Speaker Disclosures/Session Disclosure

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Rachel Santiago is a salaried employee at Boston Children's Hospital.

Tami Altschuler is a salaried employee at NYU Langone Medical Center.

Jessica Gormley is a salaried employee at the University of Nebraska Medical Center.

Sarah Gendreau is a salaried employee at Massachusetts General Hospital.

Richard Hurtig is an unsalaried employee of The University of Iowa and Voxello, Inc. He is the Chief Scientific Officer of Voxello and the inventor of the patented noddle smart switch.

All speakers are volunteer participants of the Patient-Provider Communication Network's COVID-19 Task Force.

This presentation will mention free materials and resources created by the Patient-Provider Communication Network.

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Learning Objectives

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1. Identify three reasons patient-provider communication is a fundamental aspect of patient care
1. Describe three examples of low-tech strategies to enhance patient-provider communication
1. Discuss one recommendation for assessment and intervention in a patient with communication vulnerability, such as a person with COVID-19.

3

Session Evaluation and CEUs

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- Virtual Presentation Survey
  - Your feedback is very important to us. Please be sure to complete the survey after the presentation. You will be automatically redirected to the survey at end of the presentation. Upon completion of the survey, your certificate of completion will be posted to your learner profile.
- CEUs
  - ATIA 2021: AT Connected education presentations are ACVREP, AOTA, ASHA, CRC and IACET CE approved. Please note that sessions are reviewed for specialty CEU eligibility, but not all sessions are approved for specialty CEUs.
  - You will receive a CEU Certificate after submitting an Assessment. The certificate will be posted to your learner profile. You may submit more than one Assessment for different CEUs for the same education session e.g. ASHA and IACET.

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Patient-Provider Communication as a Fundamental Aspect of Patient Care

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Need for PPC in hospitals

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<u>Nonspeaking Patients are at risk for:</u>

- Preventable adverse events (Bartlett et al., 2008; Hurtig, Alper, & Berkowitz, 2018)
- Serious medical events (Cohen, et al., 2009)
- Poor medication compliance (Andrulis, et al., 2002)
- Increased risk of leaving AMA (Flores, 2003)
- Increased fear, stress, and sleep disturbance (Happ, et al., 2004)
- Inability to participate in own care (Garret, et al., 2007)

<u>Benefits of AAC:</u>

- Augmentative and Alternative Communication (AAC) is used by individuals for whom speech is not a primary method of communication
- Patient-provider communication is paramount to patient care and patient satisfaction
- Policies in place support communication access (The Joint Commission, 2010)
- Patients who have access to an effective communication system:
  - Receive less sedation
  - Transition more quickly to lower levels of care
  - Provide increased patient satisfaction scores

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Added Complications Related to COVID-19

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Communication Vulnerable Patients:

- Inability to produce intelligible speech
- Pre-existing speech/language difficulties
- Medical treatment (intubation, trach, BIPAP)
- Neurogenic deficits (aphasia, dysarthria, apraxia, TBI)
- Sensory: hearing and vision
- Limited English Proficiency
- Difficulty reading and/or writing
- Health literacy

COVID-19 Specific Barriers, Risks, and Vulnerabilities

All pre-COVID19 issues **plus**:

- Respiratory symptom sequelae
- Implications for short- & long-term speech & communication difficulties
- Personal Protective Equipment (PPE)
- Visitor restrictions
- Reduced provider time at bedside
- Reduced access to equipment
- Fewer bedside consulting teams (e.g. live interpreters, speech-language pathologists, other)

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Patient and Provider Challenges due to COVID-19

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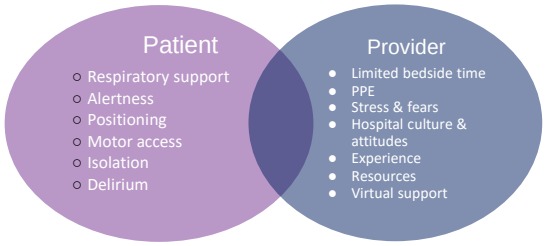

Patient and Provider Challenges due to COVID-19

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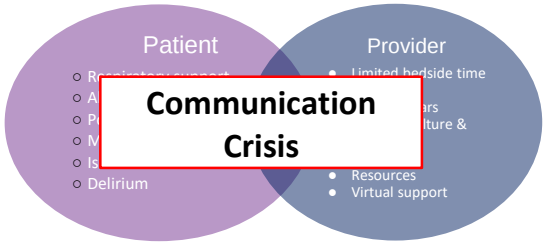

Healthcare Disparities and COVID-19

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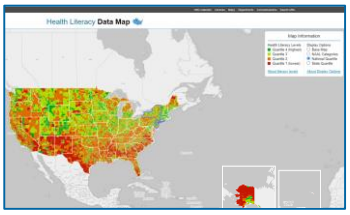
- Limited health literacy and hospital experience
  - ~36% of Americans have low health literacy
- People with communication disorders
- Patients who require access to needed supports
  - Support person or caregiver
  - Equipment
  - Accessibility materials
- Patients who are Deaf/HoH
- Patients who are blind/low vision
- ...and more



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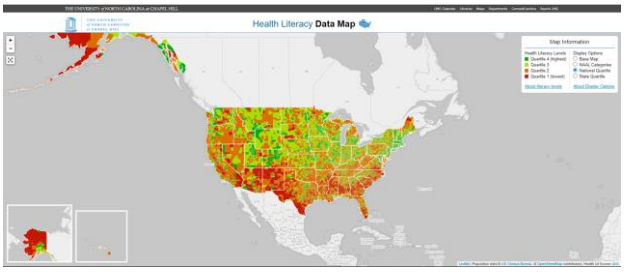
Healthcare Disparities and COVID-19

ATiA 2021



To view the map, click: http://healthliteracymap.unc.edu/

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Need for Bidirectional Communication

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- Limited English proficiency + need for bidirectional communication (ACS-LEP SURVEY 2016)
  - ~63.2 million people >5 y.o do not speak English in the home
  - ~25.5 million people >5 y.o speak English "less than very well"
- Affects both:
  - Patient to provider barriers
  - Provider to patient barriers
- Professional interpreters ≅ half as many errors as ad hoc interpreters (Napolés et al, 2015)
- Messages must be mutually understood

MGH Data: At the height of the surge in the state of Massachusetts in April 2020, 50% of the hospital's patients had limited English proficiency compared to an average of 9% prior to COVID 19--per interpreter services data

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Communication preparation and response

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Healthcare Providers

- ✓ Educate yourself
- ✓ Find out about unit & patient needs
- ✓ Visit website to identify tools
- ✓ Print, laminate, disseminate
- ✓ Create "ready made" binders
- ✓ Train staff on communication access techniques and systems
- ✓ Identify patient-provider communication champions

Patients

- ✓Prepare materials that will support communication with emergency and other healthcare professionals
  - Hospital Passport, emergency cards, Go Bag, etc.
  - Social stories (e.g., coronavirus testing)
- ✓Know your rights
- ✓Call your local hospital:
  - What are the visitation policies?
  - What communication supports are available?
  - What is available? What can I bring?
- ✓Advocate for your needs

Community and Educational Providers

- ✓ Talk to hospital personnel
- ✓ Find out about the patient experience
- ✓ Assist in creating:
  - Hospital Passport
  - Emergency cards
  - Go Bag
  - Backup or low-tech communication tools
  - Healthcare related page sets
  - Social stories
- ✓ Make sure clients can access virtual technologies

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Enhancing PPC at the Bedside During the COVID-19 Pandemic

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COVID-19 and its impact on inpatient bedside care

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- Infection control concerns
- General considerations
- Solutions and Responses

COVID-19 and its impact on inpatient bedside care

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General care considerations

- Medical acuity & communication vulnerability
  - Mechanical ventilation
  - Sedation
  - Delirium
  - Neurological and cognitive changes
  - Vocal cord dysfunction
  - etc.
- Hospital Resources
  - Capacity, equipment demand
- Access to communication and sensory aids
  - Glasses, hearing aids, cochlear implant processors, and other sensory aids (and batteries!)
  - Baseline AAC systems

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COVID-19 and its impact on inpatient bedside care

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Infection control concerns

- PPE
  - Shortages
  - Reduced speech intelligibility
  - Impacts ability to read lips and facial expressions
- Visitors
  - Limited or prohibited completed
  - Support personnel/family unable to be at bedside
  - Need for emotional support
- Exposure risk
  - Limited staff permitted in rooms
  - Limited staff on site
- Physical Materials
  - Higher reliance on single use, no/low tech tools

COVID-19 and its impact on inpatient bedside care

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Solutions and Responses

- Interprofessional collaboration
  - Creating a culture that prioritizes communication access
  - Communication partner training
- Virtual care
  - Telehealth & video calls
  - Increased phone call follow up with families for updates
- Support personnel
  - Visitor restriction exceptions
- Enhance health literacy and access
  - Incorporate visuals
  - Easily accessible and shareable information for loved ones

COVID-19 and its impact on inpatient bedside care

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Solutions and Responses

- Communication supports
  - Clear masks (for COVID negative patients)
  - Hearing enhancers
  - Visual aids
  - Quick/ready made tools
  - Need for bilingual tools
  - More tools were needed!

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Tools and Strategies to Enhance Patient-Provider Communication

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PPC COVID-19 Taskforce

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Team Members:
Tami Altschuler, Sarah Blackstone, Sarah Gendreau, Jessica Gormley, Mary Beth Happ, Richard Hurtig, Sarah Marshall, Harvey Pressman, Rachel Santiago, Rachel Tobin

Goals = To create tools that can be quickly customized to fit busy, face-paced health care settings

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Bilingual Communication Boards

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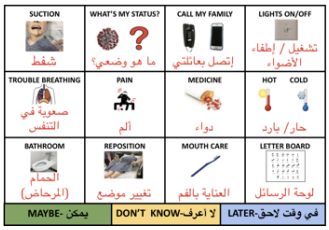
- **Arabic**/English
- **Bulgarian**/English
- **Chinese**/English
- **French**/English
- **German**/English
- **Haitian-Creole**/English
- **Hebrew**/English
- **Italian**/English
- **Karen-Burmese**/English
- **Portuguese**/English
- **Russian**/English
- **Spanish**/English
- **Portuguese**/English
- **Tagalog**/English
- **Vietnamese**/English



https://www.patientprovidercommunication.org/covid-19-free-bilingual-tools.htm

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Bilingual Communication Boards

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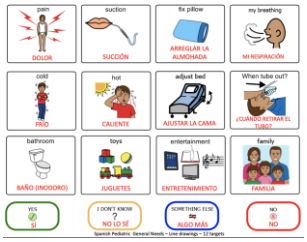

https://www.patientprovidercommunication.org/covid-19-free-bilingual-tools.htm

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Communication Topic Boards

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- Pain scales
- Yes/no
- Letter Boards
- General Needs - Adults
- General Needs - Pediatrics
- Medical Decision Making
- Serious Illness
- Create Your Own
- Instructions

https://www.patientprovidercommunication.org/covid-19-tools/free-english-tools/

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"Create Your Own" boards

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- time-saver to assist with personalization of communication supports

https://www.patientprovidercommunication.org/covid-19-free-tools.htm 25

Partner-Assisted Scanning Instructions

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- Instructions posted on the back side of each board to help with partner training

If it's hard for patient to point, please use "partner-assisted scanning"
This is how:

Ask patient to focus on the communication board and find the message they want to communicate.
Establish patient's "yes" (i.e. nodding, blinking, thumbs up, etc.)

1. **Proceed row by row. Point to each row and ask if the desired message is in that row**
   (e.g. point to 1st row and ask, "Is it in this row?" followed by 2nd row, and so on)
2. **Patient will select a row using the established YES response. Verify the choice out loud.**
3. **Point to each message within the selected row ("Is it suction?" "Trouble breathing," etc.).**
4. **Patient will signal that you are pointing to the desired message using established YES response.**
5. **Confirm the selection & repeat.**

Additional Considerations:

- Hold this tool ~12 inches (~30 cm) from the patient's face.
- Ensure good lighting, head positioning, and vision.
- Speak **loudly** and **clearly** using **simple language.**
- Wearing masks and other PPE may make it difficult to understand speech. Consider using communication tools when speaking to the patient as well.
- If the patient can't use this tool effectively now, that does not mean the patient won't be able to use it later today, tomorrow, or this week. Continue to provide opportunities to support communication.

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Comprehension Supports for Patients

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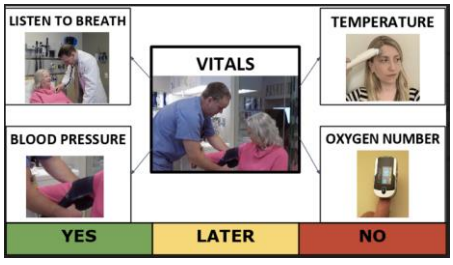
Comprehension Supports for Patients



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End of Life and Serious Conversation Boards

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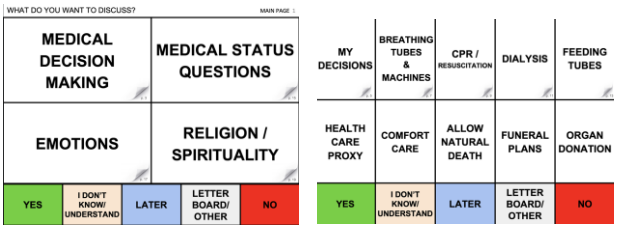

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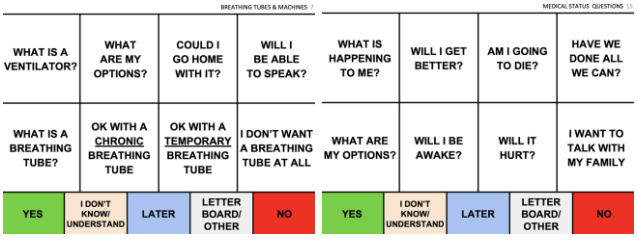
End of Life and Serious Conversation Boards

ATiA 2021



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Tips: Training and Implementation

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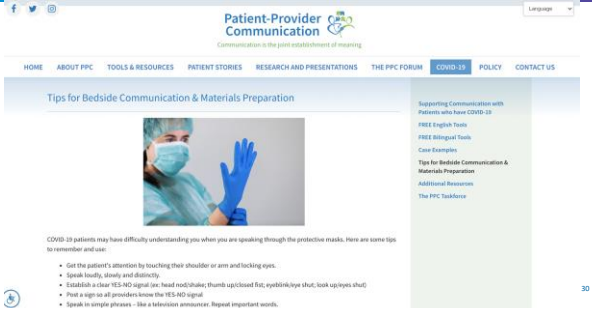

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Patient Stories: Communication Vulnerability and COVID-19

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Patient Story 1

Young adult male with a h/o TBI and spastic quadriplegia was admitted with COVID-19.

- Tracheostomy at baseline and able to speak yet now required ventilator support and suddenly non-verbal
- Before his hospitalization, he used a tablet which he accessed via direct selection with an adapted stylus, however the stylus was lost during transport
- He typed out messages on the Notes app yet physical access was challenging and providers needed to be in closer proximity to read the messages which increased virus exposure

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Patient Story 1 - Intervention

- Patient was seen for AAC evaluation at the bedside and with family connected via FaceTime
- SLP downloaded a text to speech app (Verbally) to his personal iPad and he was able to use this independently via direct selection with adapted stylus provided by SLP
- Voice output enabled him to communicate with nurses using the call bell and with providers who stood at his doorway - this decreased burden of care on staff with limited time to be at his bedside for every communication exchange
- With voice output via text to speech app, he was able to self-advocate, navigate medical decision making, request referrals (e.g. social work), and interact with his family virtually

"When can I go home?" Verbally app on personal iPad with adapted stylus

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Patient Story 2

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Young adult with hx of obesity, depression/anxiety, and asthma with severe COVID ARDS.

- Treated with hydroxychloroquine and tocilizumab (c/f cytokine storm), paralytics, intermittent proning (periods of 48 hours)
- 21-day intubation, trach/PEG on day 21
- Total of 5 weeks ventilation
- Critical illness myopathy, tongue mucosal injury, facial cellulitis, pneumonia

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Patient Story 2--SLP intervention

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SLP consulted for swallow evaluation, but also…

- Communication vulnerable!
  - Aphonic 2/2 open trach
  - Profound deconditioning with limited facial/oral movements and functional gesture use (slight head nod/shake, slight R>L UE movements)
  - Resolving delirium
- Identified communication methods
  - Primary: Mouthing at phrase level. Mouths single words letter-by-letter if there's breakdown
  - Back up: Partner-assisted-scanning/spelling
  - List of common, ranked yes/no questions
  - Pain scale
  - Working on functional gestures (shoulder shrug, pointing) and writing (collaboration with OT)

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Survey Results

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- 37 participants
- Majority of respondents were SLPs (n = 36)
- Majority of respondents practiced in the USA (n = 26)
- 17 of respondents experienced a surge in COVID patients in their region at the time of the survey completion
- More than half used the bilingual tools
- 81% had used the PPC tools with patients at time of survey. Of those, 50% used them with more than 10 patients.
- Materials were used: in acute care (51%), when patients were intubated (24%), in the setting of cognitive and/or language impairment (72%), post-acute setting (7%), following tracheostomy (51%), outside of acute care (44%), other (7%)

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Survey Results

ATiA 2021

Challenges encountered when using the tools and suggestions from participants:

"We had surge of cases amongst foreign workers who are non English speaking and came from different countries (Bangladesh, India, China, Myanmar, Thailand). In the end we translated the resources and changed the photos to make it relevant to the community here and made different charts for this purpose."

"I was able to print the tools and provided a copy for each ICU room in our hospital. The problem is that when patients were intubated, they were so sedated they were not alert enough to use the tools. Unfortunately at our large hospital, a very small percentage of patients were able to successfully wean off the ventilator."

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Survey Results

ATiA 2021

"importance of video-call-instructions and information to support the contact between primary caregiver and (non-speaking) patients during lock down and visitor-restrictions in hospitals even I work with AAC in the hospital I do not see the Covid-patients. These are separate units in the hospital."

"Your materials are perfect for training, for addressing communication challenges with people who are not familiar with I/DD. I also provide them to all the SLPs who are acute care and ICU providers, as well as anyone who will listen to me about the huge value of these materials. Thank you so much!"

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Website Data and Impact

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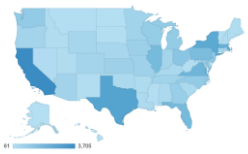
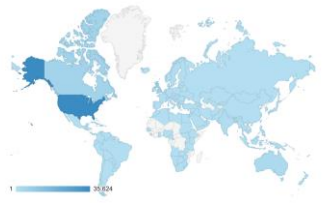
From March 21, 2020 - January 13, 2021

- 54,100 users visited the website
- 172,330 page views
- 169 countries
- 26,586 downloads





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Next Steps

1. We want to hear from YOU!!!
   a. You can still take the survey: https://redcap.tch.harvard.edu/redcap_edc/surveys/index.php?s=KCXFYC3FYX
2. What materials should we create next?
3. Projects are in the works:
   a. Video materials to demonstrate communication techniques
   b. Social stories for getting the COVID-19 vaccine
   c. Communication materials
   d. "Front lines stories" and "patient stories"
   e. More "Open Access" articles to ensure that updated research and available to a larger audience

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Lessons Learned

- Although workflow has changed, communication remains a medical priority
- Pandemic practice highlights the need for flexibility
- Communication partner training and handoff is needed for carryover of supports and strategies
- Virtual connections offer a platform for social connectedness and communication opportunities
- Emergency preparedness is not always possible, however emergency response is

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Thank you!

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