plural Publications.



“In this world, nothing can be said to be certain except death and taxes. . .

Most of us would add the inevitability of medical encounters.”

“Actuarial data confirm that from the time of our birth until our death, we become patients again, and again, and again.”

Blackstone, Beukelman, & Yorkston, 2015a, p. 6

Why is effective PPC important?

Question #1

The “Facts”

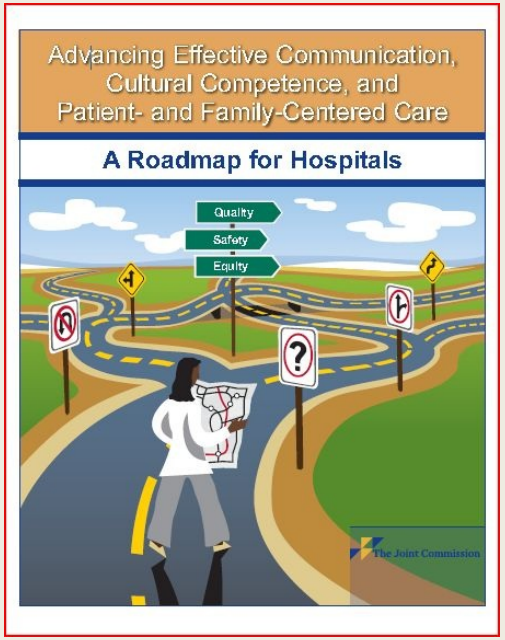
Effective Patient Provider Communication (PPC) impacts

- Accuracy of diagnoses
- Treatment outcomes
- Quality of care
- Understanding of and adherence to recommendations
- Patient satisfaction
- Safety
- Costs
- # of hospital readmissions
- # and type of sentinel events

The Joint Commission, 2012, 2010ab; Patak, Wilson-Stronks, Costello, Kleinpell, Henneman Person & Happ, 2009); Bartlett, G., Blais, R., Tamblyn, R., Clermont, R.J., & MacGibbon, 2008; Wolf, Lehman, Quinlin, Hoffman, 2008, Divi, Koss, Schmaltz & Loeb, 2007; Ethical Force Program Oversight Body, 2006; etc. Dasta, J. F., McLaughlin, T. P., Mody, S.H., Piech, C.T. (2005).

Top 3 causes of sentinel events

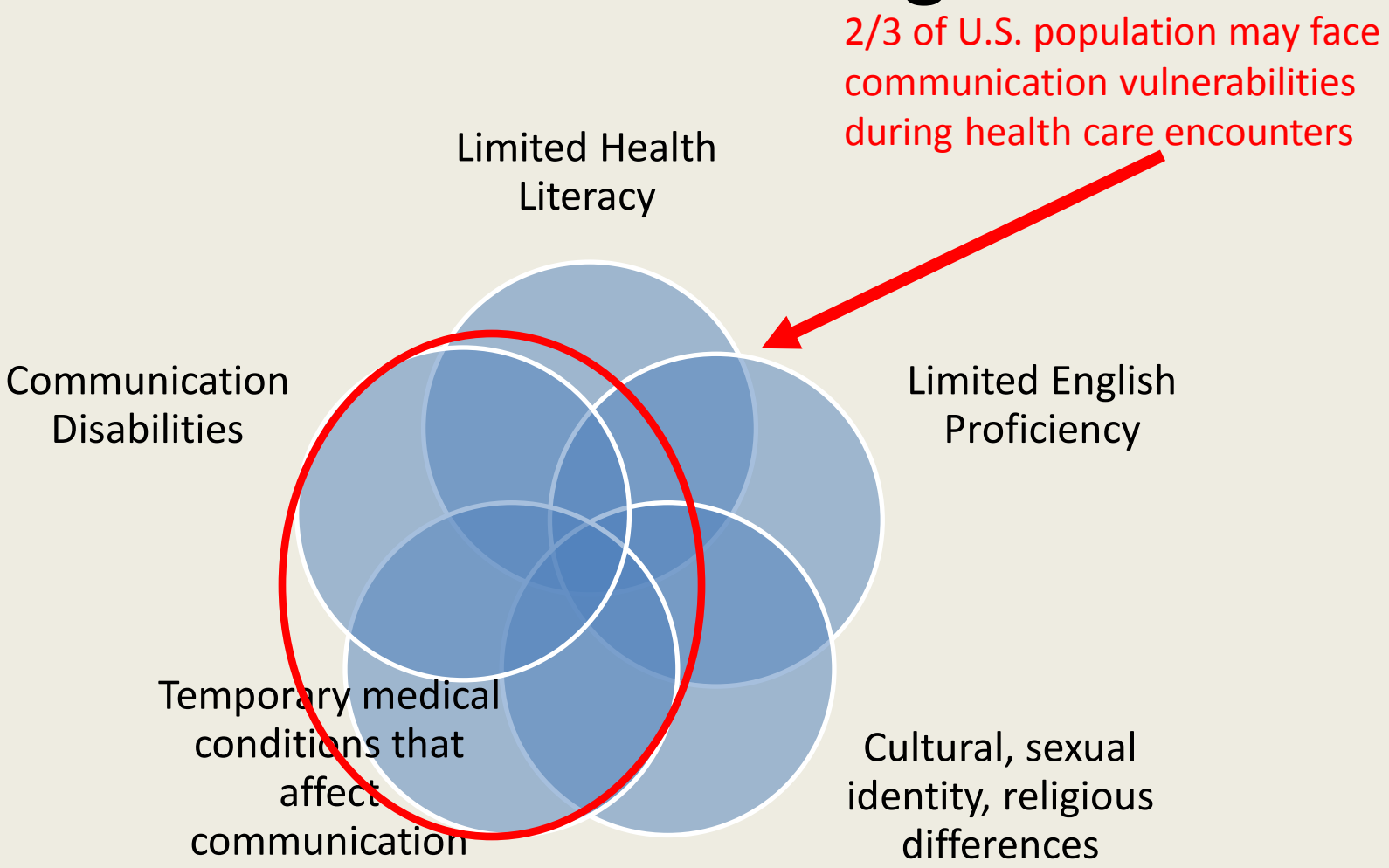
- Leadership failures
- Human factors
- Communication failures



Divi, Koss, Schmaltz & Loeb, 2007; Foster, Murff, Gandhi & Peterson, 2003; Porter & Kaplan, 2015, The Joint Commission, 2010; 2014

Who is Communication Vulnerable in Healthcare Settings

2/3 of U.S. population may face communication vulnerabilities during health care encounters



Contributing factors

- Demographic patterns
- Expanding access to health care for some groups
- Immigration trends
- Advances in medical science

(Beukelman, 2012; Blackstone, Beukelman & Yorkston, 2015; Braun, Smalley & Wesley, 2013)

Children/youth/adults with CCN

- Very high risk for communication breakdowns
- Legal issues children & some adults over the age of 18
- Most adults responsible for own health care
- Minimal accommodations across medical settings.

- More apt to
  - be hospitalized
  - have health emergencies
  - Use rehabilitation facilities
  - Require in home nursing care
  - Reside in supported living environments or nursing homes
  - Be considered medically fragile

(Balandin et al., 2007; Blackstone et al., 2015a; Costello, 2000; Garrett, Happ, Costello, & Fried-Oken, 2007; Hemsley & Balandin, 2014; Hemsley, Kuek, Bastock, Scarinci, & Davidson, 2013; Young et al., 2005, 2007, 2011).

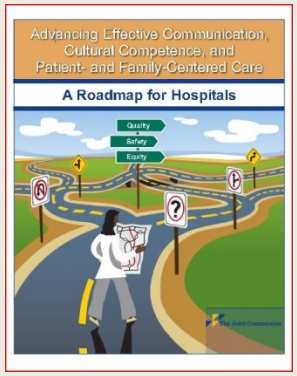
Effective Patient Provider Communication (PPC) means

Providing equal access to health information, diagnosis, treatment and follow up care across the full spectrum of healthcare environments and activities

Effective PPC viewed as essential component of **quality healthcare** and **patient safety** as well as **the basic right** of every patient.

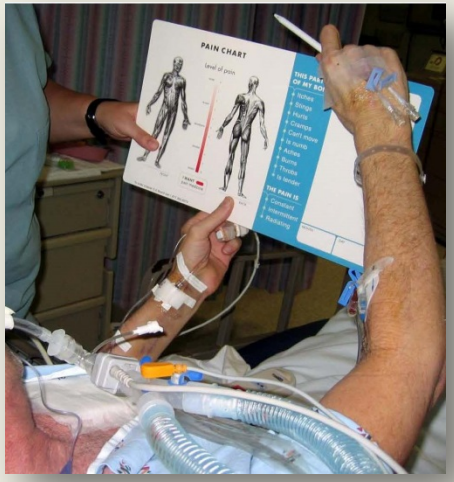
(Ethical Force Program Oversight Body, 2006; The Joint Commission, 2010, ASHA mission statement)

“Effective Communication” as defined by TJC



“the successful **joint establishment of meaning** wherein patients and healthcare providers exchange information, enabling patients to participate actively in their care from admission through discharge, and ensuring that the responsibilities of both patients and providers are understood”

(The Joint Commission, 2010b, p. 91).



Scenarios:
Communication Barriers & Solutions

Question #2 – Please identify

1. Where problem occurred
2. The interactants
3. Barrier/problem
4. Solution (if any)

#1. Nurse walks into room [BP 50/30]
→ Immediate response

Protocol

- Titrate vasoactive drips
- Assess effectiveness of action. If needed, call for help
- Re-assess, re-intervene, monitor, document

If does not respond, question competence

#2 Inability to communicate
→ Requires similar response, but is often delayed or not provided.

Protocol

- Intervene immediately
- Assess effectiveness
- Ask for help if ineffective
- Re-assess, re-intervene, monitor, document

Types of Scenarios

Location / Setting / Situation

- Outpatient
- Emergency
- Inpatient
  - ICU
  - Step Down Unit
- Rehabilitation
- Supported living/nursing home
- Hospice

Types of Barrier/ Issues/Problems

Case Example
St. Louis Children's Hospital

Presenting:

- 19 y.o. female with developmental delay and Cockayne Syndrome
- Hearing loss
- Vision impairment
- Non-native English speaker

Initial Consult:

- Increased sedation as a result of agitation
- Posey bed/restraints
- Decreased compliance and participation in therapies and medical care

SOLUTIONS

- Hearing aides were fixed and placed
- Communication supports were customized with tactile feedback to accommodate for visual deficits
- Supports customized in Mandarin
- F/U speech consult. Pt. observed independently producing individual manual signs for *more, open, all done* and *mine*.
- Sign inventory created, presented to nursing, and hung in her room.

OUTCOMES

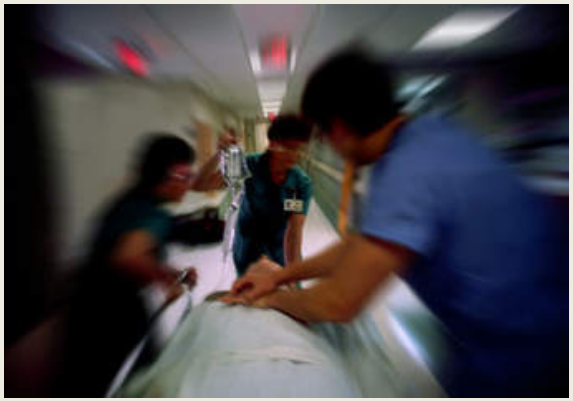
- Staff reported a *completely different child* once her hearing aides were fixed and placed
- Decreased sedation and restraints
- Increased participation in therapies
- Increased “playfulness” and overall positive affect
- Staff also reported feeling better about the care they were providing
- *Communication Cohort members utilized: Speech Pathology, Audiology, Language Services, Child Life*

Katie’s Story

Case Example

Disaster Scenarios - Unpredictable

Emergencies. Happen every day



People with Access and Functional Needs

- Non-native English speaker
- Disabilities
  - Mobility
  - Communication
  - Intellectual / Cognitive
  - Mental illness
- Children
- Elderly
- Chronic medical conditions
- Dementia
- Behavioral issues
- Chemical dependency
- Medication regimes
- Chemical sensitivity
- Homeless
- Etc.

Case Example

- Situation
  - Flood 1997 – South Dakota

- Service animal
- Motor, speech, swallowing. . .

- Emergency Response
  - Evacuation
  - Sheltering
- Issues: C-MIST
  - Transportation
  - Communication
  - Safety/support
  - Health
  - Independence

Board Pam made for roommate

Accommodations
Interpreter/Intervenor Services

BARRIERS

- High demand/need for interpreters
- Lack of 24/7 access
- No supportive strategies in place when interpreter not available
- On-the-spot interpreters
- Lack of staff training (professional and support staff)

SOLUTIONS

- Critical situations:
  - Mandated certified interpreter services in vivo (or video-conferencing) at no cost to patient
  - Language line
- Access to personal assistive technologies
- Family members/others who can act as “interpreters” in some situations.
- Training of MDs, nurses, etc. and medical staff beyond basic communication skills (Yorkston, et al.)

Your most challenging experience?

Woman: Deaf/blind/no speech, lost significant amount of blood.

EMTs: no way to communicate with her

Son (also blind and hearing impaired):

Strategy: EMTs wrote questions. Son used magnifier to read and then interpret for mother.

Result: Transferred with good outcome (accompanied by son and magnifier)

(Cpt. Hagler)

People with speech and language disorders/CCN

BARRIERS

- Diversity of diagnoses/ conditions
- Complexity and multiplicity of factors
- Lack of policy/procedures re: accommodations
- Lack of awareness re: rights, regulations
- Lack of advocacy
- No seat at the table

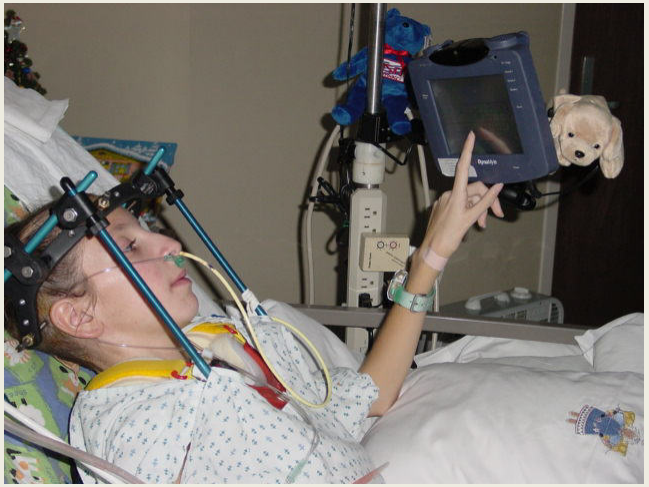
SOLUTIONS

- Increase awareness efforts across spectrum of health care
- Increase knowledge/skills of rights and strategies
  - People with S&L disabilities
  - Family members
- Prepare for future medical encounters
  - Contact providers in advance
  - Prepare tools/strategies
  - Consider using communication intermediary
  - SLPs/Audiologists prepare children and family members
    - Medical passports

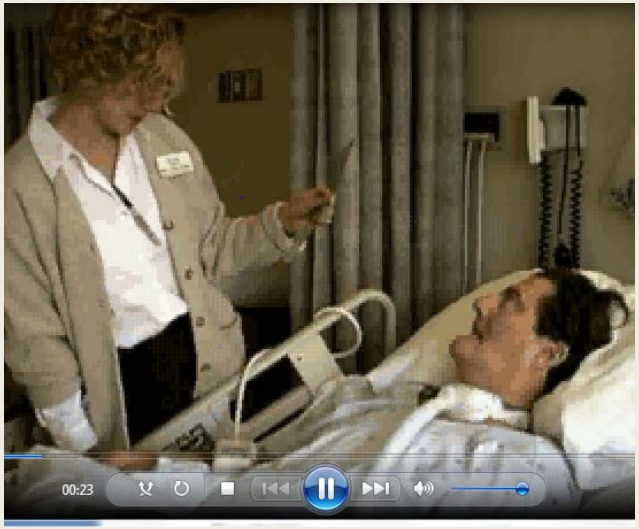
Tools and strategies that support people with S&L disabilities during medical encounters

COMMUNICATION CURB CUTS

POINTS OF CARE



ICU – Speech generating device



Neuro – Eye gaze system

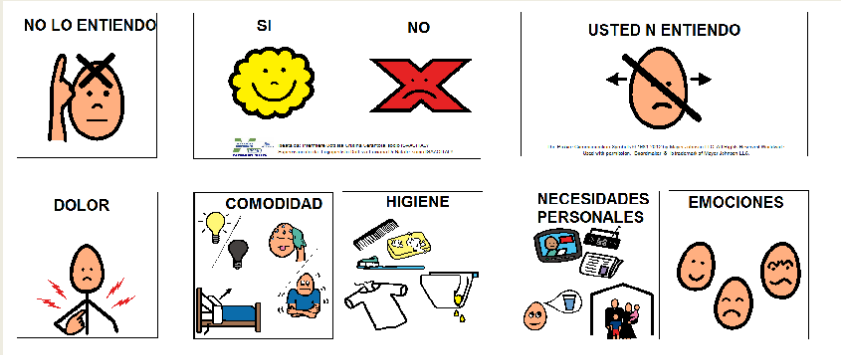
ER - Interpreter

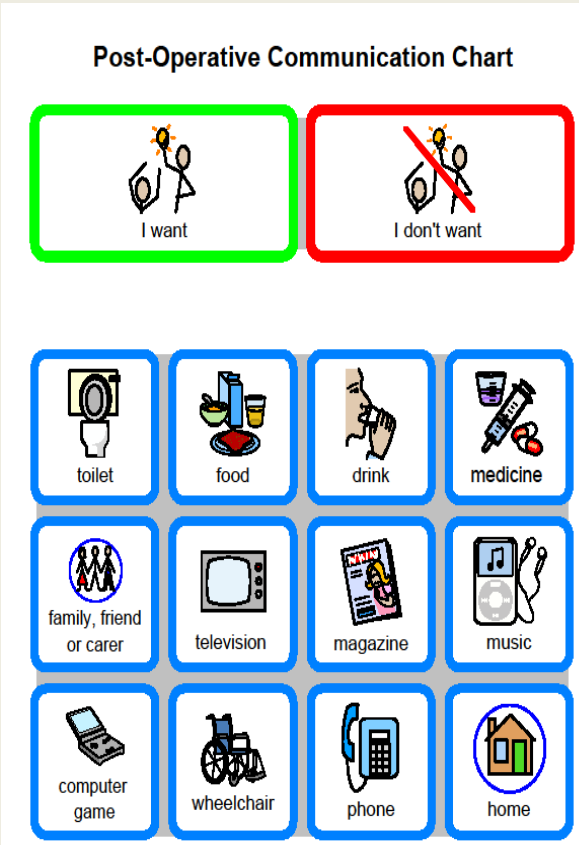
ICU – Communication board – Russian/English

EMT – First responder – multi-lingual – prep for deployment

Home – Prep for surgery

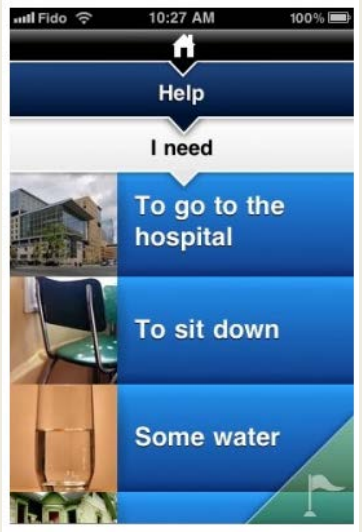
Non electronic Quick & Easy



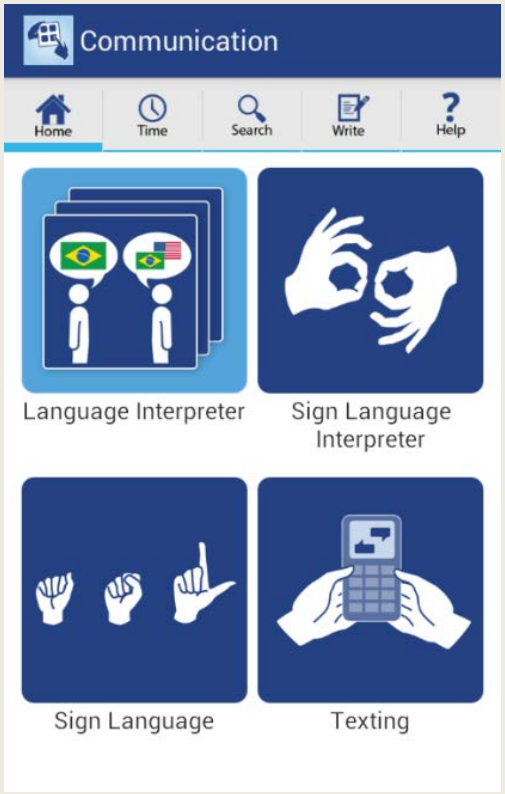


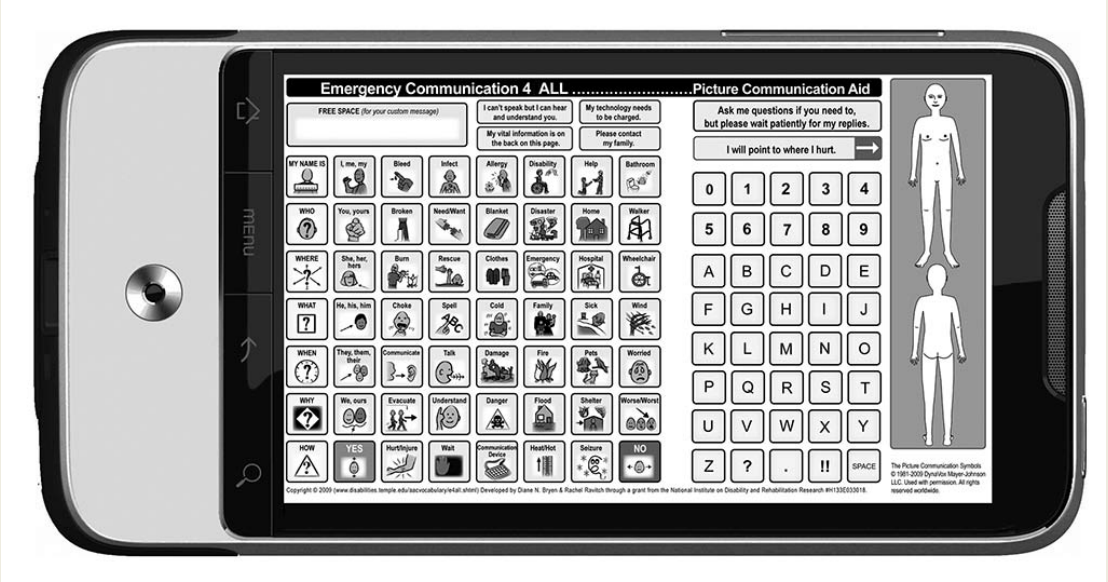

I AM
I WANT
PATIENT NAME

Apps on mobile devices and SGDs



Communication apps





www.patientprovidercommunication.org/pdf/23.pdf

First Responder Interviews: Communication Barriers during Emergency Response

Brian Dempsey, Chief
Seaside Fire Department, CA

Captain Tammy Hagler
EMT, Retired, AK, TN, LA

Roger Reed, Captain,
Monterey Fire Department, CA

Jason Sullens, Engineer
Seaside Fire Department, CA

Dave Potter, Emergency Operations Coordinator
Monterey, CA

Jason Black, Captain
Seaside Fire Department, CA

How important is effective communication in your job?

- ***"Communication is a critical part of the job and solving communication challenges is paramount." Our job is all about communication."*** *(All)*

- ***"During an emergency or disaster scenario, people can be "at their worst". If there are communication problems, we need to quickly solve them."*** (Reed).

- ***"Communication is key. You have to be able to communicate with your patient."*** (Hagler)

- ***"We get about 10 calls a day and 70% are medical."*** (Dempsey)

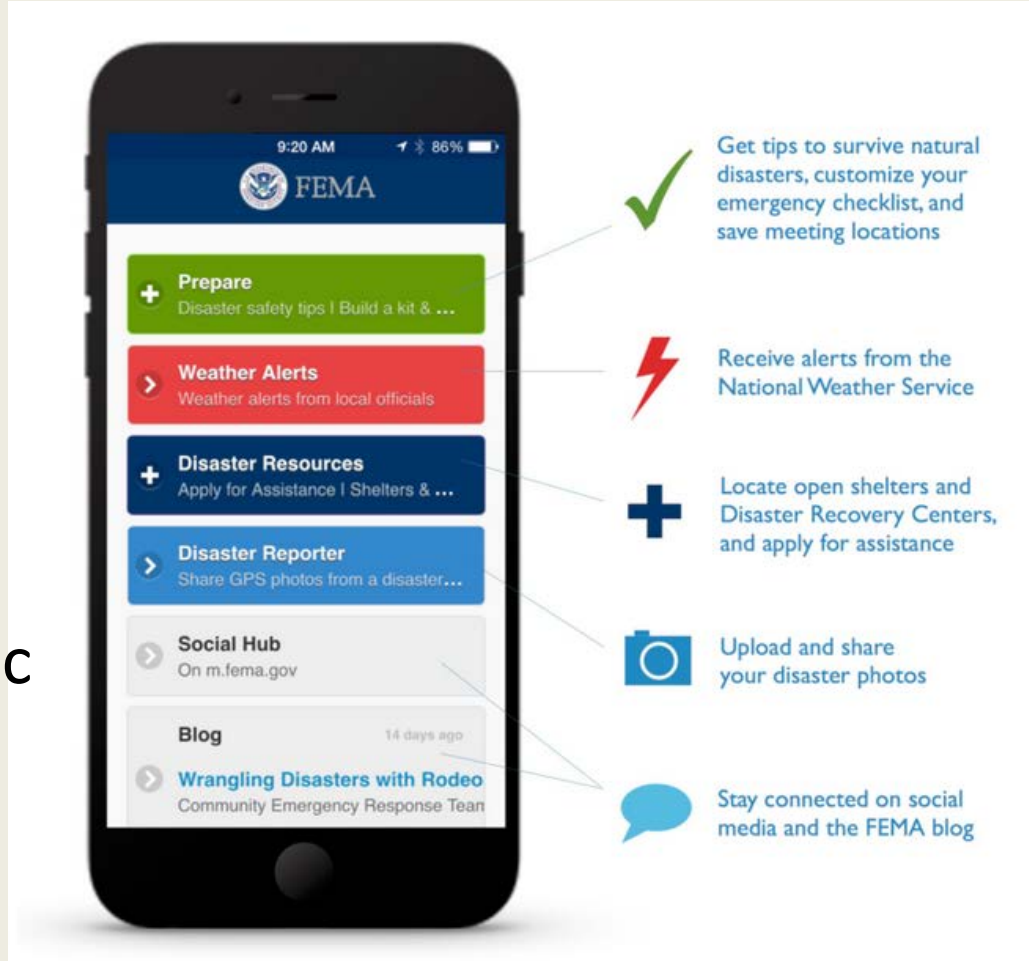
- ***"In a medical emergency we need to bring calmness to chaos and gather information."*** (Black)

- ***"Family members want to help….so ongoing communication with family is also very important."*** (Sutter)

- ***"Communication is a huge part of my job as EO coordinator and includes communication with the community."*** (Potter).

“Apps”

- Educational: Getting Ready
- Medical history/In Case of Emergency (ICE)
- Instructions
- Alerts, locators and panic buttons (“SOS”)
- Communication



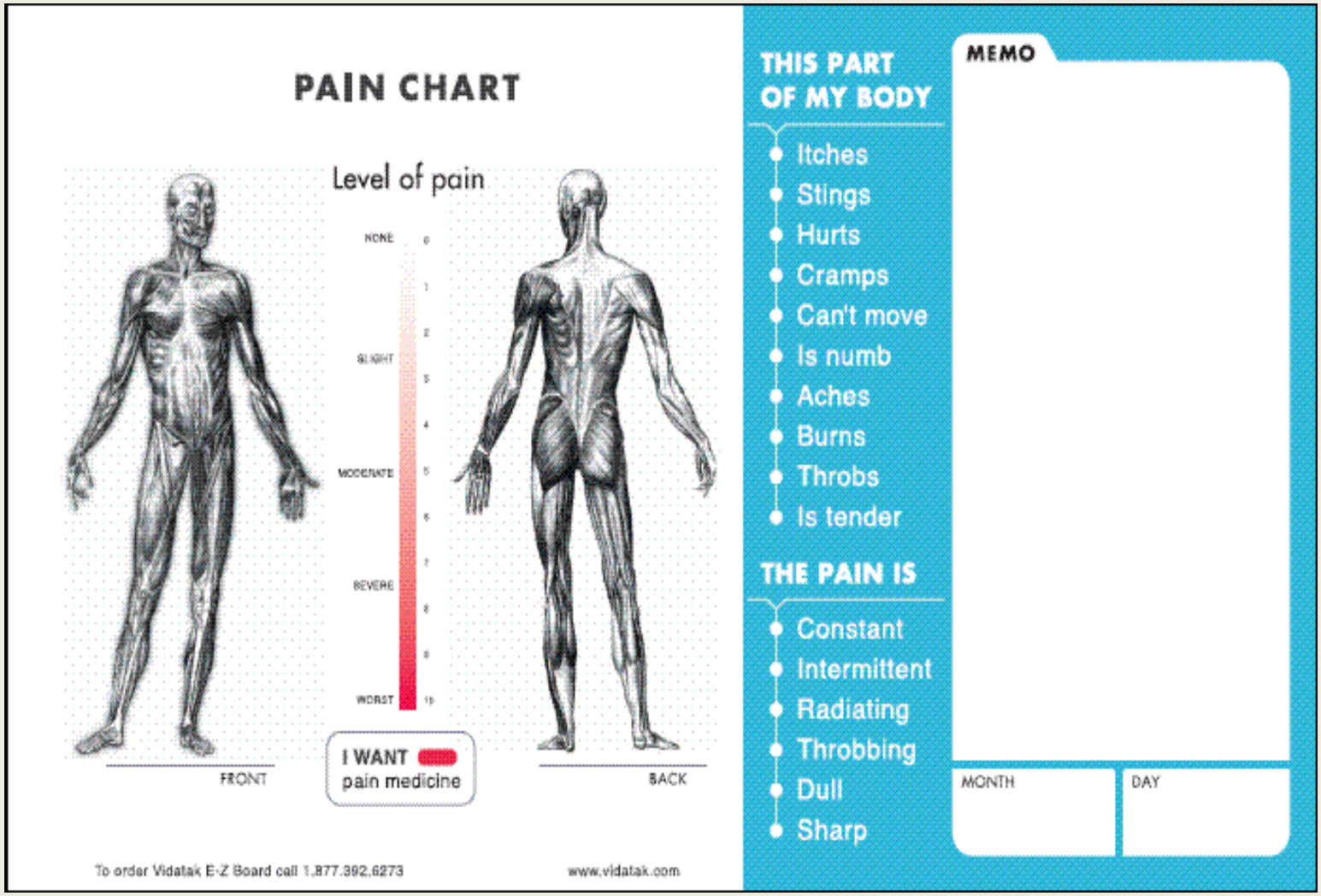
Comments from 1st Responders

- “I know they’re out there, but we don’t use them.” (Black)
- In my job as emergency operations coordinator, we are looking increasingly to social media and apps to support our efforts throughout the incident. (Potter)

* Most available apps support communication BETWEEN responders and/or triage facilities. Not PPC

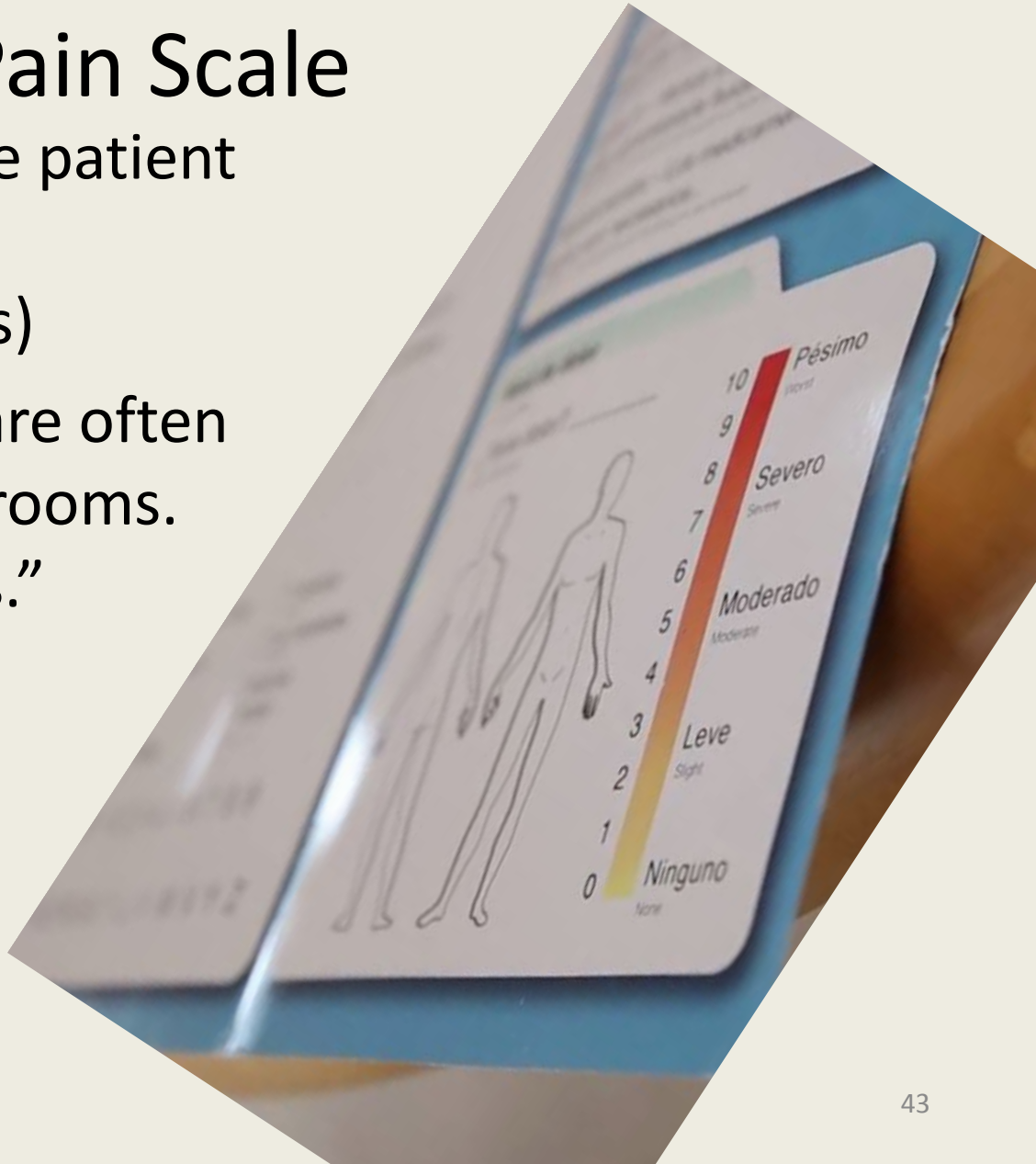
** FEMA specs for APP development state “key importance of communication” BUT never mention “communication” with people impacted by event.

Identifying location, type, and level of pain

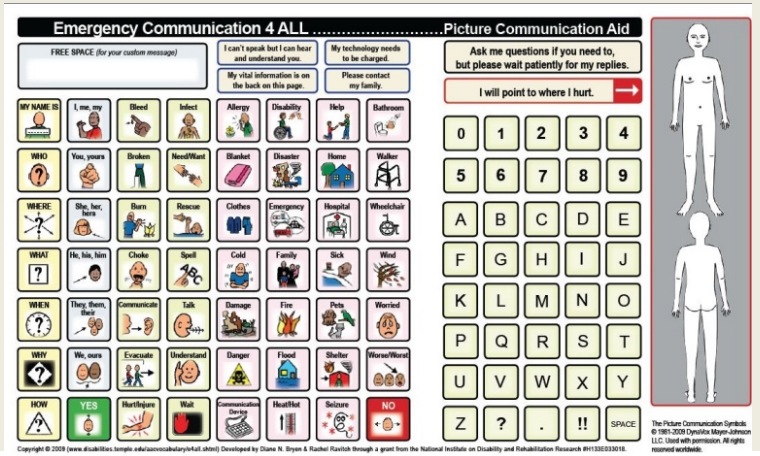


Comment from 1st Responders: Pain Scale

- "I really like this. The patient can point" (Reed, Black, Sullens)
- "These pain scales are often used in emergency rooms. Better with graphics." (Dempsey).
- Need to identify changes over time (Reed)



Exchanging information: Communication Displays



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	oops	end	something else

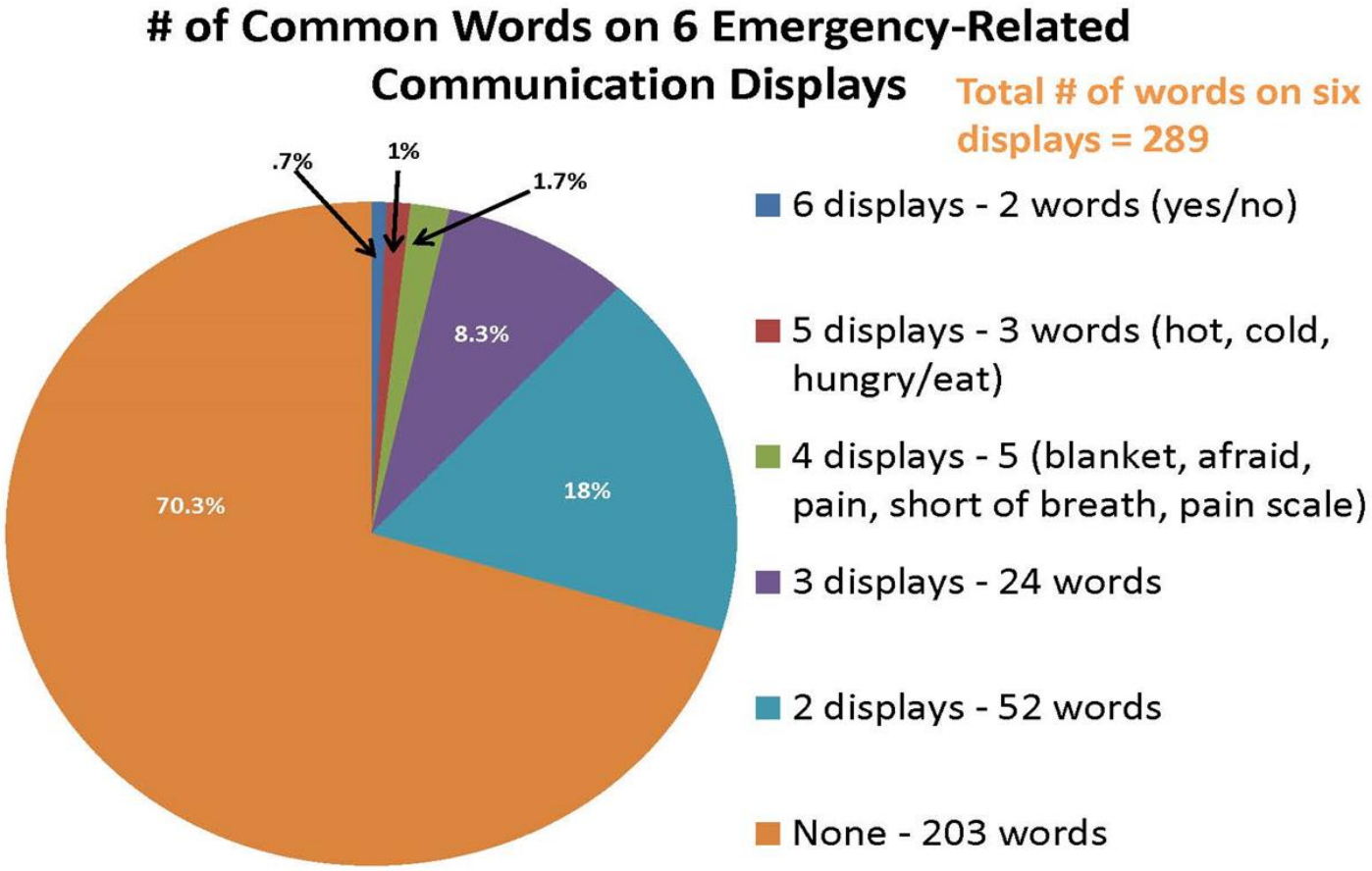
Comments from 1st Responders: Displays

“These are excellent. They could help prompt me.” Tools like this are absolutely important.” (Black)

“Pictograms are great. But, getting them to the end user is hard.” (Reed)

“Multiple tools need to be available. They are a great help for direct communication. My job to get these to my team.” (Dempsey)

“We need to have all the tools BUT we also need to know HOW to use them effectively.” (Sullens)

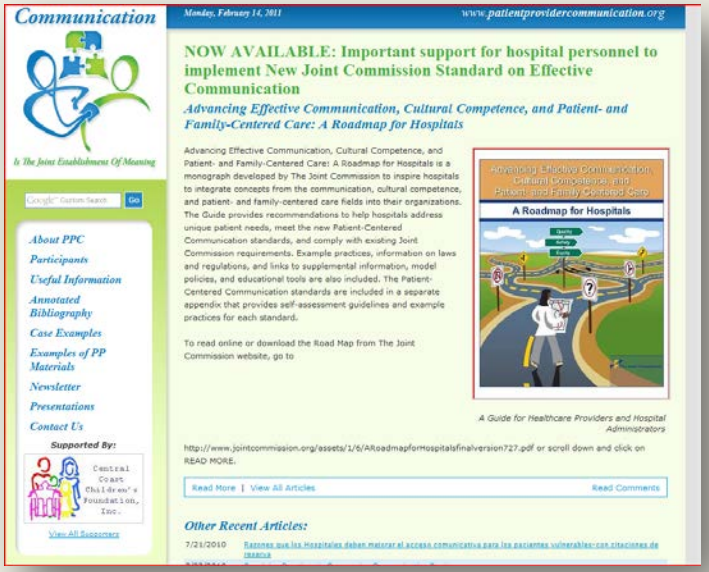


A Lack of Consensus

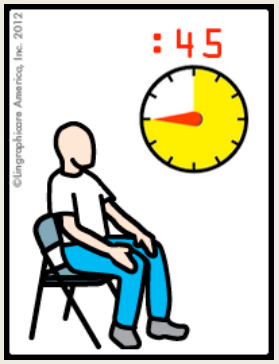
Patient-provider website

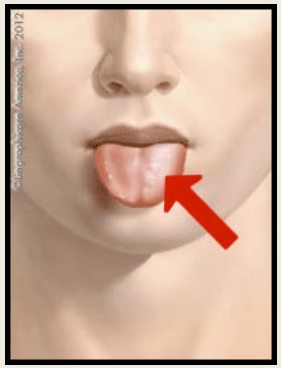
www.patientprovidercommunication.org

- Articles
- Presentations
- Annotated bibliographies
- Examples of Materials
- Case Examples
- International Newsletter
- Links, e.g., AAC-RERC Webcast



80 Dysphagia icons

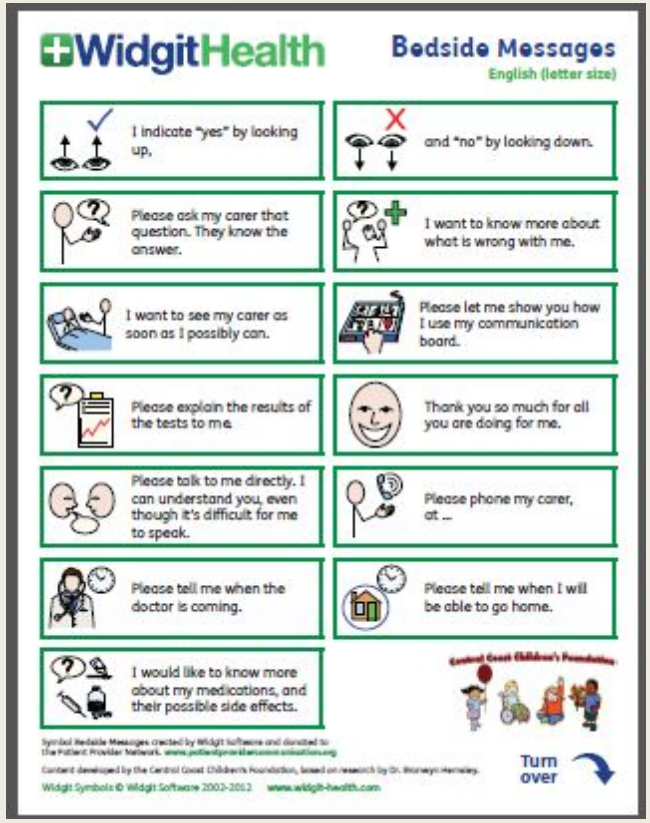




(Lingraphica)

DOWNLOADABLE

www.widgit-health.com/downloads/index.htm



- Afrikaans - A4
- Afrikaans - Letter
- Arabic - A4
- Arabic - Letter
- Bengali - A4
- Bengali - Letter
- Cantonese - A4
- Cantonese - Letter
- Chichewa - A4
- Chichewa - Letter
- English - A4
- English - Letter
- Filipino - A4
- Filipino - Letter
- French - A4
- French - Letter
- Hindi - A4
- Hindi - Letter
- Hungarian - A4
- Hungarian - Letter
- Italian - A4
- Italian - Letter
- Mandarin - A4
- Mandarin - Letter
- Portuguese - A4
- Portuguese - Letter
- Romanian - A4
- Romanian - Letter
- Russian - A4
- Russian - Letter
- Slovak - A4
- Slovak - Letter
- Spanish - A4
- Spanish - Letter
- Swahili - A4
- Swahili - Letter
- Twi - A4
- Twi - Letter
- Zulu - A4
- Zulu - Letter

Please respond to question below.

Question #3.

What policies/regulations/standards of practice are you aware of that might address communication access issues during medical encounters?

Laws/policies/regulations

- AMA Ethical Force Program Oversight Body, 2006
- The Joint Commission Standard (July 2012)
- Patient Protection and Affordable Care Act (2011)
- Health literacy as “universal precaution” (Agency for Healthcare Research and Quality (2011)
- National Plan to Improve Health Literacy (HHS,2010)
- Revised Minimum Data Set 3.0 (CMS, 2010)
- Title VI of Civil Rights Act (1964)
- Rehab Act

ASHA

Vision statement

Making effective communication, a human right, accessible and achievable for all

Mission statement

Empowering and supporting SLPs, audiologists, and speech, language, and hearing scientists by:

- *Advocating on behalf of people with communication and related disorders.*
- *Advancing communication science.*
- *Promoting effective human communication.*

SLPs: A Call to Action

Page 10

- Identify whether patient has a sensory or communication needs… "may be necessary for the hospital to provide auxiliary aids and services or AAC resources to facilitate communication."
- Identify if the patient uses any assistive devices… "make sure …available throughout the continuum of care."

Page 18

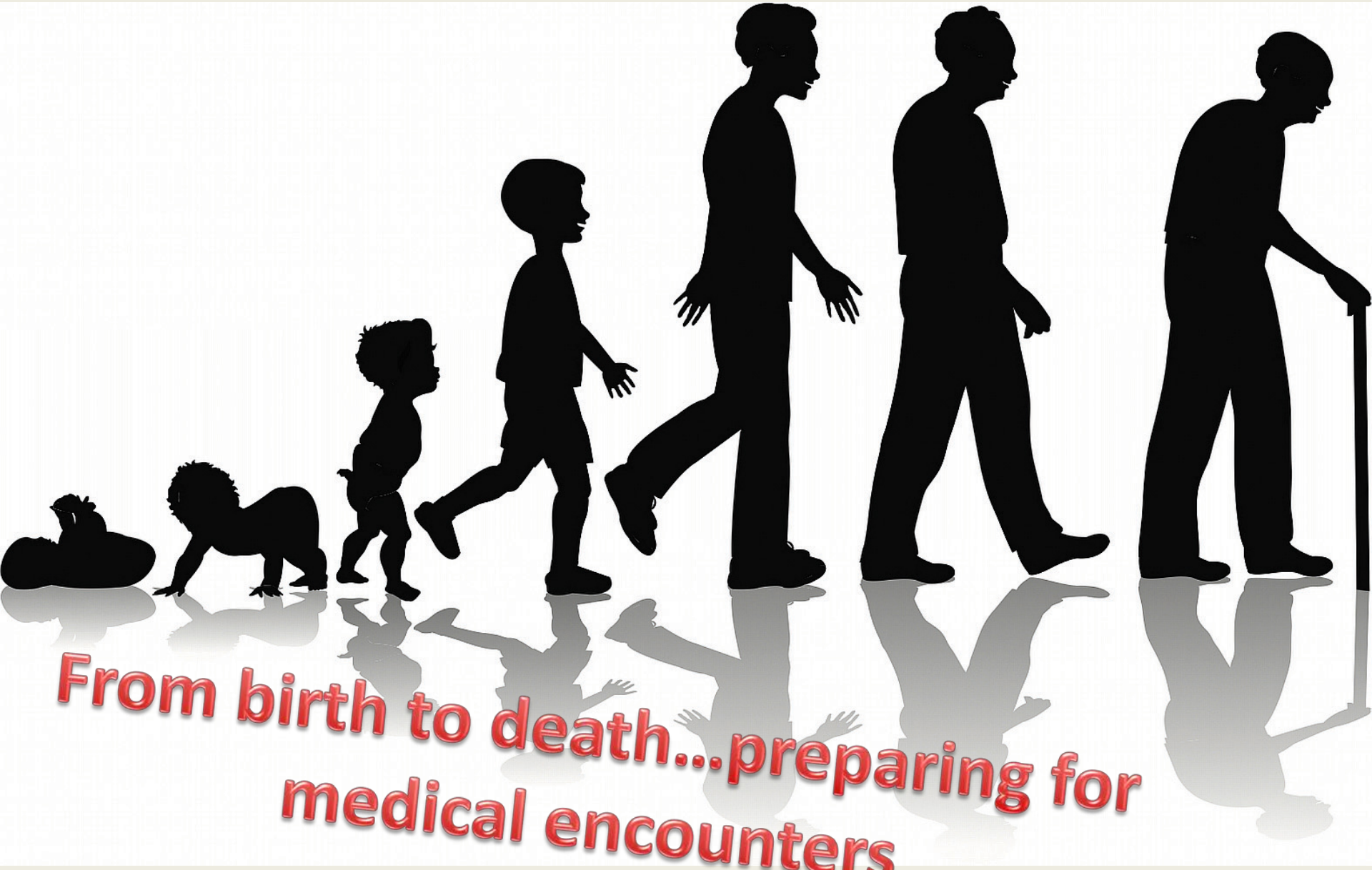
- **Monitor changes in patient's communication status…** "determine if patient has developed new or more severe communication impairments during the course of care and contact the Speech Language Pathology Department, if available."
- **Provide AAC resources, as needed, to help during treatment.**

Health Care Settings

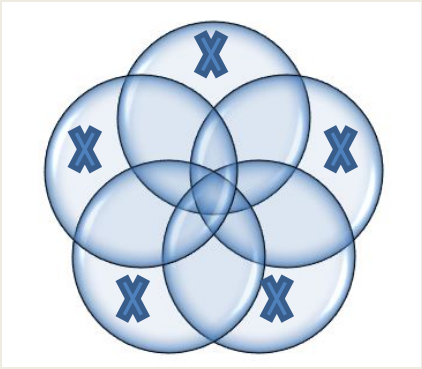
Communication Access across the Continuum of Health Care

Continuum of Health Care

- Dr's Office/Clinic
- First Responders
- Emergency Rooms
- ICU's
- Acute Care Hospital
- Rehab Hospital
- Long term care facility
- Nursing Home
- Home Health
- Hospice
- Disaster (triage area, police car, ambulance, shelters)


From birth to death…preparing for medical encounters

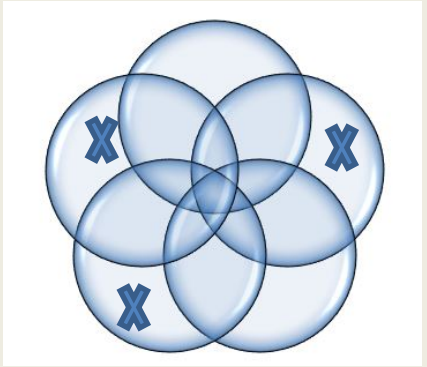
EARLY CHILDHOOD
birth -5 years



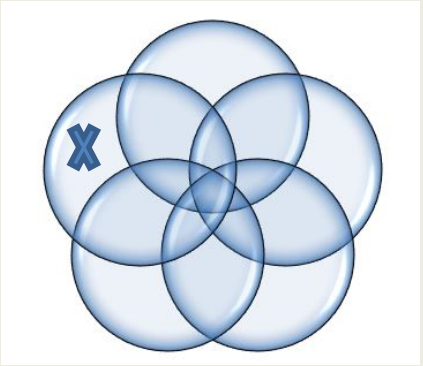
- Rough start
- Frequent medical encounters
- Family-focused
- Inter-professional interventions

- Early intervention services
  - Role of SLP re: PPC communication

5 to 18 years

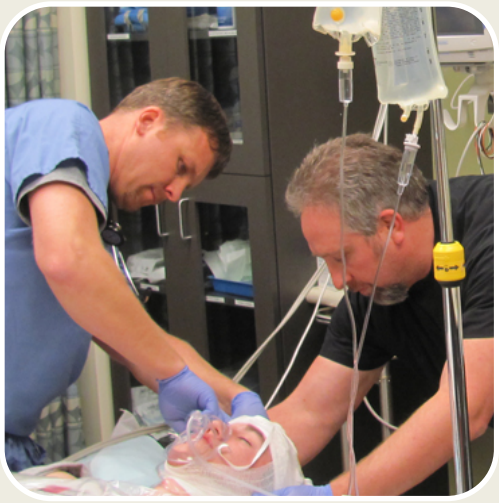


- Medical encounters routine
- Scheduled surgical procedure
- Language, communication, literacy skills developing
- SLP services, AAC, AT mandated (IEP process)

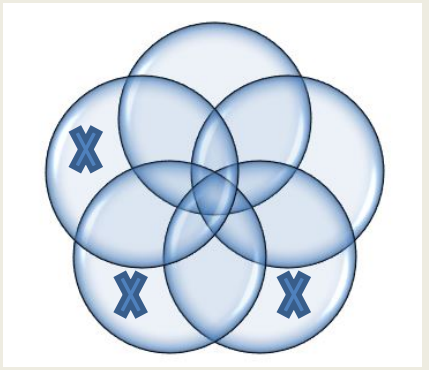


Young Adult
18 - 35 years

- Medical encounters – outpatient: Routine
- Legally responsible
- Expansion of communication skills and tools
- SLP services, as needed

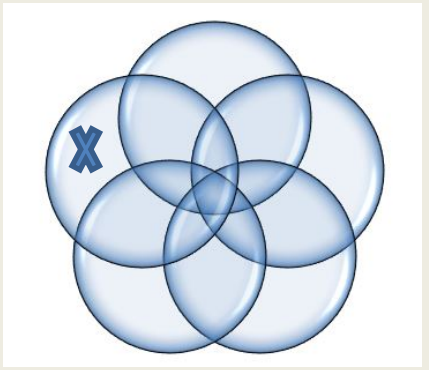


Motor Vehicle Accident
age 35



- ICU-Care Unit-Rehab
- Daily Life disrupted
  - Multiple settings/ Multiple providers
  - High stress
  - Critical communication emergency personnel

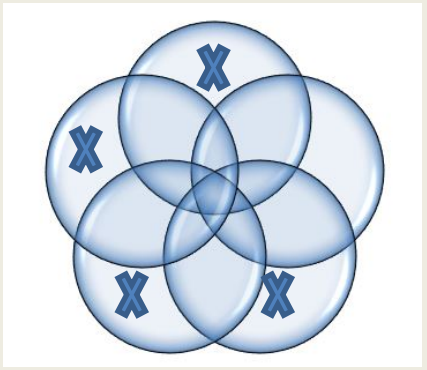
- Communication needs significant/skills variable
- SLP?
  - AAC tools
  - Staff training
  - Family support
  - Communication support person



Middle Age Adult
ages 37-65

- Health issues (self and partner)
- Independence maintained

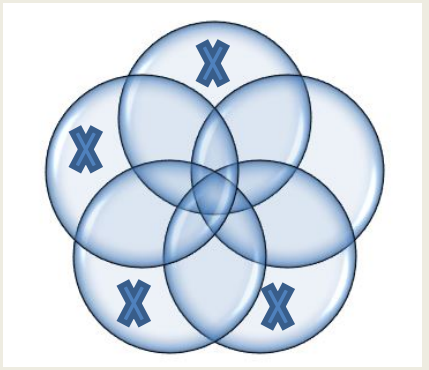
- Communication
  - Access problems
  - Multi-modal system
  - Support person
  - SLP services, as needed



Cerebral Vascular Accident
Age 66

- ICU-Care Unit-Rehab-Long term care facility
- Legal
  - Sibling designated as proxy
  - Retain decisional capacity after ICU stay

- Communication
  - Aphasia
  - Access issues
  - SLP services
    - Multiple AAC & human supports for comprehension and expression
    - Partner training



Medically Fragile - Death
Age 67-70

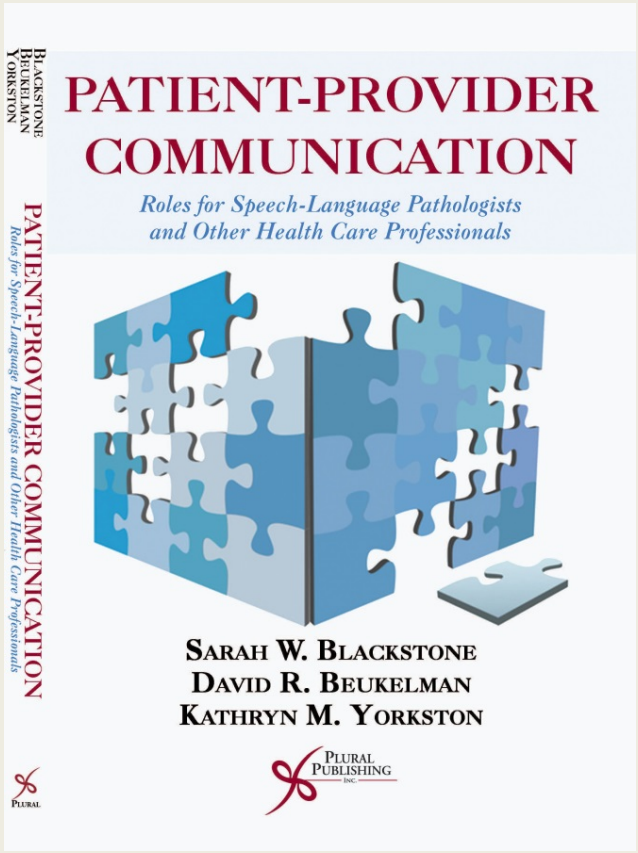
- Health deteriorates
- Long term care facility
- Partner dies
- End of life issues
  - Advanced directives in place

- SLP services
  - Swallowing
  - Communication
    - Multiple supports
    - Partner assisted scanning
    - Able to communicate until the end

Patient Provider Communication Across the Continuum of Health Care

- Outpatient
- Emergency
- Acute care – Pediatric/Adult
- Acute Rehabilitation
- Long Term Care
- Hospice

Matching the right expertise, the right tools and strategies, at the right time, in the right place



PATIENT-PROVIDER COMMUNICATION

Roles for Speech-Language Pathologists and Other Health Care Professionals

SARAH W. BLACKSTONE
DAVID R. BEUKELMAN
KATHRYN M. YORKSTON

PLURAL PUBLISHING INC.

Preparing People with Complex Communication Needs for Future Medical Encounters

Action Steps

Question # 4.

What might you (your organization) do to increase the effectiveness of PPC for individuals with CCN during medical encounters across the continuum of health care?

What community professionals can do

Ask key questions and provide simple tools

- Dr. offices, clinics, etc.
  - Are you carrying medical information? Is it up-to-date?
- Teachers and therapists
  - What assistive technologies will you need in an emergency? Will you be able to access them if you have to evacuate? Shelter in place?
  - Who are your human supports? How will you stay in contact with them?
  - Do you carry something with you to explain your communication and other needs ?

Help people think about/ask about ….

- Who communication partners likely to be (e.g., providers, care staff, family members, housekeeping, dietary?)
- Will nurses and doctors know how to communicate with me?
- Will professionals with expertise in speech-language pathology and audiology be available if needed?
- How will I be supported in communicating basic needs reliably and successfully: pain, eating, drinking, sleeping, toileting, skin care, hygiene?
- Will I be able to access a nurse call button at all times?

- Will I be able to bring and use my personal assistive technologies (hearing aids, glasses, SGD devices/ AAC displays)?
- Will there be signage in the room to explain how I communicate?
- How are safety concerns addressed (e.g., infection control, privacy, storage of equipment)?
- What is the knowledge/attitude of the facility's staff regarding my communication disability and how I communicate?
- Does facility have a policy re: communication access for people who have difficulty speaking with and/or understanding the staff who care for them, as well as for patients who require interpreter services?

The Basics

- Medical Information
  - Medical passport
- Communication information
  - How do you communicate
  - How do you want people to communicate with you
  - What technologies/human supports do you need

Medical Information

What is it?

Important information about YOU

Medical conditions
Blood type
Prescriptions
Care issues
Contacts

MEDICAL PASSPORT

Communication Passport
Accident and Emergency

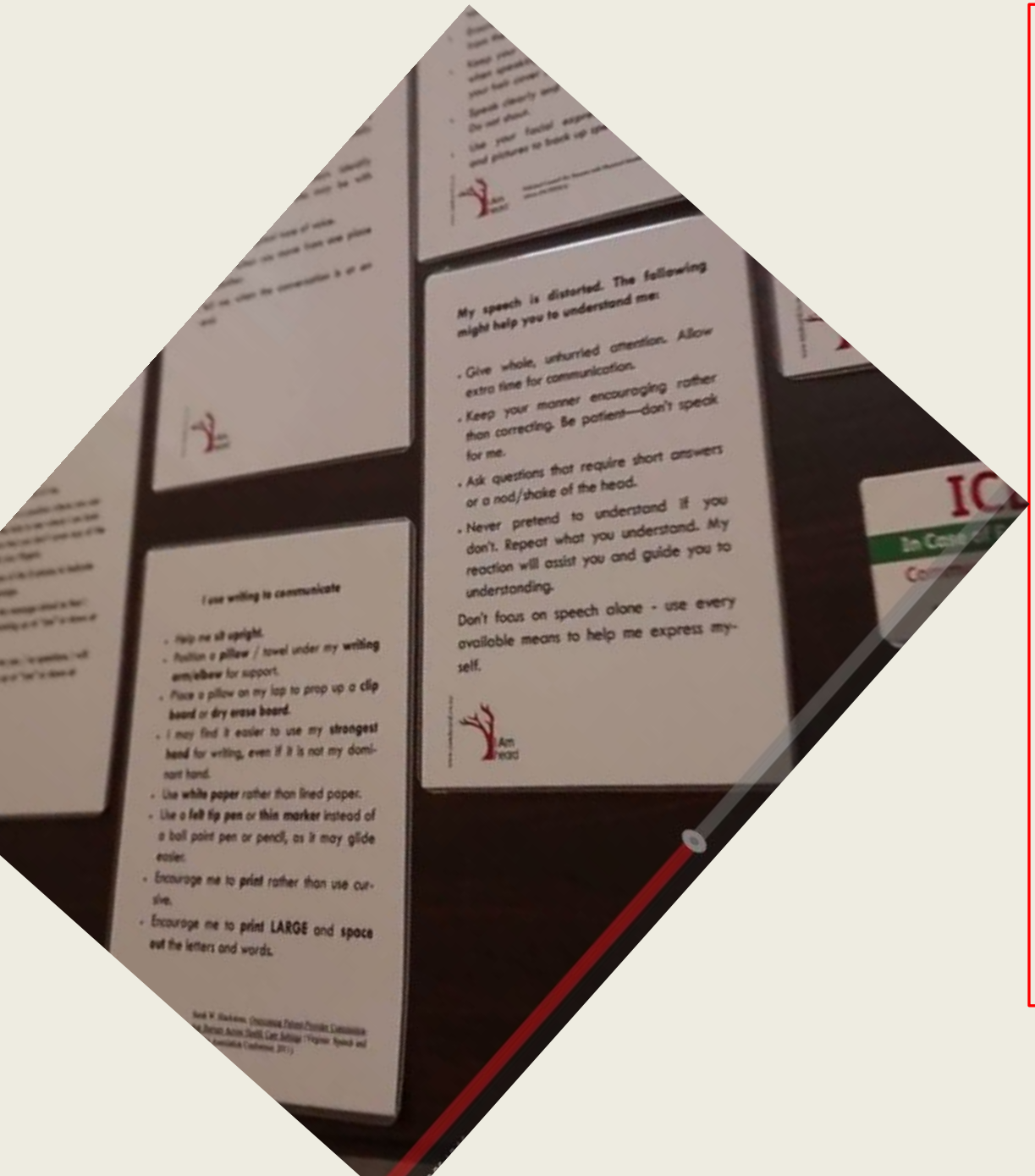
Nursing and medical staff please look at my passport before you do any interventions with me.

Name:

- Things you must know about me
- These things are important to me
- My likes and dislikes

WidgitHealth www.widgit-health.com
Gloucestershire Hospitals NHS Foundation Trust
Royal Berkshire NHS Foundation Trust

Widgit Symbols © Widgit Software 2002 - 2013 www.widgit-health.com 1/8



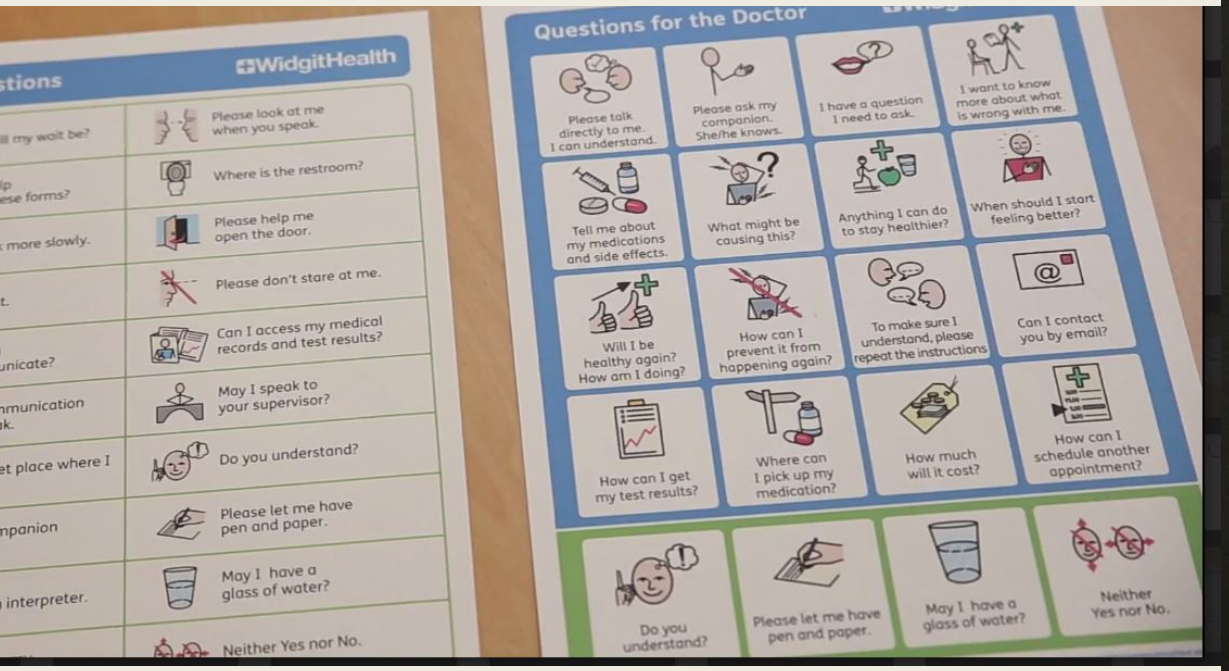
- I have a hearing impairment.
- I have a visual impairment.
- My speech is distorted. The following might help you understand me.
- I am writing to communicate
- I use an eye gaze frame to spell
- I have attention and understanding difficulties.
- etc.

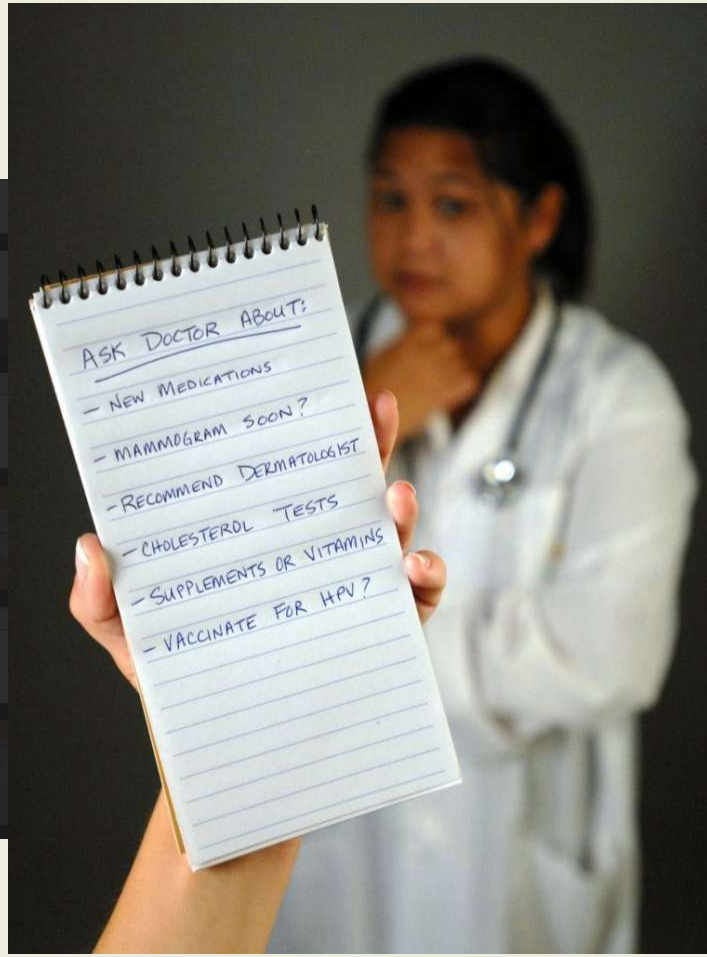
www.iamheard.co.za

Preparation
You can't predict, you can prepare!

- For appointments
- For the expected (surgery, procedures, etc.)
- For the unexpected (shelter-in-place or evacuate)
  - Go Bags: home, work, car
  - Support team
  - Transportation plan
  - Communication plan
  - Access to communication plan

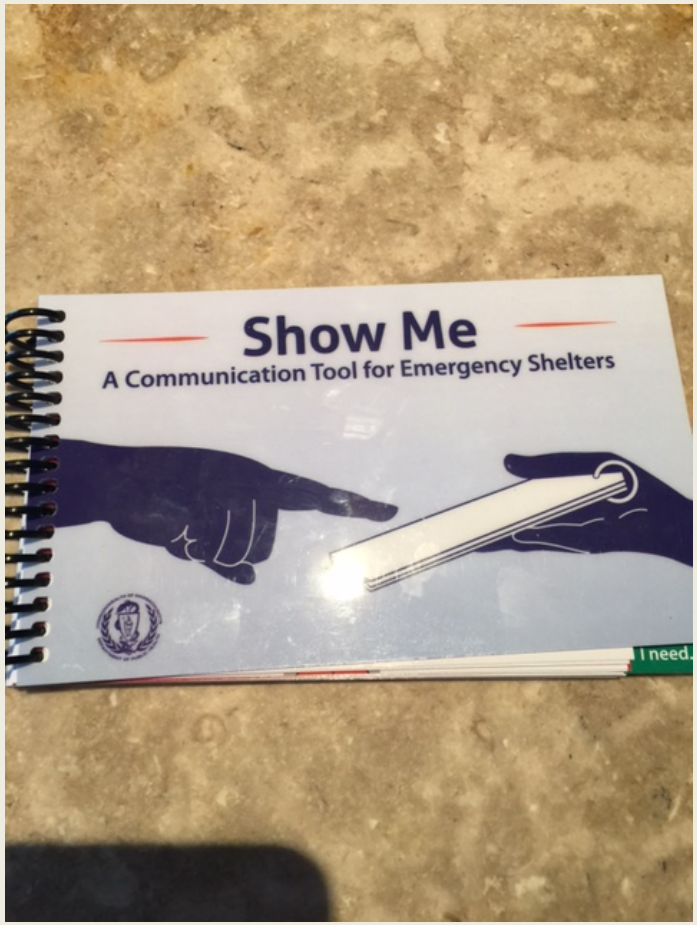
Preparing for appointments

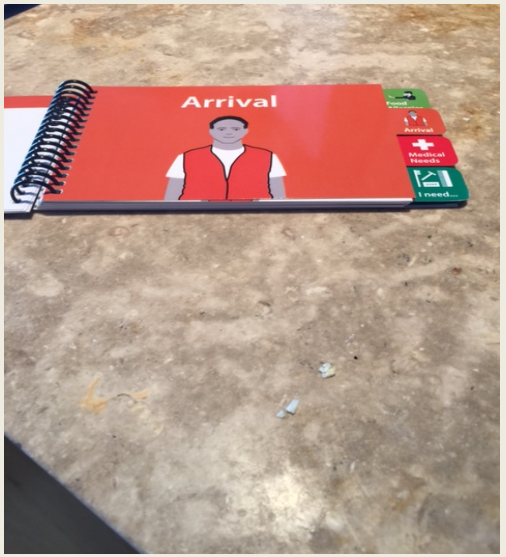


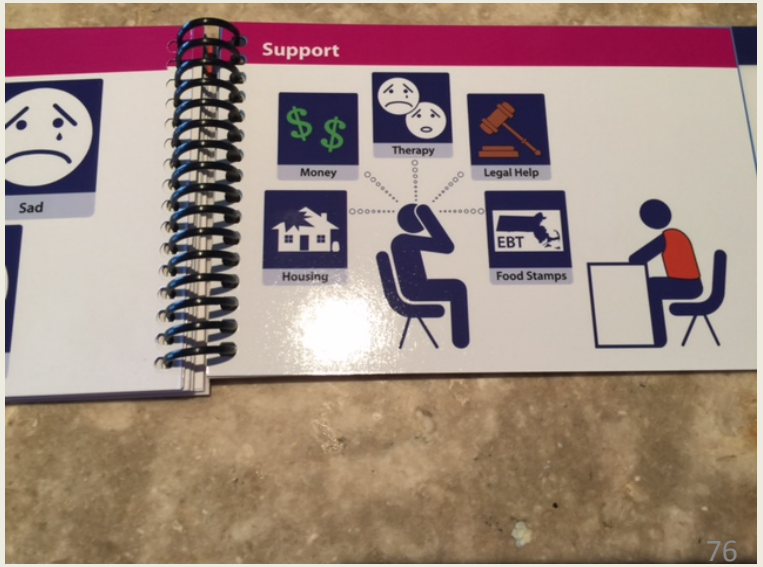


Widgit Software, free downloadable
https://www.widgit.com/sectors/health-emergency-justice/index.htm

Shelter supports







http://www.mass.gov/eohhs/gov/departments/dph/programs/emergency-prep/additional-access-needs/show-me.html

Take Aways

- **Many** people have communication challenges

- Community workers (physicians, clinicians, teachers, pastors, healthcare workers, etc.) are in the BEST position to make a difference for these individuals because they
  - KNOW them and their families
  - have resources and access to knowledge
  - care about their clients and want them to be safe

SLPs and People with CCN

- Need to own their expertise in communication.
- Be active team member.
- Highlight prevention
  - Prepare for
    - medical encounters
    - Know rights
    - Improve health literacy
    - Develop tools to support PPC during encounters
- Advocate for resources to assure effective PPC at all points of care
- Set up referral points for communication specialists (SLP, AUD, professional interpreters)
- Champion communication! checklists, electronic records, nursing rounds
- Prepare practitioners: pre-service and professional development

SLPs: A Call to Action

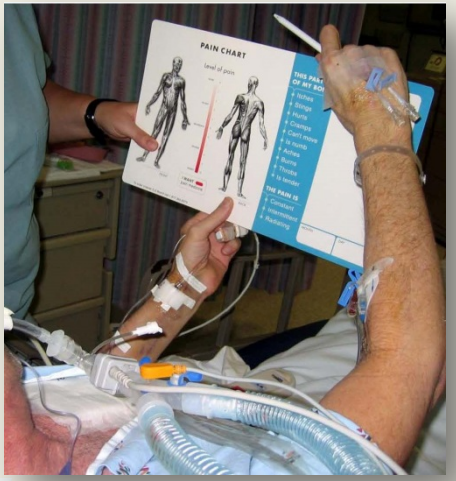
Page 10

- Identify whether patient has a sensory or communication needs… "may be necessary for the hospital to provide auxiliary aids and services or AAC resources to facilitate communication."
- Identify if the patient uses any assistive devices… "make sure …available throughout the continuum of care."

Page 18

- **Monitor changes in patient's communication status…** "determine if patient has developed new or more severe communication impairments during the course of care and contact the Speech Language Pathology Department, if available."
- **Provide AAC resources, as needed, to help during treatment.**

- Role of speech-language pathologists in
  - –Healthcare settings
  - –Educational settings
  - –Community settings



What Can You Do?
What should you Do?

What Will You Do?

“Coming together is a beginning.
Keeping together is progress.
Working together is success.”

Henry Ford