PROVIDING COMMUNICATION ACCESS:

CONVERGING SOLUTIONS TO EFFECTIVE PATIENT-PROVIDER COMMUNICATION

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&
HARVEY PRESSMAN

Augmentative Communication, Inc.
The AAC-RERC
The Central Coast Children's Foundation, Inc.

ACTION STEPS ROLE OF THE SLP AND AUDIOLOGIST

DR. PAUL RAO'S ASHA LEADER ARTICLE
NOVEMBER 1, 2011

HEALTHCARE SETTINGS

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

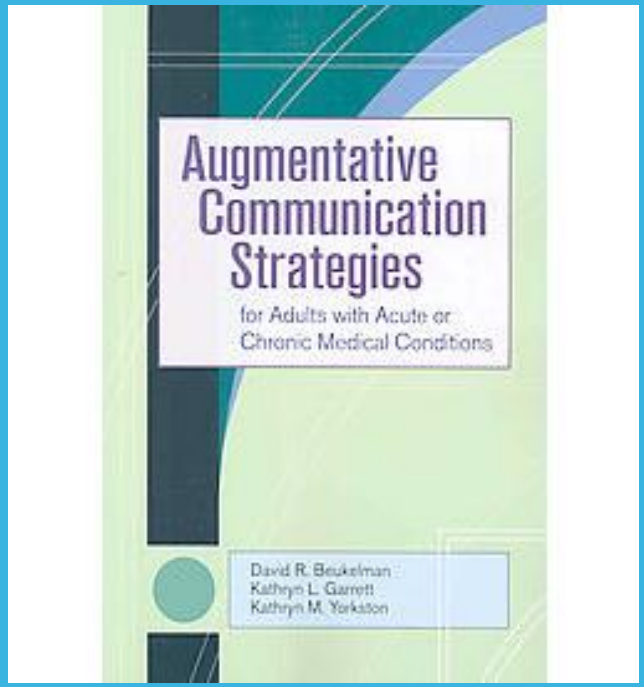
ACTION IDEAS (FROM PARTICIPANTS)

- Read TJC Roadmap
- Acquire materials
- Recognize what *communication vulnerability* means and the varied needs of people who are communication vulnerable
- Develop tools and train people to use them
- Video interactions for review and training.
- Develop staff training modules for use in hospitals
- Include consideration of communication issues in annual reviews and training programs
- Increase training for SLPS/Audiologists in coursework at the university level
- Provide VA hospitals (and veterans) with the means to communicate (e.g., assistive device pool, consideration of linguistic issues, and so on).

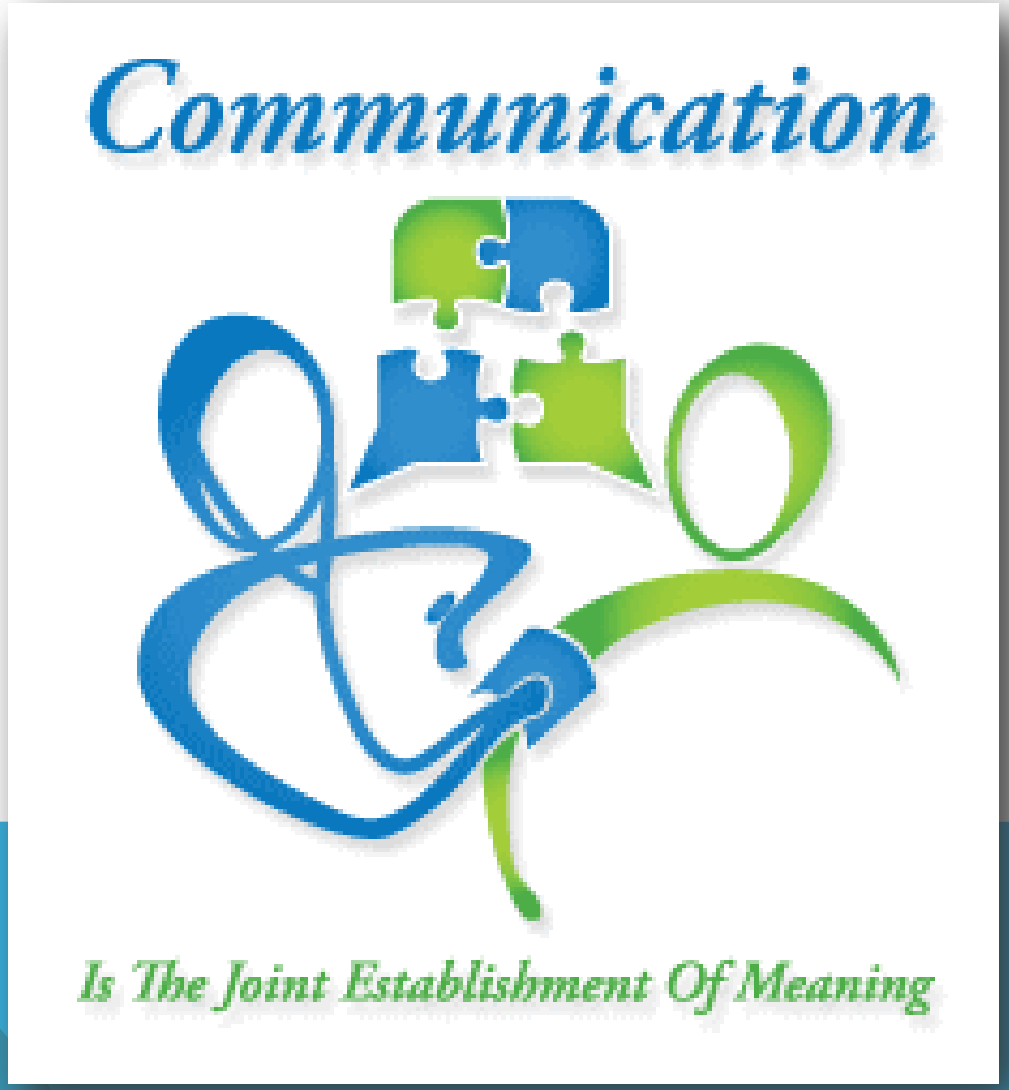
AUCTION: BEDSIDE TALKING PHOTO ALBUM

Vocabulary from research by Bronwyn Hemsley and her colleagues in Australia

AUCTION: AUGMENTATIVE COMMUNICATION STRATEGIES FOR ADULTS WITH ACUTE OR CHRONIC MEDICAL CONDITIONS



DEFINING PATIENT PROVIDER COMMUNICATION



WHAT IS "EFFECTIVE COMMUNICATION"?

"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).

POOR PATIENT-PROVIDER COMMUNICATION CAN CAUSE:

- Serious medical missteps
- Delayed healthcare utilization
- Increased healthcare utilization
- Increased costs
- Poor patient outcomes
- Reduced patient satisfaction

(The Joint Commission, 2010ab; Divi, Koss, Schmaltz & Loeb, 2007)

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 increases the likelihood that:

- patients' problems are **diagnosed correctly**
- patients understand **and adhere to recommended treatment regimens**
- patients (and their families) **are satisfied** with the care they receive (Wolf, Lehman, Quinlin, Hoffman, 2008)

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, new ASHA mission statement)

DEAF TALK EXAMPLE

DEAF TALK NJN NEWS — HOSPITAL BASED COMMUNICATION TRANSLATOR SYSTEM FOR THE DEAF

YouTube example

NEW JOINT COMMISSION STANDARD

The medical record contains information that reflects the patient's care, treatment, and services (Standard RC.02.01.01).

The hospital communicates effectively with patients when providing care, treatment, and services (Standard PC.02.01.21).

The hospital respects, protects, and promotes patient rights (Standard RI.01.01.01).

"The hospital effectively communicates with patients when providing care, treatment and services"

1. Examples of communication needs include **need for personal devices** (hearing aids, language interpreters, communication boards and devices…)
2. Patients may be unable to speak due to their **medical condition or treatment**.
3. Some **communication needs may change** during the course of care.
4. After the patient's communication needs are identified, hospital can determine best way to **promote two-way communication between the patient and providers in a manner that meets the patient's needs."**

Words from Standard PC.02.01.2

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."

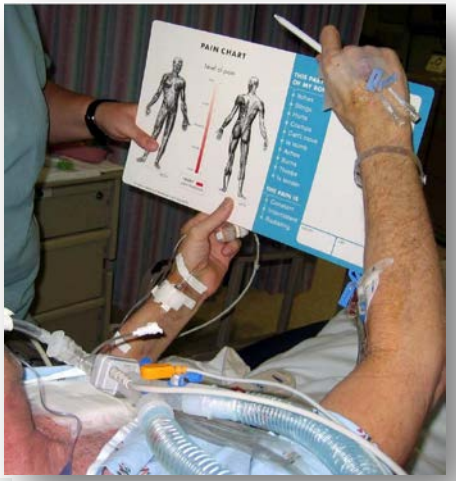
PAGE 18

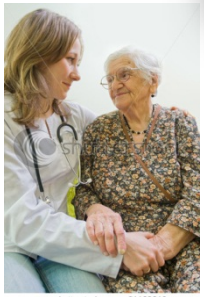
Monitor changes in patient's communication status… "determine if patient has developed new or more severe communication impairments during the course of care and contact the Speech Language Pathology Department, if available."

Provide AAC resources, as needed, to help during treatment.

SUMMARY

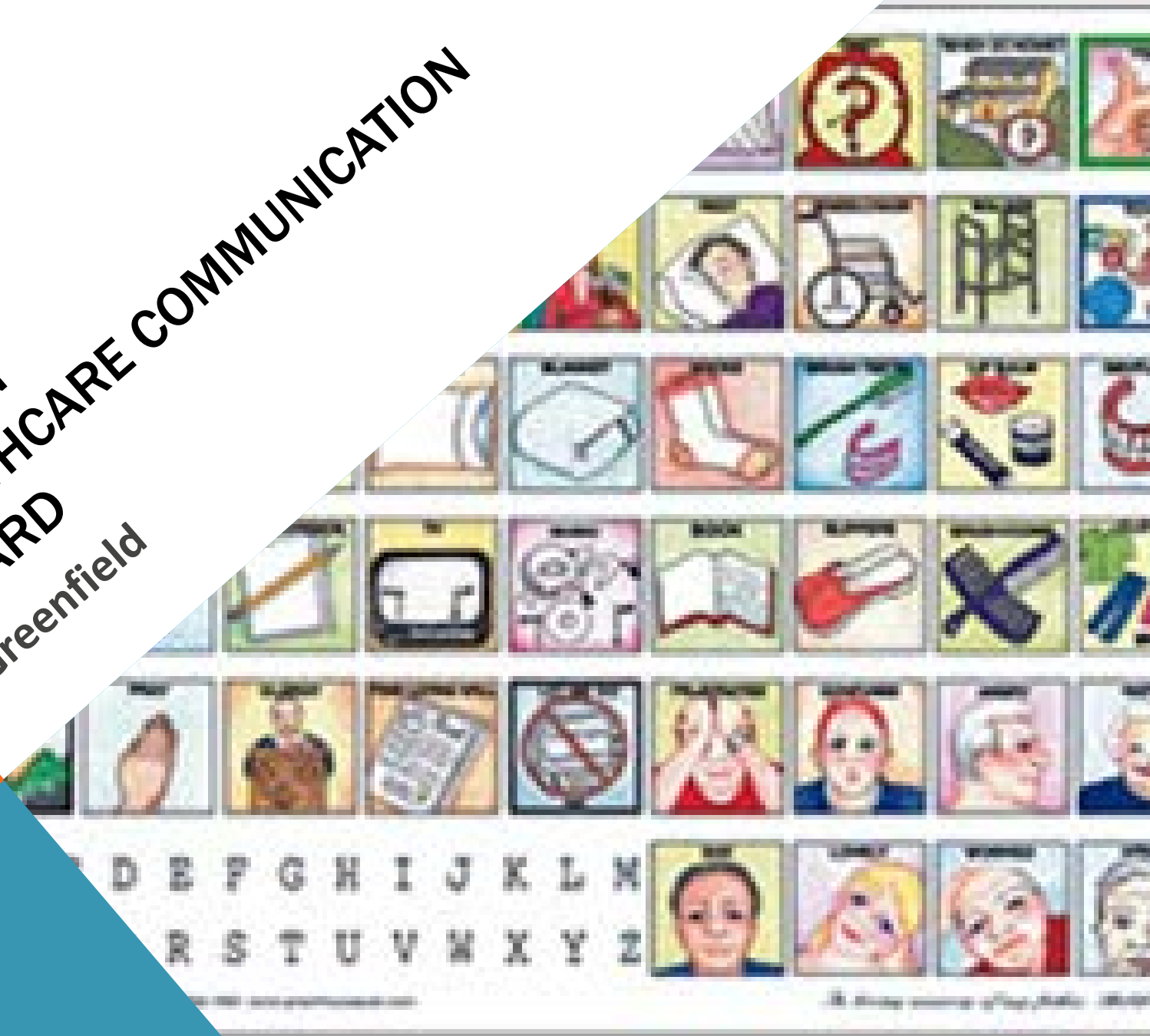
- **Effective communication across healthcare settings is a mandate**
- **Expanded role of speech-language pathologists and audiologists in**
  - Healthcare settings
  - Educational settings
  - Community settings





AUCTION HEALTHCARE COMMUNICATION BOARD

Greenfield



WHO NEEDS HELP?

PROVIDING COMMUNICATION ACCESS

COMMUNICATION VULNERABLE PATIENTS

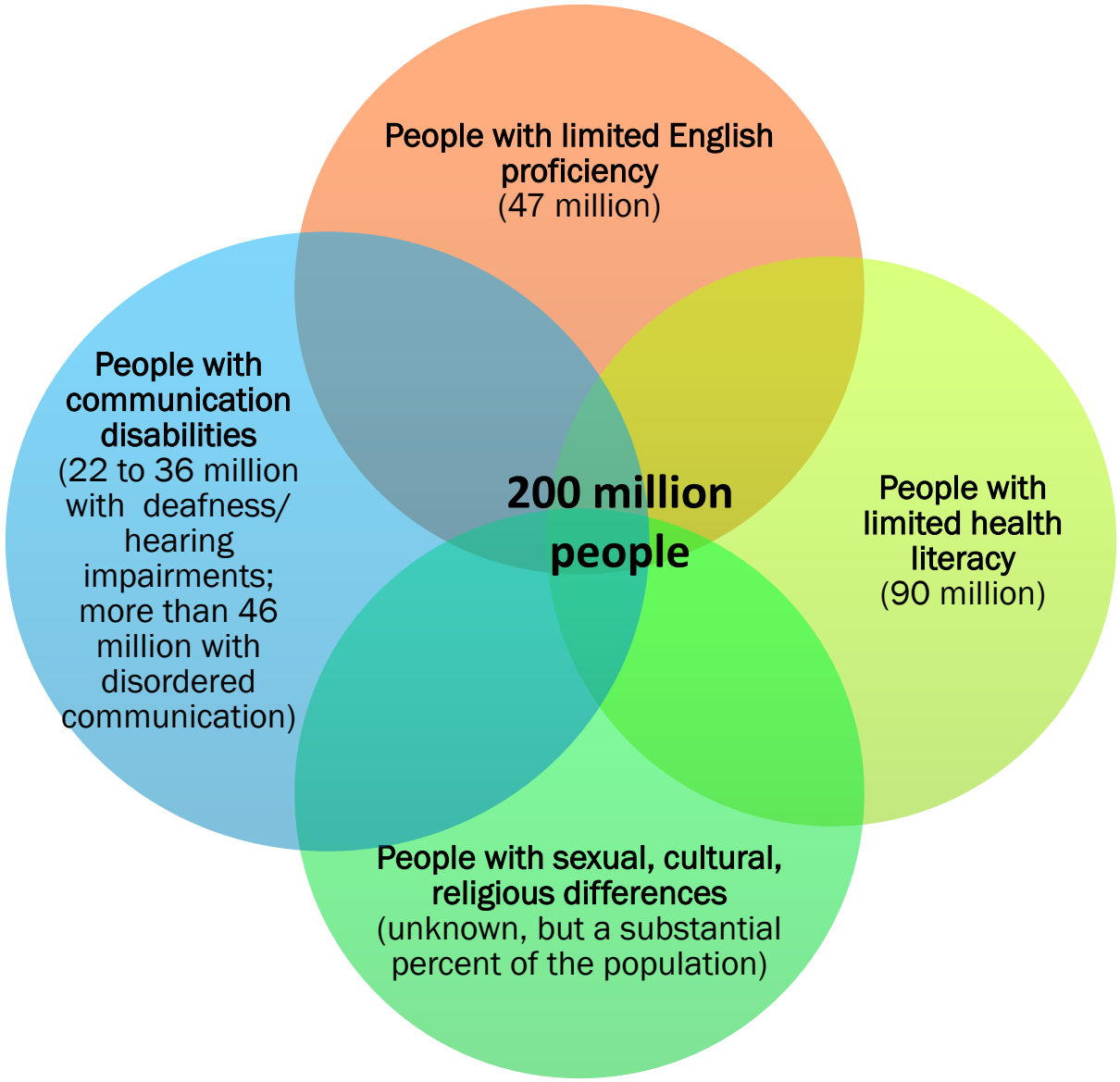
MORE LIKELY TO

- Be hospitalized
- Experience medical/physical harm, *e.g.*, drug complications
- Leave hospital against medical advice
- Be intubated if asthmatic
- Have increase costs
- Delay care
- Have diagnosis of a psycho-pathology

LESS LIKELY TO

- Adhere to recommended medication regime
- Report abuse
- Access and use medical care
- Return for follow-up appointments after Emergency Room visits
- Be satisfied with care

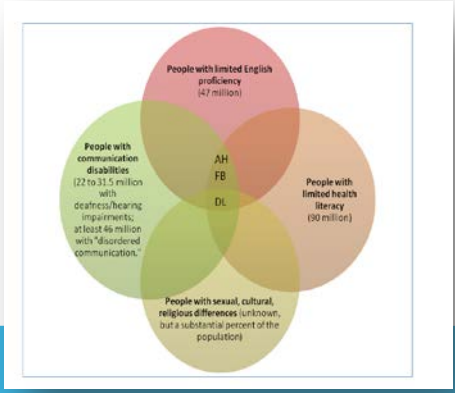
THE CONVERGENCE OF "COMMUNICATION VULNERABILITIES"



COMMUNICATION VULNERABLE PATIENTS

Individuals with

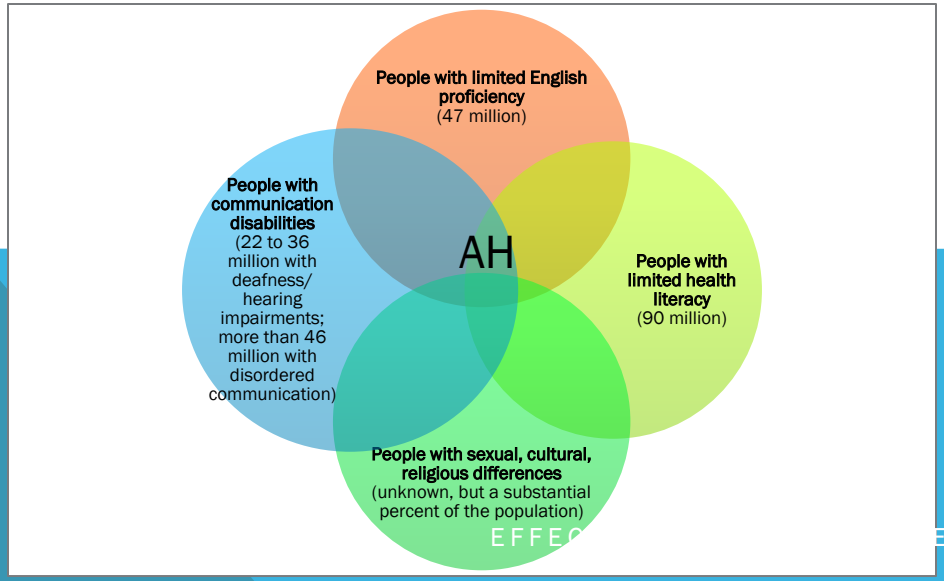
1. **Pre-existing hearing, speech, cognitive disabilities** who may (may not) have access to communication tools/supports
2. **Recent communication difficulties** occurring as a result of their disease/illness/accident/event
3. Communication difficulties that occur as **a result of medical treatment** (*e.g.*, intubation, sedation)
4. **Linguistic** differences
5. **Limited health literacy**
6. Limited ability **to read/write**
7. **Cultural differences**



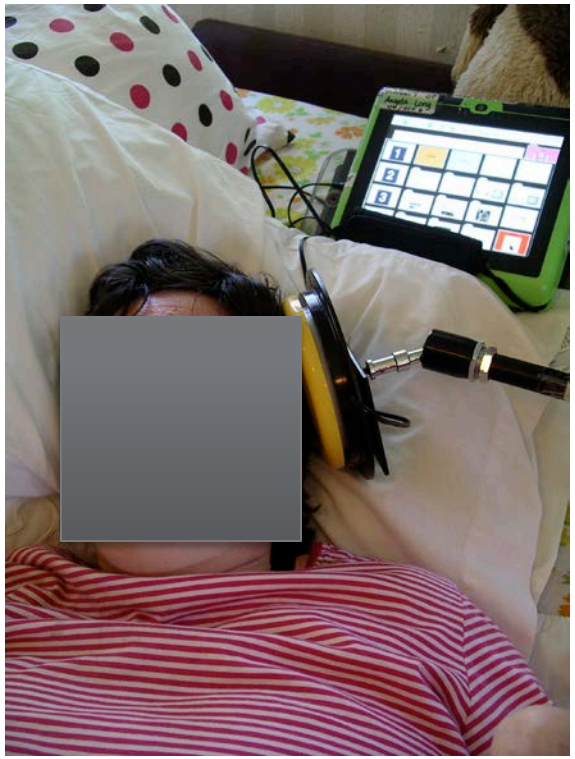
Pre-existing communication difficulties

AH has severe dysarthria/limited literacy; surgery

- Speech unintelligible - unfamiliar people.
- Uses AAC strategies and SGD.
- Relatively independent; employed part-time
- Difficulty negotiating healthcare system.
- **Pre-admission**: Surgeon referred to SLP Dept. to address communicate issues in ICU and on floor



AH WITH DEVICE AT HOME



POST SURGERY

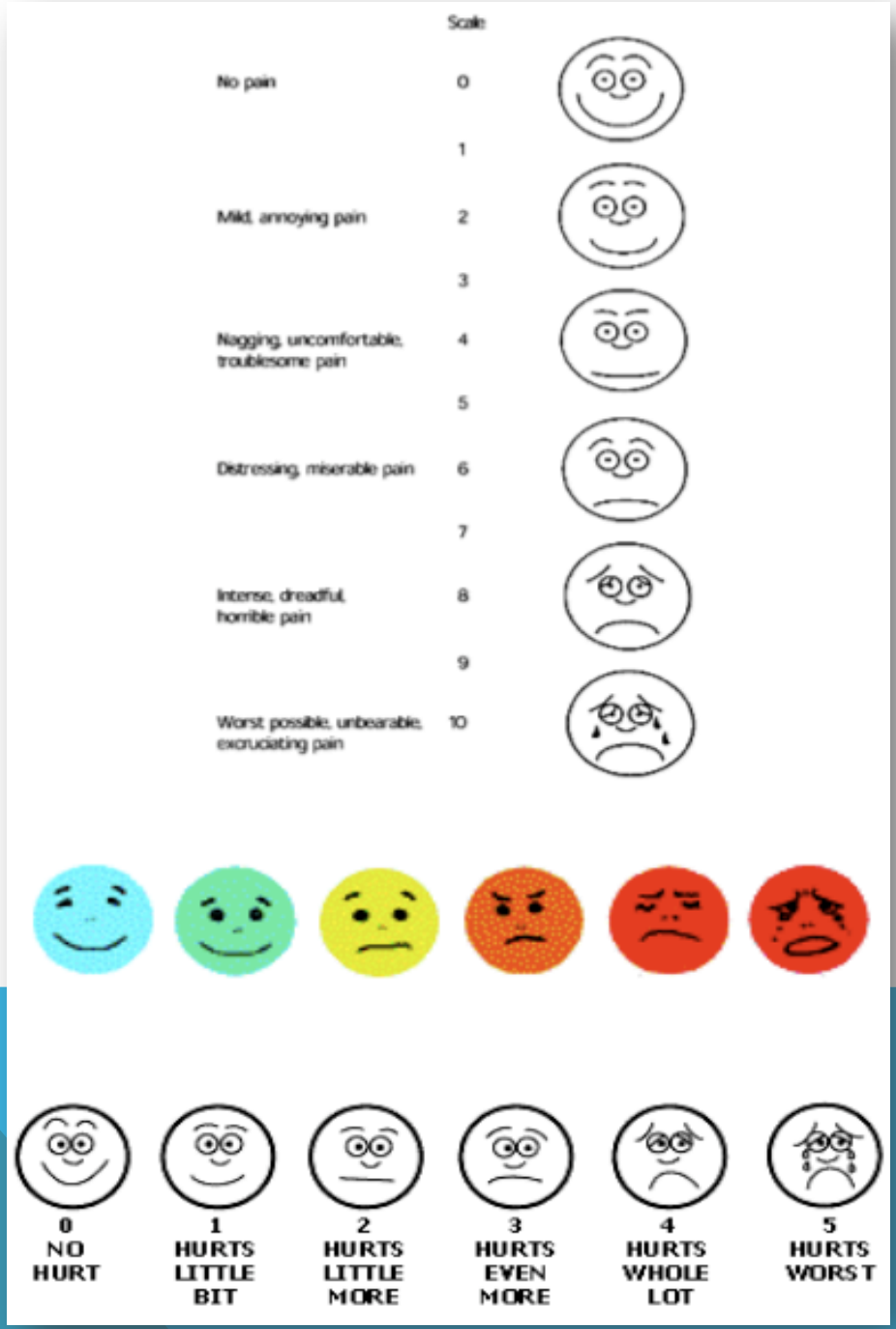
Spent several days in ICU, requiring mechanical intubation. Unable to access her SGD.

- ICU: Used partner-assisted eye gaze, adapted nurse's call button. Designated support person
- On unit: SGD, low-tech aids

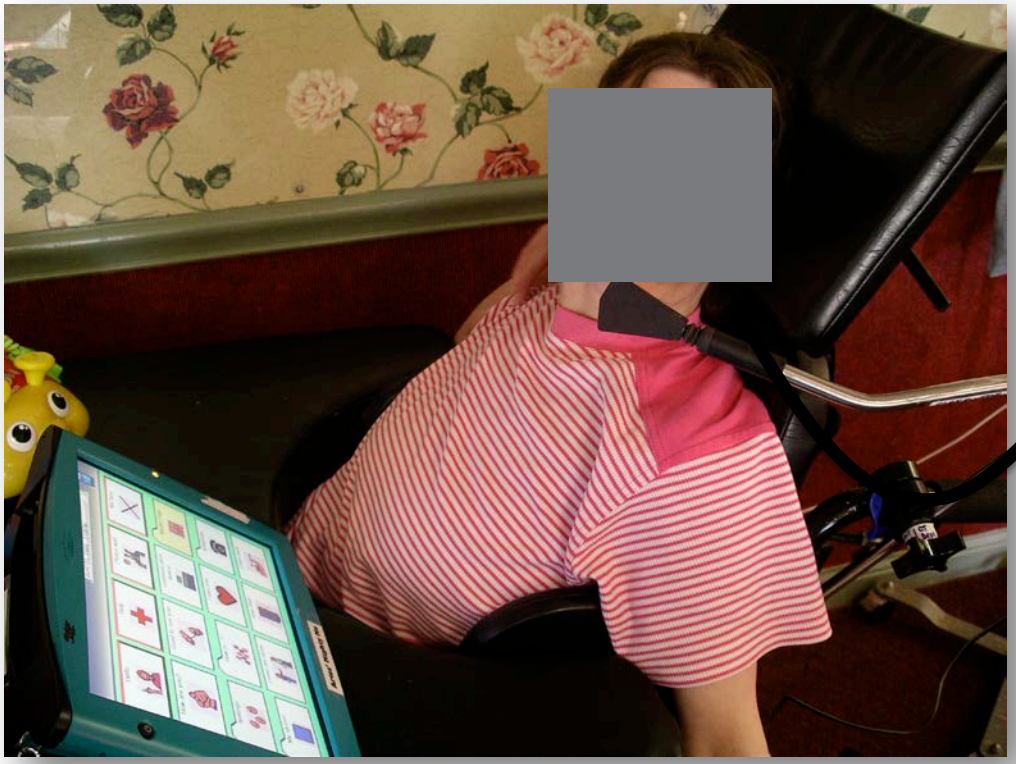
Discharge

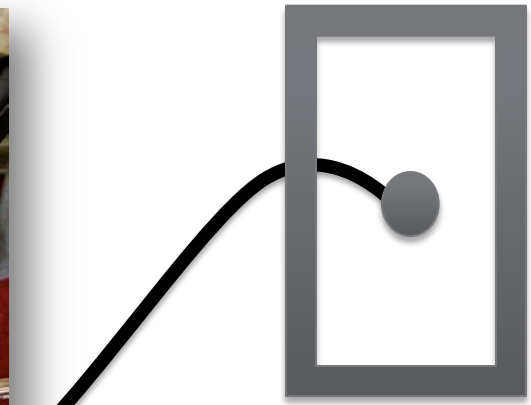
- Pictured instructions
- "Teach back" strategy


PAIN CHART
LEVEL OF PAIN
I WANT PAIN MEDICINE
I AM
I WANT
I WANT TO SEE
Thank You


Scale
No pain
0
1
Mild, annoying pain
2
3
Nagging, uncomfortable, troublesome pain
4
5
Distressing, miserable pain
6
7
Intense, dreadful, horrible pain
8
9
Worst possible, unbearable, excruciating pain
10
0
NO HURT
1
HURTS LITTLE BIT
2
HURTS LITTLE MORE
3
HURTS EVEN MORE
4
HURTS WHOLE LOT
5
HURTS WORST

ADAPTED CALL SWITCH





Wall port (jack) for call switch

Do you need a large font version? A A	Yes [ ] No [ ]
Do you want us to email it to you?	Yes [ ] No [ ]
Do you want help turning the pages?	Yes [ ] No [ ]
Do you want me to read it to you?	Yes [ ] No [ ]

http://accpc.ca/ODI_Resource/?p=education

LANGUAGE PROFICIENCY AND HEALTH LITERACY

LANGUAGE PROFICIENCY – NON ENGLISH SPEAKING

Qualified Interpreters vs. family members or staff

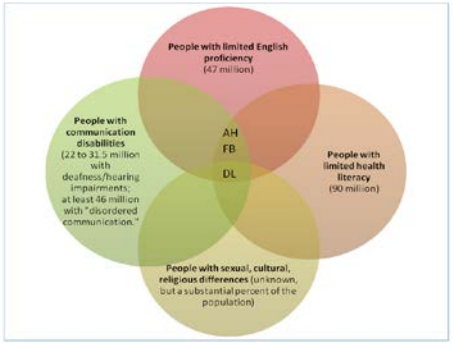
Certification & Standards

Increasing role technology plays

LIMITED HEALTH LITERACY

Does individual have the capacity to obtain, process, and understand basic health information and services needed to make appropriate health decisions?

(*Health People 2010*)

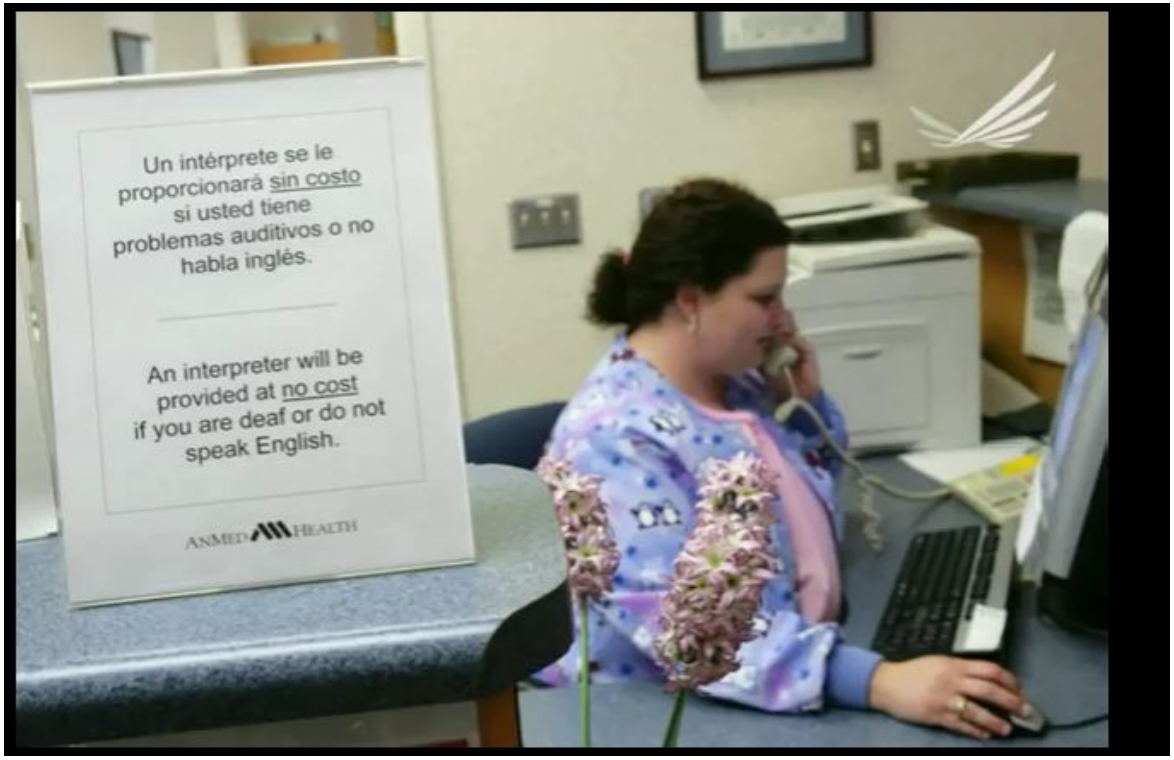


POOR HEALTH LITERACY CORRELATES HIGHLY WITH:

- Increase in sentinel (i.e., critical) events
- 6% increase in hospital visits
- 2-day longer hospital stays
- 4x higher annual health care costs

People with pre-existing communication problems OFTEN have limited health literacy

IT TAKES MORE THAN WORDS

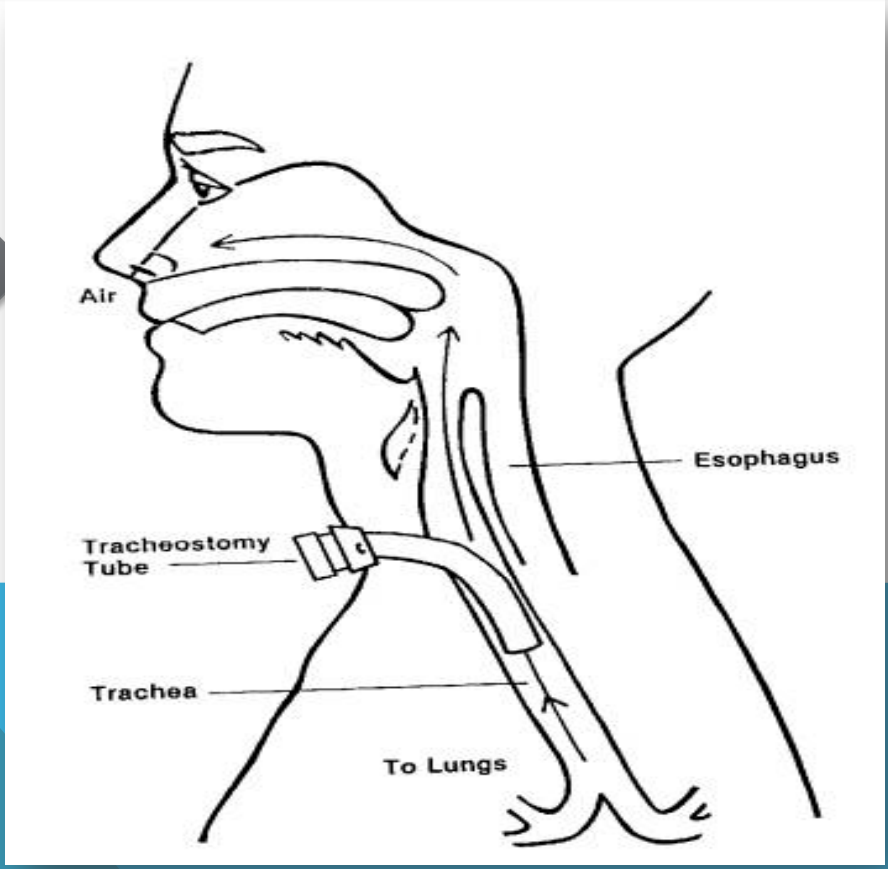


Language barriers in communication. RWJ Foundation YouTube

PICTURE BOARD TO EXPLAIN A MEDICAL PROCEDURE

Today you are going to have a trach placed

Pre-made



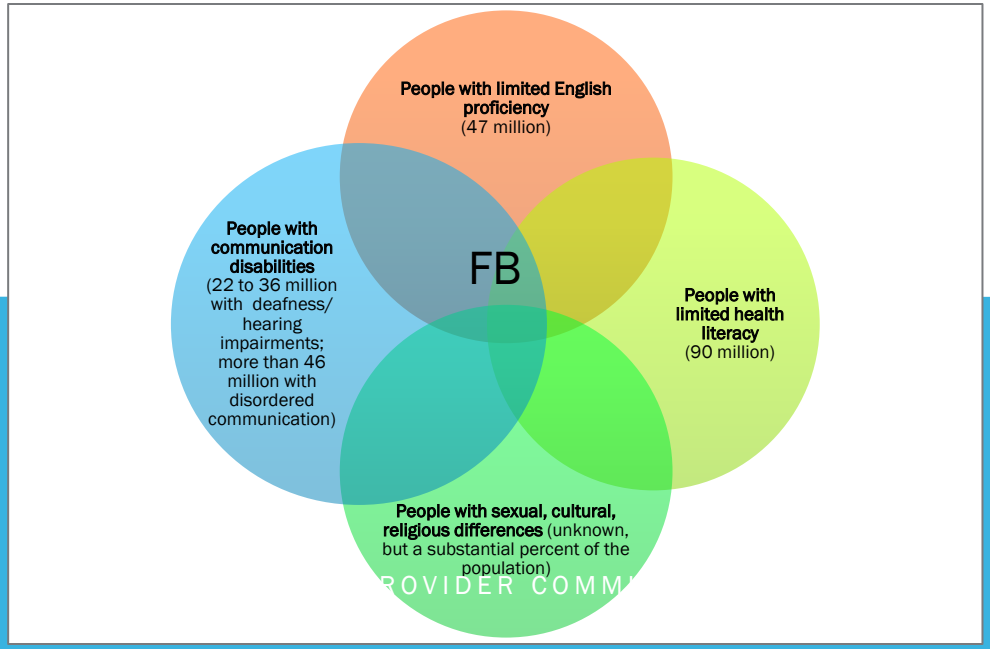
ADAPTED CONSENT FORMS

Examples please

Language Proficiency, Hearing, Aphasia

FB: ELDERLY MAN ADMITTED THROUGH ER, SUSPECTED CVA

- First language Korean. Didn't seem to understand English
- Hearing aids. Not with him.
- Interpreter services offered.
- Admitted for observation and further assessment
- Dr. refers for S &L and audiological assessment
- Daughter designated as support person

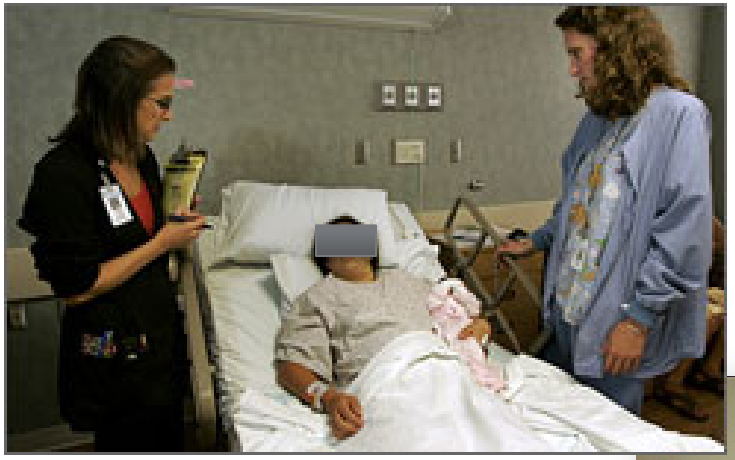


DURING HOSPITALIZATION

- Audiologist provided Pocket Talker. Helped.
- SLP /Aud worked with interpreter
  - Moderate expressive aphasia with apraxia
  - Moderate bilateral hearing loss - presbycusis
- Discharge instructions (English and Korean) with culturally sensitive pictures.
  - Given to FB and daughter.

MEDICAL INTERPRETERS AND SUPPORT PERSONS

QUALIFIED INTERPRETER



SUPPORT PERSON

POCKET TALKER

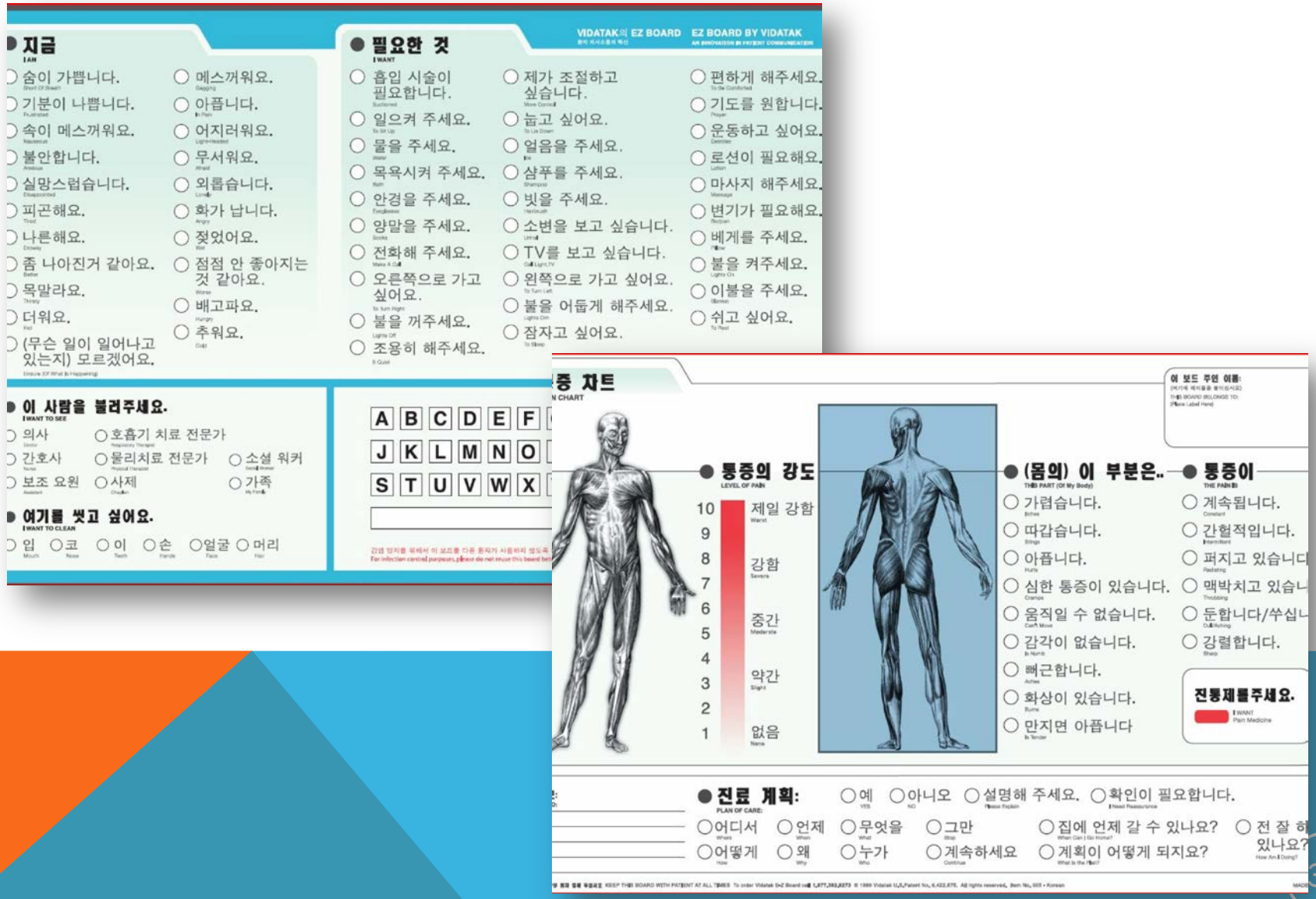
WWW.ABBN.COM

The Pocket Talker is a helpful tool for people with hearing loss, who benefit from amplification. Easy to use instructions: place ear piece in patients ear, turn volume to adequate level, and speak into microphone.

Be sure to suggest an Audiology consult if appropriate.

Warning: If the ear piece gets too close to the speaker there will be loud feedback from the device.

VIDATAK BOARDS IN KOREAN



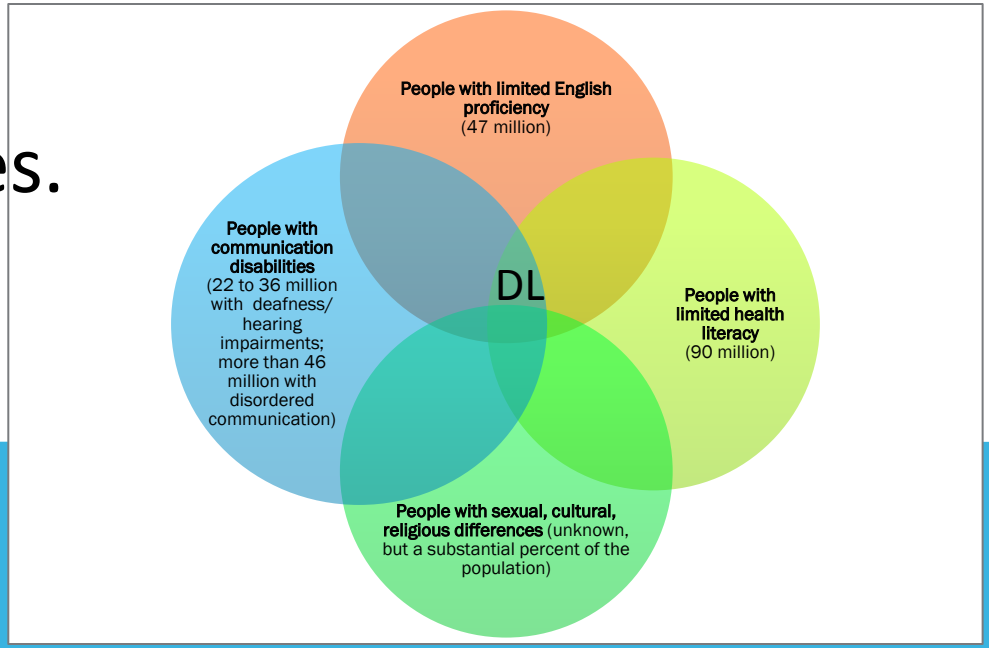
CULTURAL DIFFERENCES

Cultural differences

Sexual preferences/identities

Religious differences

DL: Man in mid-twenties. Recent immigrant. Fell down stairs.



BROUGHT TO ER AFTER 15 HOURS

- Qualified interpreter arrived within 15 minutes.
- Disoriented x 3 (time, place, condition)
- Speech difficult to understand.
- Interpreter requested permission to engage his friends to determine if DL was speaking an unfamiliar dialect.
- Friends verified speech was “nonsensical” and he was acting ‘out of character.’
- ED physician ordered an immediate CT scan
- Results: Intracranial hemorrhaging.

DURING ADMISSION

Had surgery/ short stay in ICU.

Moved to “step down unit” and referred to the SL Dept. for assessment and treatment.

SLP requested assistance from the hospital interpreter for all sessions.

- Interpreter noted less slurring in DL’s speech, pointed out some pictures of objects during assessment not common in the patient’s culture . Suggested alternatives.

Rapid progress in speech/language, although cognitive symptoms persisted.

Before transfer to rehabilitation facility, interpreter and SLP devised bilingual communication displays.

Alerted rehab staff about cultural and religious issues. Made communication display that enabled him to request prayer time.


FUTUREAPPS

CONVERGENCE OF VULNERABILITIES

Pre-existing disabilities that affect hearing, speech, language and cognition (like AH and FB)

Conditions caused by a current medical situation (like FB's stroke and DL's traumatic brain injury)

Temporary communication difficulties caused by medical interventions (like AH's intubation post surgery); and

Cultural, sexual preference, or religious differences that may be unfamiliar to hospital staff (like DL's ritualistic prayer sessions).

OPPORTUNITIES FOR COLLABORATION

With Colleagues

Compliance officers

Administrators

Researchers

Material developers

Risk Management

Patients and families

We need to be AT the table

AUCTION: VIDATAK BOARDS

TOOLS OF THE TRADE

- EDUCATING COLLEAGUES ABOUT OPTIONS
- COMMERCIALLY AVAILABLE PRODUCTS
- TOOL KITS
- SELF-MADE MATERIALS
- STORAGE AND DISTRIBUTION

FREE DOWNLOAD (VOL 21, #2) WWW.AUGCOMINC.COM

Information about

- Promising practices
- The Joint Commission Standard and Implementation Manual
- Tools of the trade

Augmentative Communication News

August 2009
Volume 21
Number 2

Upfront

Effective communication is recognized as a priority across the healthcare continuum because it directly affects the quality of patient care, safety, medical outcomes and patient satisfaction.[1] Augmentative and alternative communication (AAC) techniques, strategies and devices can significantly alleviate communication problems and barriers and should be a major component of the arsenal of communication resources available across healthcare settings. While typically designed for people with complex communication needs (CCN), simple communication displays, speech generating devices (SGDs), eye gaze techniques, special call alarms and alphabet boards can help many other communication vulnerable patients reducing medical errors, lessening the length of hospital stays, increasing patient safety and lowering costs.[1,3] Communication barriers in healthcare settings have many causes.

Language issues. Language and cultural differences often underlie communication problems in healthcare settings.[4] For example, many people in the U.S. do not speak English as their primary language. Also, those who are deaf/hard of hearing often have difficulty communicating with healthcare workers. Trained interpreters can help these individuals negotiate the healthcare system.[5,6] AAC strategies and assistive technologies can also help mightily.

Stress, confusion and psychiatric conditions. Medically-related situations may trigger emotional responses in patients and/or in providers that make effective and efficient communication difficult. AAC strategies, tools and the training needed to use them well can support improved interactions. Increasingly, first responders and emergency personnel depend on AAC tools and strategies to communicate more effectively with some of their patients.[7]

Lack of access to auxiliary aids. People who rely on hearing aids, glasses and/or AAC technologies may not have access to them in health-related situations. As a result, interactions with healthcare providers may be difficult. Simple assistive technologies can augment vision and hearing when glasses and hearing aids are unavailable. Generic low-tech AAC displays, devices and strategies can also help.[8-11]

Medical interventions. Medical interventions (e.g., intubation or a tracheostomy) may result in a temporary loss of speech. In addition, patients may have injuries or conditions that cause

Continued on page 2

Clinical News

Communication access across the healthcare continuum

Can you imagine nurses and other healthcare providers routinely using simple AAC approaches as a way to support all patients who experience communication difficulties? This is beginning to happen. In fact, the train is leaving the station and the AAC community should do more than just sell tickets. It's time to climb aboard.

Background

Early in the development of the field, the AAC community developed and encouraged the use of AAC devices, aids and strategies. Back then, we focused primarily on school-aged children and adults with motor impairments (e.g., cerebral palsy and motor neuron disease.) Today, we've expanded our vision and AAC approaches are widely utilized with individuals—across the age span—who have communication challenges secondary to cognitive, language, physical and multiple disabilities. This article suggests we take another step forward and use AAC for *anyone* who is "communication vulnerable," i.e., struggles to communicate in a particular setting. We can begin this journey in healthcare settings, where

Continued on page 2

inside this issue

INCREASING # OF STUDIES/REFERENCES

Articles in ASHA publications, Pediatric Rehabilitation Journal, Nursing journals, etc. etc.

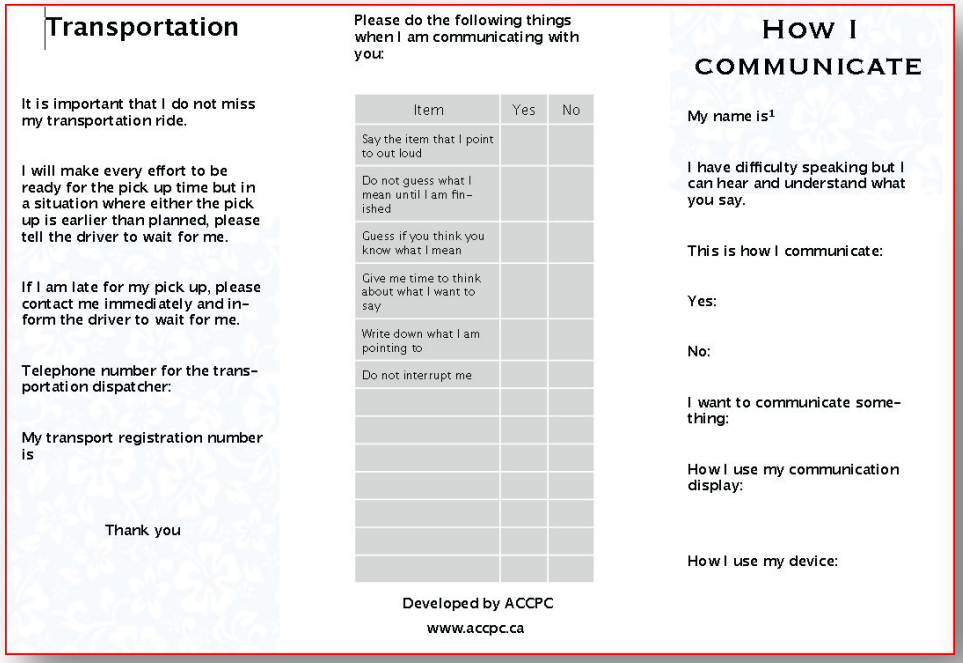
See patientprovider website

Also, when posted on ASHA and PPC website, see updated new list

HEALTH PASSPORT

talkback@talkback-uk.com
www.healthpassport.co.uk

INTRODUCE SELF AND COMMUNICATION SYSTEM: COMMUNICATION PASSPORT



Transportation

It is important that I do not miss my transportation ride.

I will make every effort to be ready for the pick up time but in a situation where either the pick up is earlier than planned, please tell the driver to wait for me.

If I am late for my pick up, please contact me immediately and inform the driver to wait for me.

Telephone number for the transportation dispatcher:

My transport registration number is

Thank you

Please do the following things when I am communicating with you:

Item	Yes	No
Say the item that I point to out loud		
Do not guess what I mean until I am finished		
Guess if you think you know what I mean		
Give me time to think about what I want to say		
Write down what I am pointing to		
Do not interrupt me		

Developed by ACCPC

www.accpc.ca

How I Communicate

My name is[1]

I have difficulty speaking but I can hear and understand what you say.

This is how I communicate:

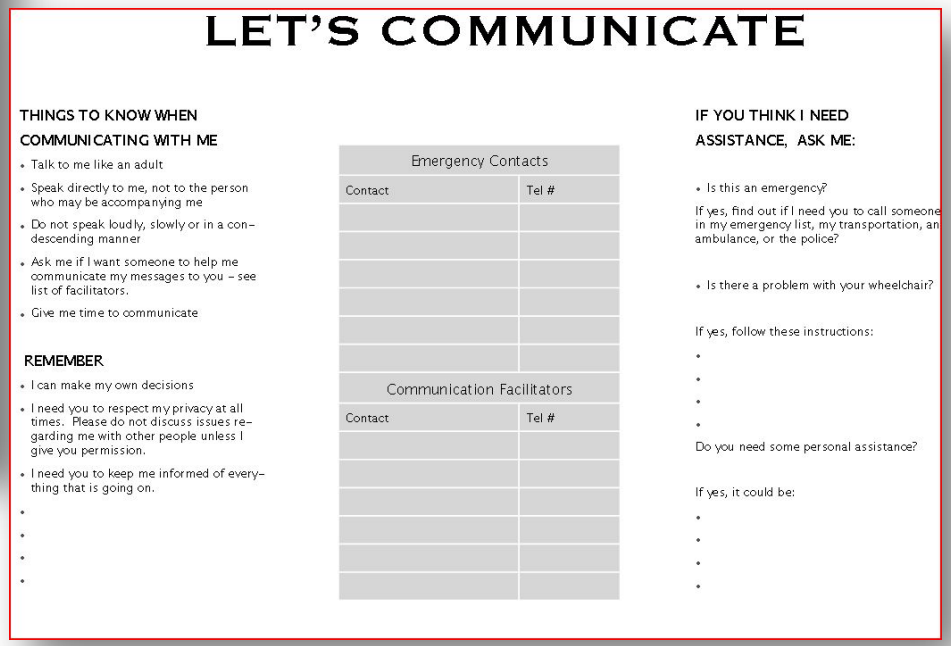
Yes:

No:

I want to communicate something:

How I use my communication display:

How I use my device:



LET'S COMMUNICATE

THINGS TO KNOW WHEN COMMUNICATING WITH ME

- Talk to me like an adult
- Speak directly to me, not to the person who may be accompanying me
- Do not speak loudly, slowly or in a condescending manner
- Ask me if I want someone to help me communicate my messages to you – see list of facilitators.
- Give me time to communicate

REMEMBER

- I can make my own decisions
- I need you to respect my privacy at all times. Please do not discuss issues regarding me with other people unless I give you permission.
- I need you to keep me informed of everything that is going on.
-
-
-
-

Emergency Contacts	
Contact	Tel #

Communication Facilitators	
Contact	Tel #

IF YOU THINK I NEED ASSISTANCE, ASK ME:

- Is this an emergency?

If yes, find out if I need you to call someone in my emergency list, my transportation, an ambulance, or the police?

- Is there a problem with your wheelchair?

If yes, follow these instructions:

-
-
-
-

Do you need some personal assistance?

If yes, it could be:

-
-
-
-

http://www.accpc.ca/pdfs/passport.pdf

www.patientprovidercommunication.org/index.cfm/article_6.htm

The Clear Communication People Ltd

Back

Hospital Book

Home

Due to the file size of the Hospital Communication Book we have saved it in two sections

You will need to download both sections to make a complete book.

The Hospital Communication Book is a resourse free to download to use to help people to communicate when they visit or stay in hospital.

Please do not alter your copy the book in any way without contacting us first.

We can print and laminate copies for you if you need a number of them made professionally. We charge £15 each, and £12.50 each for orders of 50 or more.

The Hospital Communication Book

Click here to download section 1

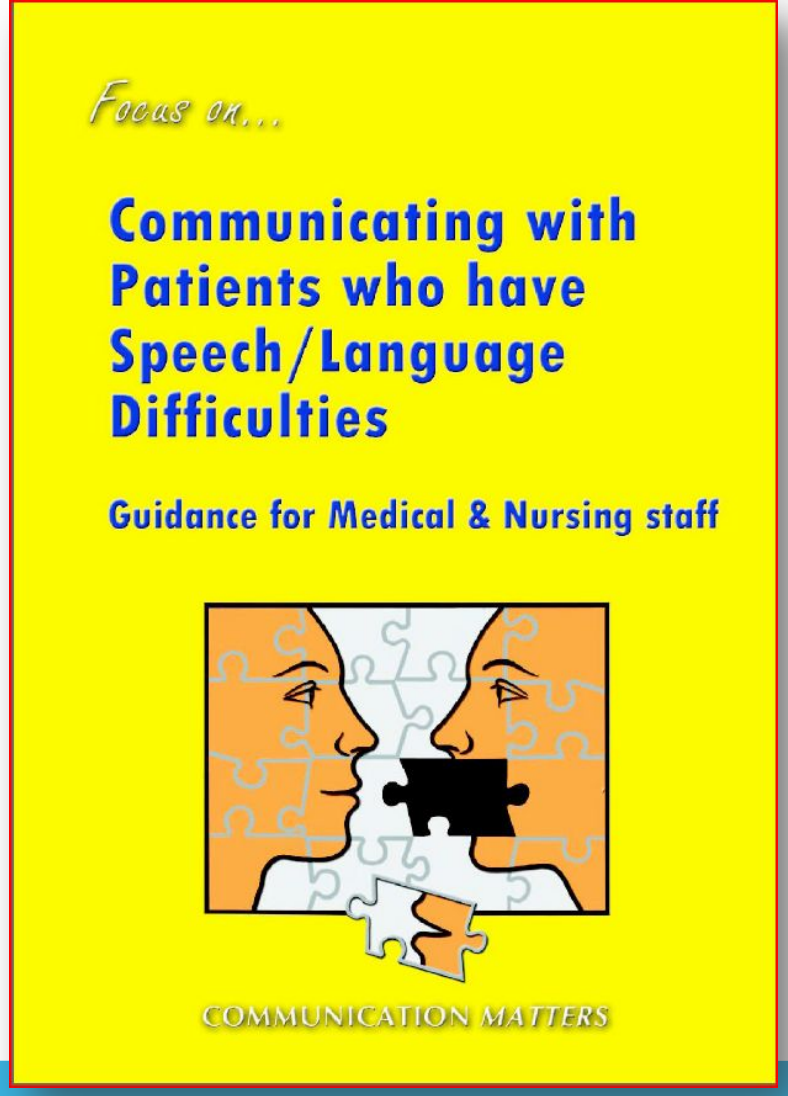
Click here to download section 2

COMMUNICATION MATTERS

To download

- www.communicationmatters.org.uk/page/focus-on-leaflets

- www.patientprovidercommunication.org/index.cfm/article_2.htm



TOOL KITS

www.aactechconnect.com

- Pocket Talker & Hearing Aid Trouble Shooting Guide
- Magnification Glass
- Modified Call Bell & “How To” Instructions
- Vidatek Communication Board
  - English & Spanish
- Letter/ Picture Boards
  - English & Spanish
- Clipboard & Dry Erase Board with Writing Strategies

KIT DE COMMUNICATION BY ELISABETH NEGRE

HTTP://RNT.OVER-BLOG.COM/ARTICLE-KIT-DE-COMMUNICATION-44780636.HTML

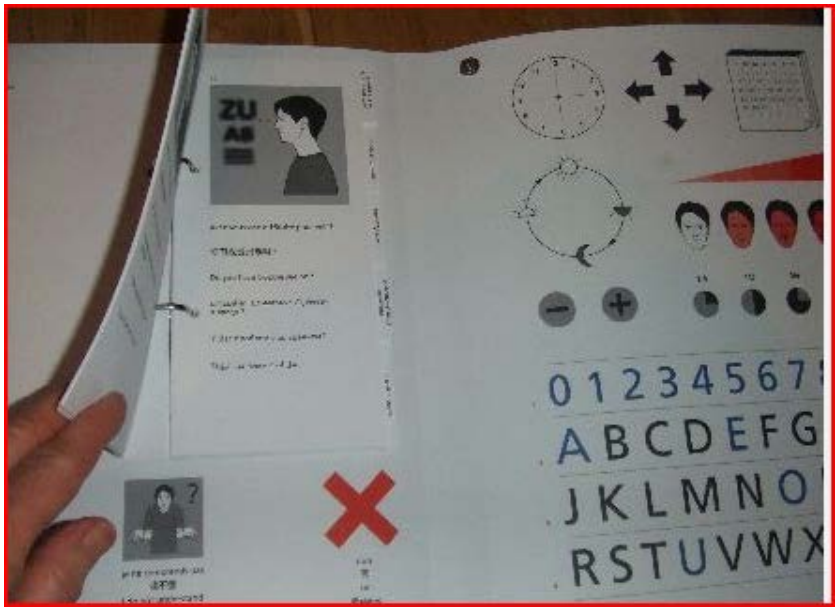
Kit de communication

Mieux communiquer pour mieux soigner : « le Kit de communication de l'AP-HP »

L'Assistance Publique –Hôpitaux de Paris annonce le 11 fevrier 2010 (date anniversaire de la loi du 11 fevrier 2005 !) la publication d'un kit de communication permettant d'améliorer la communication et ainsi la prise en charge des personnes ayant des difficultés d'expression et /ou de compréhension de manière définitive ou transitoire, dans la situation de consultation hospitalière.

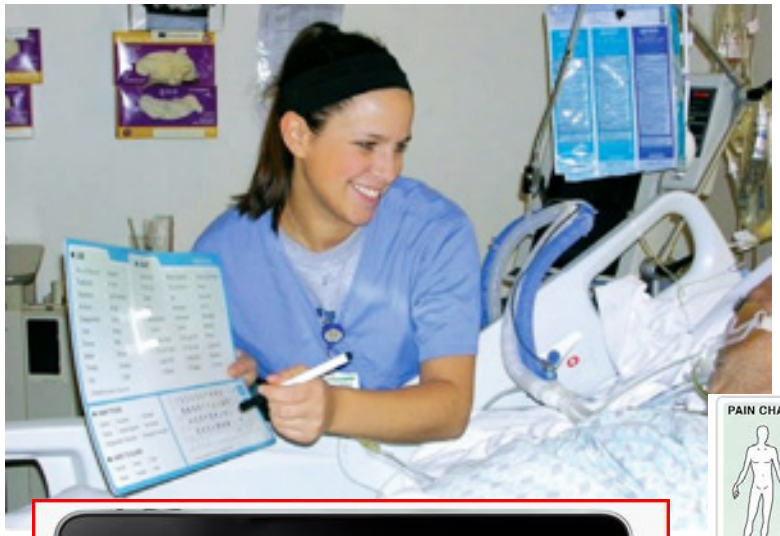
Ce kit est le fruit d'un groupe de travail conduit par la Mission Handicap de l'AP-HP et constitué de médecins urgentistes (c'était leur demande initialement), de professionnels du secteur sanitaire et médico-social travaillant auprès des personnes handicapées et d'associations. L'association des paralysés de France avec la présence d'Elisabeth Negre, conseillère technique en Communication Alternative, a grandement participé à l'élaboration et aux nombreux débats qui ont abouti à cette création.

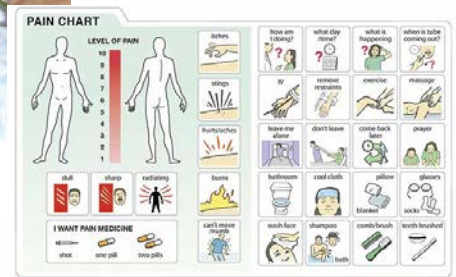
Les domaines de la surdité, de la déficience intellectuelle, de l'autisme, du polyhandicap étaient également participants.

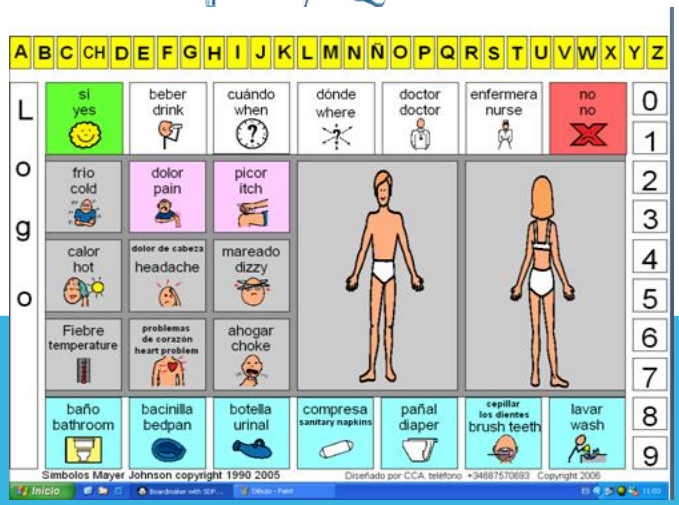


Subtitled in English, Russian, Mandarin Chinese and Arabic languages,

COMMERCIALLY AVAILABLE OPTIONS







SHOW AND TELL

CASE EXAMPLE

Age: 40 yrs.

Diagnosis: central SCI. Can use arms

Medical Setting: inpatient rehab

Communication vulnerabilities of person/family: severely hearing impaired, does not speak, uses idiosyncratic signs/gestures understood by a cousin

Other significant factors: from Mexico but family speaks dialect, not Spanish; consent? How to optimize communication (needs to communicate dizzy and issues related to a catheter)

SLP/AUDIOLOGIST

What could you do BEFORE admission/visit?

What could you do DURING admission?

What could you do to prepare for DISCHARGE/FOLLOWUP?

BRAINSTORM: SLP/AUDIOLOGIST PLAN

BEFORE admission. Hospital might have sent information to rehab facility so staff could prepare. Hospital staff could have had cousin designated as “support person”. Hospital staff could have developed communication displays and sent them with him.

DURING admission.

-Use translation service to communicate with cousin (English-Spanish-dialect).

- Use visual supports (communication displays, app on Ipad).

- Refer for audiological evaluation to document hearing status.

- Work with cousin/support person to find ways to communicate more effectively. Teach cousin to use visual supports.

DISCHARGE/FOLLOWUP. Provide communication equipment/materials. Make medical passport for patient to support during future medical encounters.

THANKS TO JOHN COSTELLO, CHILDREN'S HOSPITAL BOSTON.
NOTE: THIS CASE IS ALSO DISCUSSED BRIEFLY ON AAC-RERC WEBCAST

Child, age 7 years 4 months

Native of United Arab Emirates

Arabic spoken by patient and family

Reason for hospitalization: Craniotomy for resection of 4th Ventricle Tumor diagnosed after experiencing chronic symptoms of headache accompanied by nausea and vomiting and dizziness

PRE-OP AND EXPECTED POST-OP COMMUNICATION NEEDS

Language issues for child and family

Cultural considerations

After surgery would be on ventilator and unable to speak

UNEXPECTED POST-OP COMMUNICATION

Swelling (unexpected) made it impossible to use direct selection

COMMUNICATION NEEDS

- To have parents and child understand information from the medical staff
- To communicate medical needs to staff
- To enable the child to communicate emotional needs and social phrases (including jokes) to family
- For parents to ask questions about diagnosis, treatment, prognosis, care

General Accommodations

- Arabic interpreter (hospital service). All teaching and information sharing/feedback sessions with family (*general hospital provision*)
- English/Arabic communication board provided to family *(SLP and general hospital provision*)
- Picture communication board developed with English-Arabic text to support child, English speakers AND foster provider to patient communication. (*SLP collaboration with family and interpreter*)
- Basic nurse to patient/family messages also paired on cards. Nurse could point to message and family could read or speak to patient if appropriate.

PRE-OP TECHNOLOGY SUPPORTS

Simple voice output aid
(Message Mate 40)

- Digital recordings with symbol overlay* and messages recorded in both Arabic and English (*SLP provision in coordination with interpreter services. Arabic recordings by father*)
- Direct selection use was planned

***Symbol for 'mother' replaced with photo of mother as no culturally appropriate symbol depicting woman with black head scarf was available.**

POST-OP INTERVENTION

Preplanned

- All pre-op tools available.

Reduced mobility → modified nurse call system with large switch placed near child's right elbow.

Simple voice output tool - Step-by-Step Communicator (Ablenet ®) with messages in Arabic to call parents. Located by child's right foot (based upon access assessment)

UNEXPECTED POST-OP NEEDS

Minimal movement-> swelling

- Partner assisted scanning for parents and child required instruction/demonstration with single switch scanning with Message Mate 40.

Interpreter present to translate instructions.

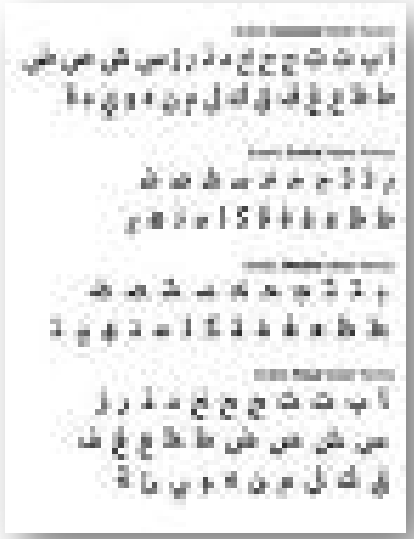
Parents demonstrated competence using 'teach back' demonstration

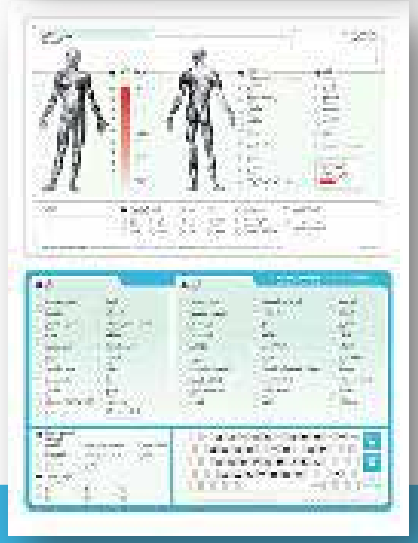
ADDED SUPPORT FOR FAMILY

Parents wrote down all ‘day to day’ communications they wanted to communicate without summoning the interpreter.

- 40 messages generated, e.g., “I will be in the laundry”, “I will be in the parent sleep space”, “I need to speak with the interpreter”

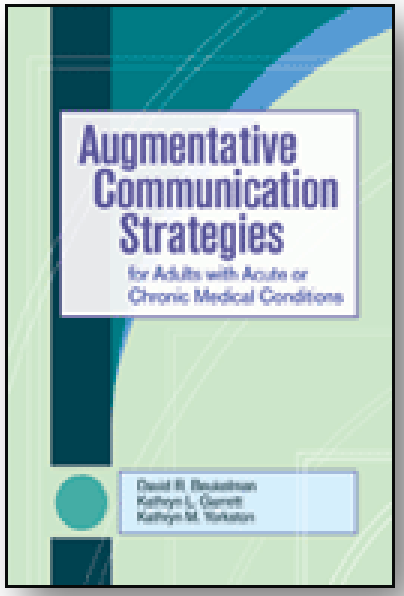
Messages translated /cards created with the Arabic and English correlates.





AUCTION RESOURCE BINDER

RESOURCES



- *Augmentative Communication Strategies for Adults with Acute or Chronic Medical Conditions* Book with CD Rom. Beukelman, Garrett & Yorkston

- University of Nebraska website - http://aac.unl.edu

  Books, aphasia resources, visual scene display resources, demographics, Speech Intelligibility test

PATIENT-PROVIDER WEBSITE

WWW.PATIENTPROVIDERCOMMUNICATION.ORG

- Articles
- Presentations
- Bibliography
- Examples of Materials
- Case Examples
- Newsletters
- International Newsletter

27 REASONS HOSPITALS SHOULD IMPROVE COMMUNICATION ACCESS

HTTP://WWW.PATIENTPROVIDERCOMMUNICATION.ORG

- **Supportive Evidence (research) in both English and in Spanish**
- Razones que los Hospitales deben mejorar el acceso comunicativa para los pacientes vulnerables-con citaciones de reserva
- *Hay una lista cada vez mayor de razones por las que las instituciones del cuidado médico deben dar prioritaria a las acciones que les ayudan para evitar averías de comunicación. Un cuerpo cada vez mayor de los documentos de la evidencia y de la investigación cómo la mejora del acceso de la comunicación para los pacientes vulnerables de la comunicación puede mejorar una variedad de diversos aspectos del cuidado médico. Las razones de la mejora de la comunicación son numerosas y diversas, extendiéndose de reducir errores médicos, la satisfacción paciente cada vez mayor, y la reducción de costes médicos a las averías de comunicación de reducción al mínimo en ajustes de la emergencia, la reducción del número de pruebas innecesarias, y la reducción del índice de reincidencia paciente.*

INTERNATIONAL PPC NEWSLETTER AND APPS

Communication

Is The Joint Establishment Of Meaning

International Patient-Provider Communication Newsletter

Welcome to the third issue of the International Patient-Provider Communication e-newsletter. This quarterly newsletter is part of our 2011 initiative to spread practical information about improving Patient-Provider Communication for people around the world.

Our goal is to collect and share practical information about effective ways to improve patient-provider communication in healthcare settings. We try to keep you aware of peer-reviewed literature documenting the pressing need for effective communication in health care settings. We also try to tell you about new laws and policies that may make an impact on communication between patients and healthcare providers, and about new ideas and practices that help resolve communication problems that arise between healthcare providers and their patients.

Please share this newsletter. Send it to others and/or let us know whom else to send it to. Finally, do not hesitate to make suggestions and give us feedback. Our goal is to help you and others get the information you need to make a difference.

Harvey Pressman (presstoe@aol.com) and Sarah Blackstone (sarahblack@aol.com)

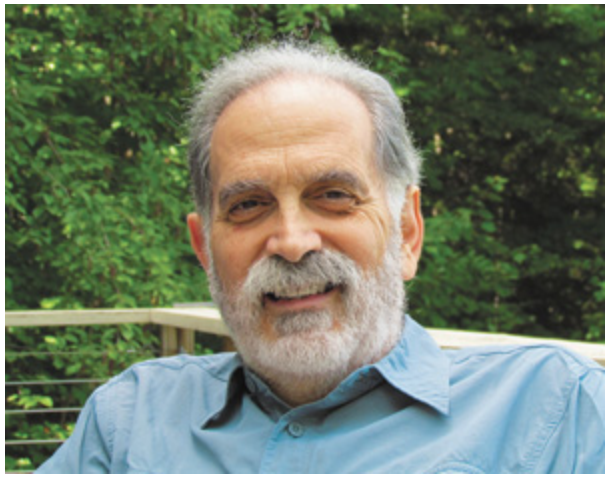
****

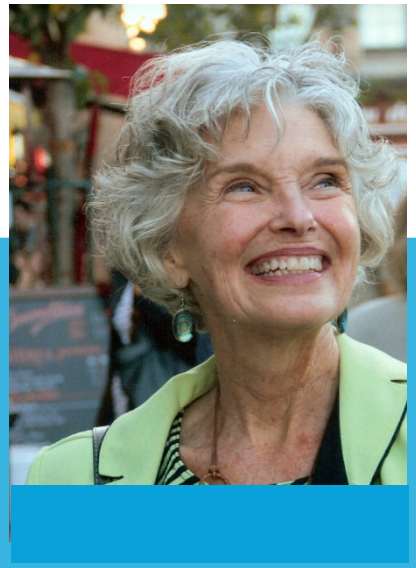
Promoting Patient-Provider Communication in Eastern Europe.

Dorothy Fraser, a physiotherapist from Scotland, serves as the Senior Representative to Eastern Europe for the Central Coast Children's Foundation. She is introducing new ideas for improving communication between patients and health care providers in Romania (primarily in Transylvania), and will soon

AAC-RERC WEBCAST ON PATIENT PROVIDER COMMUNICATION

www.aac-rerc.com and search on you tube





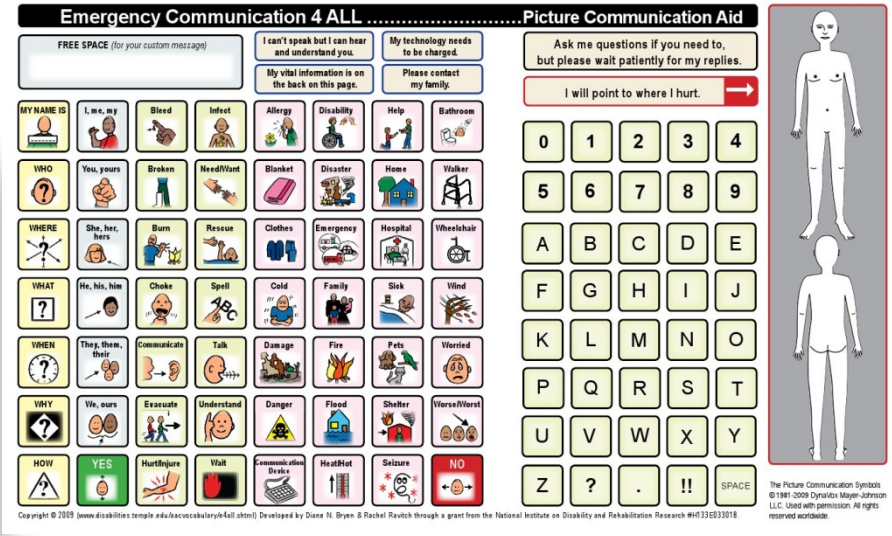
EMERGENCY PREPAREDNESS MATERIALS

- The Rehabilitation Engineering Research Center on Communication Enhancement (AAC-RERC) is funded under grant #H133E080011 from the National Institute on Disability and Rehabilitation Research (NIDRR) in the U.S. Department of Education's Office of Special Education and Rehabilitative Services (OSERS).
- Please visit our website at AAC-RERC.COM for more information

AAC-RERC
SPREAD THE WORD

www.aac-rerc.com

NIDRR



YOUTUBE VIDEOS

Search for:

- Augmentative communication
- Patient-provider communication
- Health literacy
- Cultural competence health care
- Medical interpreters
- Etc.

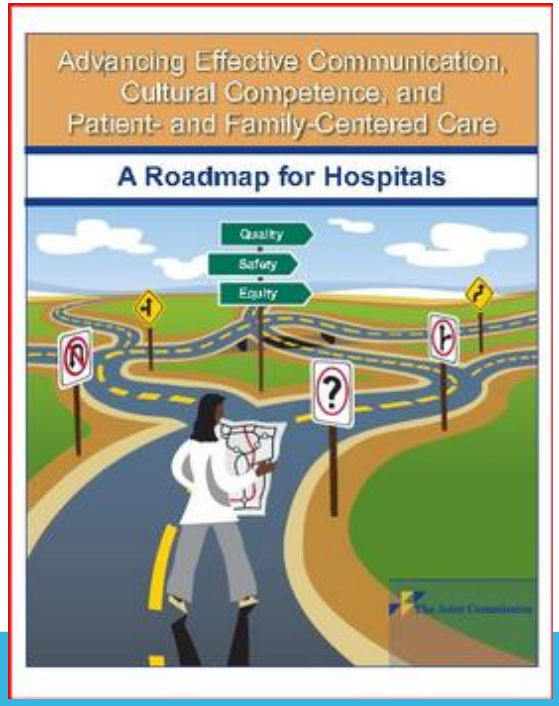
LAWS, STANDARDS, REGULATIONS

Laws, Standards, Regulations

- **The Joint Commission New Standard. Counts toward accreditation in January 2012 *Advancing effective communication, cultural competence & patient-centered care***

- ***A Roadmap for Hospitals***

www.jointcommission.org



LAWS, STANDARDS, REGULATIONS

Department of Health and Human Services. *National Action Plan to Improve Health Literacy* http://www.health.gov/communication/HLActionPlan/.

Agency for Healthcare Research and Quality (AHRQ,2010). Established health literacy as a universal precaution, similar to hand washing as a way to minimize risks to patients.

New health care reform law. Requires use of plain language and culturally appropriate language in health related information about insurance and other health issues.

Centers for Medicare and Medicaid Services

- Revised Minimum Data Set (MDS) 3.0. Used in skilled nursing facilities to assess residents (2010). http://www.asha.org/Publications/leader/2010/100518/Skilled-Nursing-Facility-Assessment.htm).

Title VI of the Civil Rights Act of 1964. People cannot be discriminated against as a result of their "national origin," including their primary language.

(The National Standards for Culturally and Linguistically Appropriate Services in Health Care (CLAS) standards. Guidance for healthcare organizations on compliance with Title VI (United States Department of Health and Human Services, 2001)

The following examples come from presentation at PSHA by Garrett and Blackstone and from the participants in that workshop. April 2011.

1. Read the Roadmap
2. Help develop algorithms for communication (converging areas): intake->discharge/across setting
3. Revise intake forms
4. Acquire materials. Adapt forms.
5. Develop or purchase low-tech materials
6. Develop accessible storage locations for materials

EXAMPLES: REVISE INTAKE FORMS (#3)

- Meet with legal and admissions departments to revise intake forms
- Need to do this by “committee” because of variables involved. Each perspective needs to be considered.

EXAMPLES: REVISE INTAKE FORMS; ACQUIRE MATERIALS; ADAPT FORMS; DEVELOP OR PURCHASE LOW-TECH MATERIALS (#3,4,5)

- University programs look for opportunities for cross-disciplinary collaborations
- Students from SLP, sociology, psychology, Human resources, business, art could prepare instructional materials, develop grants, etc.

7. Determine cost of assessment
8. Set up a mid- to high-tech equipment pool
9. Conduct inservices for colleagues
10. Develop way to “advertise” patient’s communication accommodations
11. Participate in outcomes assessment and quality control initiatives
12. Market your services
13. Help clients/families prepare in advance

EXAMPLES: DEVELOP WAY TO "ADVERTISE" PATIENT'S COMMUNICATION ACCOMMODATIONS (#10)

- Develop pamphlet re: communication needs and put in waiting rooms, staff rooms, nursing stations
- Develop sheet with communication strategies
- Use "sign off" sheets related to communication as part of intake in facility

EXAMPLE: MARKET YOUR SERVICES (#12)

- Develop inservices for specific contexts (e.g., home health programs)
- Graduate students might assist in developing, marketing and providing training

EXAMPLE:
HELP CLIENTS/FAMILIES PREPARE IN ADVANCE (#13)

- Empower patients to be partners
- Develop specific materials for certain groups (rehab, diabetics)
- Provide accompanying family members with guidelines for “how to be an effective communication assistant.”
- Begin early (childhood/adolescence; sometime soon after medical event)

PREPARING CLIENTS (#13)

Did you know that

- a typical PP Interview between a general practitioner and a person without a disability is 20 minutes in length (Mann et al., 2001)
- a patient typically has 23 seconds to communicate concerns before being interrupted by the doctor. (Marvel *et al*. 1999)

PREPARING IN ADVANCE. HELP CLIENTS OF ALL AGES LEARN HOW TO:

- Introduce oneself and one's communication system;
- Make use of appropriate vocabulary and language to communicate concerns and needs;
- Make use of appropriate communication strategies to ensure that previous health care and current health concerns are understood by the health professional.
- Prepare communication assistant so he/she supports communication between provider and individuals with communication difficulties, and does NOT "take over" the interaction.

PLATINUM – GOLD – SILVER - ACTION CLUBS

Communication

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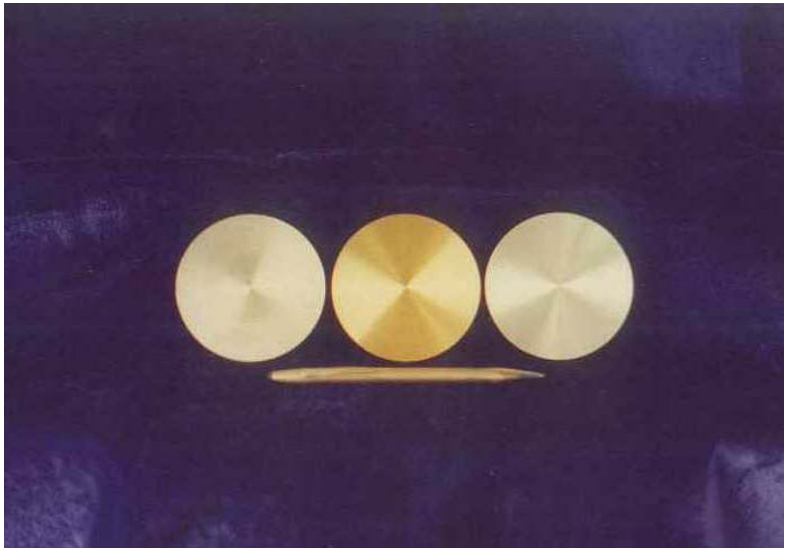

Kim Winter, CT; Judith Lunger Bergh, CA; Deb McClosky, CA; Carolyn Baylor, WA

SAVE THE DATES!

PITTSBURGH, PENNSYLVANIA, USA

15th Biennial Conference of the International Society for Augmentative and Alternative Communication

ISAAC 2012

July 28-August 4, 2012

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