



Use of Effective AAC Strategies Within Specialized Nursing Units

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Outline

- Background information
 - What is communication vulnerability?
 - What are the causes for communication vulnerability?
 - Laws and regulations
 - What is effective communication?
- Providing communication access
 - Opportunities for collaboration
 - Tools for effective communication
 - Training for effective communication
- Opportunities for improvement
- Case studies
- Future directions
- References



Acknowledgements

- Harvey Pressman and Sarah Blackstone (AAC Resource Restoration in the Gulf, Health Care)
- *Patient Provider Communication* Participants
- Tulane Medical Center
- Speech-Language Pathology Dept. of Tulane Medical Center
- LSUMC – Communication Disorders Dept.

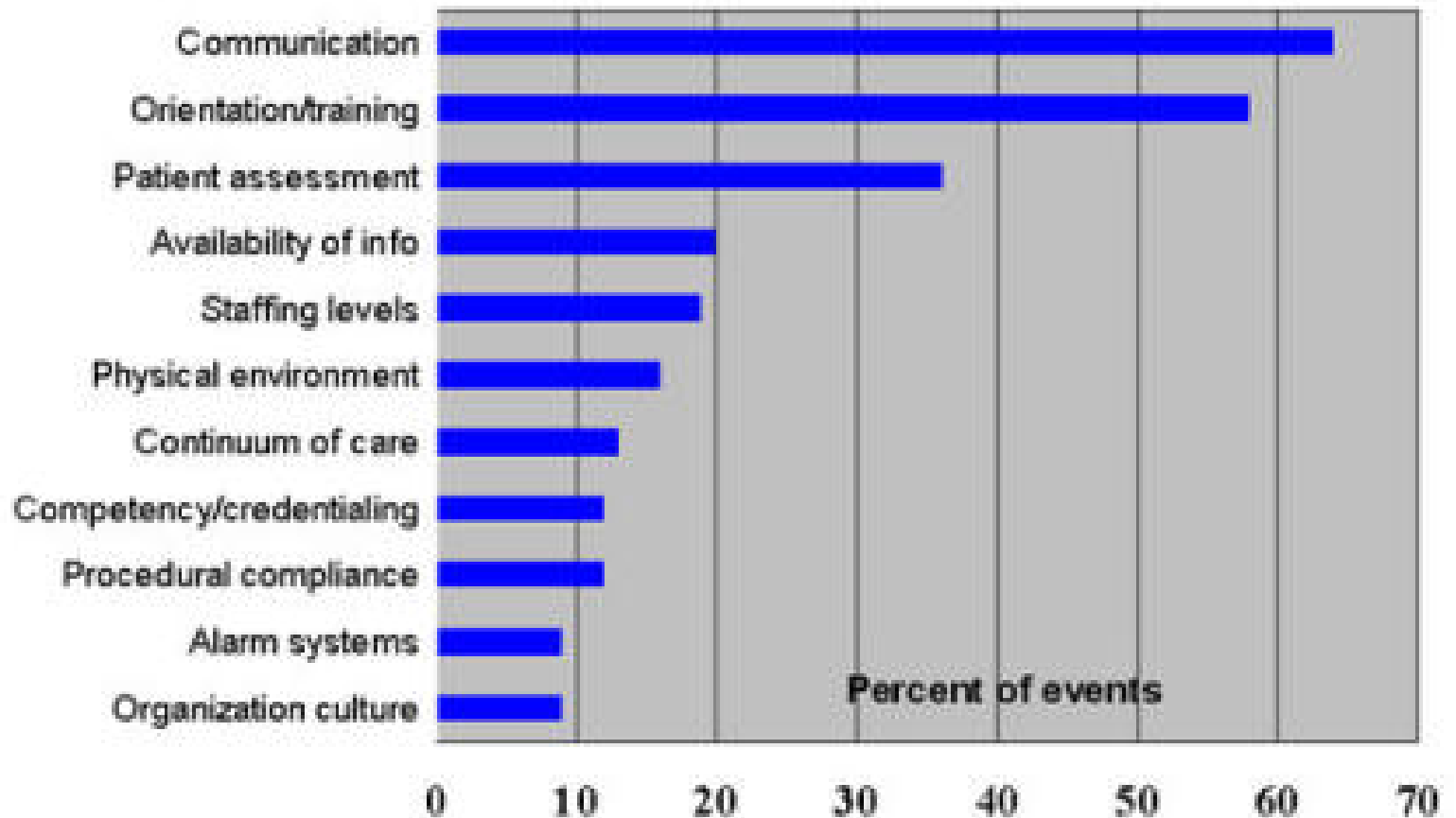


Background Information

- In health care settings, communication breakdowns between patient & caregiver can have dire consequences:
 - Increased patient pain,
 - Misdiagnoses,
 - Drug treatment errors,
 - Extensions in hospital stay,
 - Death
- In a six-year (1997-2002) study, The Joint Commission (TJC) placed “communication” at the very top of the list of root causes for sentinel events (Joint Commission, 2007)

Background information

**Root Causes of Sentinel Events
(All categories; 1995-2002)**





Communication vulnerability (Patak et al., 2009)

- Can result from lack of access to direct communication
- Communication can be inhibited due to:
 - Hearing impairment
 - Visual impairment
 - Speech impairment
 - Cognitive limitation
 - Intubation
 - Disease (ALS, stroke)
 - Language
 - Culture
 - Health literacy
 - Health Care Proxy



“Public health emphasis is on getting information ‘out’ to people not if it has been understood & used.”

**Dr. Richard Carmona,
Former U.S. Surgeon General**



Variables contributing to communication vulnerability

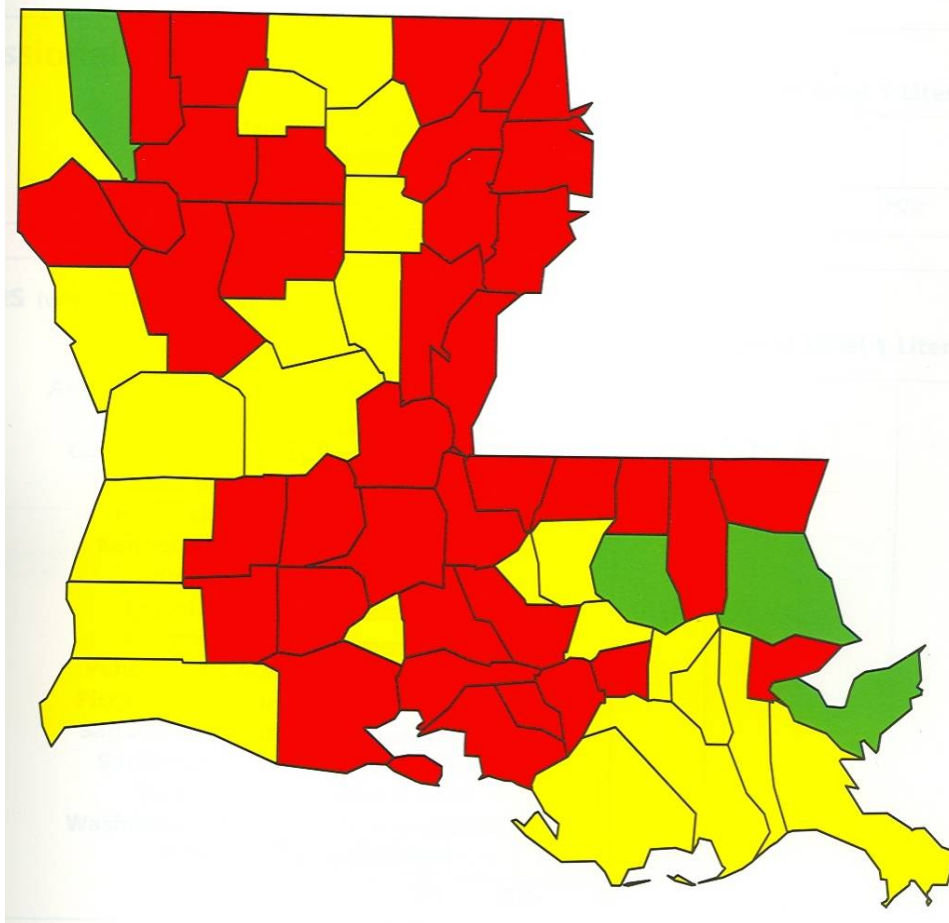
- Patient trauma or significant decline in functioning
- Unfamiliar environment
- Rapid communication, not always in their primary language
- Critical decision making
- Pain or discomfort
- Hearing aides, dentures & glasses are often at home
- Medications and/or trauma may alter mental status
- Temporary mechanical ventilation
- Suboptimal positioning and communication environment



Variables contributing to communication vulnerability

- Pre-existing hearing, speech, cognitive disabilities who may (may not) have access to communication tools/supports
- Language differences
- Limited health literacy
- Limited ability to read/write
- Cultural differences

Low Literacy Rates By Parish



% Adults with Level 1 Literacy Skills

■ > 30 %

■ 20 % to 30 %

■ 15 % to 20 %

■ 10 % to 15 %

■ < 10 %

□ No Estimate
Available

28% Louisiana Adults are Level 1



People with communication vulnerabilities

- **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
 - Receive a diagnosis of psychopathology
 - **Joint commission, 2007**



People with communication vulnerabilities

- **Less Likely to**
 - Adhere to recommended medication regimen (Andrulis, et. al, 2002; Flores et al., 2003)
 - Report abuse
 - Access and use medical care
 - Return for follow-up appointments after Emergency Room visits
 - Be satisfied with care
 - **Joint commission, 2007**



Research Data

- Happ (2004) and Patak et al. (2006)
- Patients with access to communication:
 - Receive less sedation
 - Are transitioned quicker
 - Have increased satisfaction with health care
 - Feel more in control...and generally do better...
- Available simple tools and strategies to improve communication usually go unused and ignored.



Laws, standards & regulations

Federal Efforts

- 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>



Laws, standards & regulations

Federal Efforts

- 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)



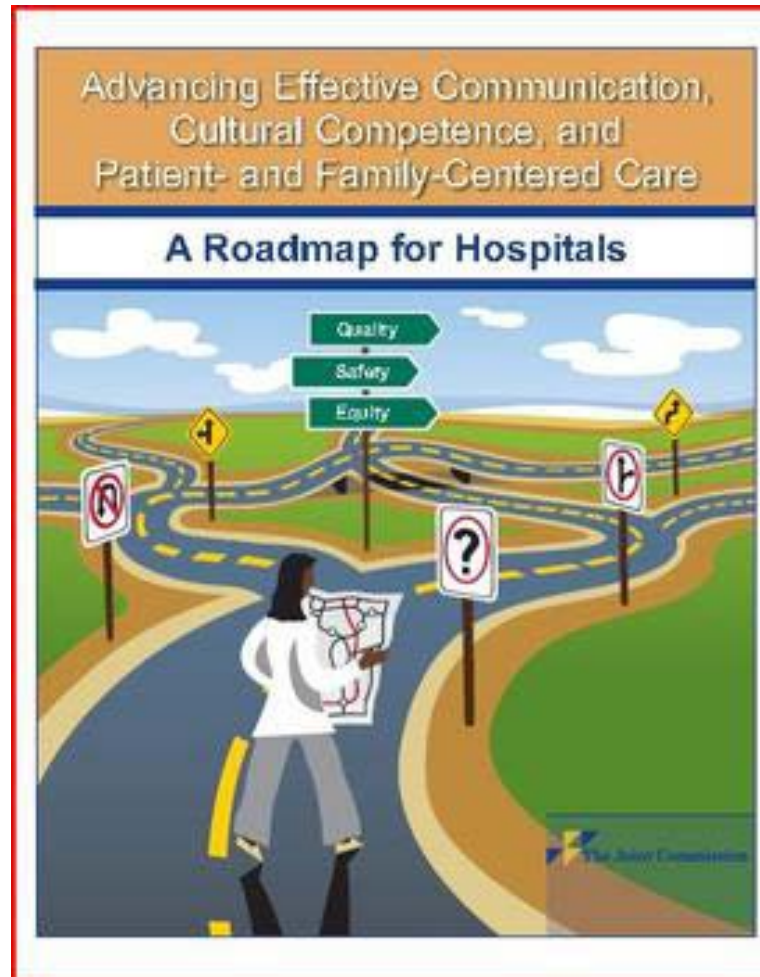
Laws, standards & regulations

Federal Efforts

- The Joint Commission communication Standard Effective January 2011
- Will be included in the accreditation decision no earlier than January 2012
 - *Advancing effective communication, cultural competence & patient-centered care*
 - *A Roadmap for Hospitals*
www.jointcommission.org

Laws, standards & regulations

Federal Efforts





Laws, standards & regulations

Federal Efforts

- The medical record contains information that reflects the patient's care, treatment, and services (Standard RC.02.01.01)
- The hospital respects, protects, and promotes patient rights (Standard RI.01.01.01)
- The hospital communicates effectively with patients when providing care, treatment, and services (Standard PC.02.01.21)



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).



What does Patient Provider Communication (PPC) mean?

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



Healthcare settings and environments

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



Healthcare settings and environments

- Specialized nursing units at Tulane Medical Center
 - Emergency Department
 - Medical ICU
 - Critical care unit
 - Bone marrow Transplant Unit
 - Medical surgical unit
 - Surgical ICU
 - Pediatric ICU
 - Neuro/Stroke ICU
 - Abdominal transplant unit



Providing access to communication

- A Grant (2009 USSAAC Gulf Relief Mini Grant) was obtained through the collaboration of a professor with a research interest in AAC from LSUHSC and the Speech Pathology (ST) department of Tulane Medical Center
- The grant was implemented in Tulane Medical Center, New Orleans



Implementation Strategies

- The purpose of the grant
 - To initiate a formal AAC orientation/training among staff and clinicians (e.g., nurses, occupational therapists, physical therapists and speech-language pathologists)
 - To improve communication between patients and staff
 - To improve communication between the patient and others (e.g., family, friends) in an acute care setting



Opportunities for Collaboration

- Tulane Medical Center and Louisiana State University Medical Center
- Tulane Medical Center and AACTechConnect (SLPs from Boulder Hospital)
- Tulane Medical Center SLP Dept and AAC experts from Boston, California, Iowa, Pittsburgh, etc.
- Tulane Medical Center SLPs and administration
- SLP Dept with nursing, physicians, audiology, OT/PT, residents, nursing students, allied health students, nursing assistants



Opportunities for Collaboration

- The ST department collaborated with Tulane Medical Center and HCA Administrators
 - Obtained matching funds to purchase low and mid technology tools
 - Provided training for AAC resources at Tulane Medical Center



Implementation Strategies

- Outcomes of the grant
 - To assist in training hospital personnel to use available AAC resources
 - Improve patient care
 - Improve communication efficiency and accuracy among specific acute care units at Tulane Medical Center.



On The Spot Communication Toolkit for the Medical Setting

- Distributed by AAC TechConnect, Inc.
 - Pocket Talker
 - Communication Boards (Costello, 2000)
 - Vidatak EZ Communication boards (Patak, et al., 2006)
 - Critical Communicator
 - Health Care Communication Board
 - Magnification Glass
 - Clipboard & Dry Erase Board with “Writing Strategies”
 - English to Spanish Staff Cards
 - Includes: reorder system

On the Spot Communication Toolkit

On the Spot Communication Resource Book



\$699.00 and \$99.00
respectively

Vidatak EZ communication board

I AM

I WANT

I WANT TO SEE

Thank You

PAIN CHART

LEVEL OF PAIN

THIS PART

THE PAIN IS

I WANT Pain Medicine

PLAN OF CARE:

FRONT OF BOARD

I AM

I WANT

I WANT TO SEE

I WANT TO CLEAN

Thank You

BACK OF BOARD

PAIN CHART

LEVEL OF PAIN

THIS PART

THE PAIN IS

I WANT Pain Medicine

PLAN OF CARE:



Barriers with Implementation

- AAC TechConnect Inc. not an established vendor for HCA
- Adapted call light within the toolkit was not compatible with Tulane Medical Center patient call system
- High expense associated with purchase of toolkit
- Minimum initial “Buy-in” by nursing staff for implementation of toolkits



Solutions Implemented

- Customized assembly of the toolkits
 - Low-tech devices
 - Dry-erase boards with writing strategies and dry-erase markers
 - Magnifying glasses
 - Writing tablets and pens
 - Manual communication boards:
 - Vidatak EZ Communication Boards (Spanish and English)
 - Critical Communicator
 - HealthCare Communication Boards



Solutions Implemented

- Mid-tech devices
 - Pocket talker
 - Modified call bell
 - Removed from toolkits until further training
 - Assigned to patients on as needed basis



Solutions Implemented

- Persistence in identifying nursing manager(s)
 - Interested in implementing tools on the units
 - To attend a meeting for orientation of toolkit contents and process for replenishing contents.
 - To establish a secure location on the units for storing the toolkits



Case presentations

HX: JT, a 20 year old man residing in a nursing home for ~1 month due to recent spinal cord injury with residual tetraplegia, tracheostomy and ventilator dependent, dependent on alternative modality of nutrition (PEG). JT was transferred from a nursing home and admitted to the CCU with dx of acute respiratory distress.

- SLP consulted for swallow evaluation.
- What would you do?



Case Presentation

- Turn away and decline the order because the patient is medically fragile.
- Send the patient to RIC.
- Start the swallowing evaluation.
- Evaluate his communication vulnerabilities and strengths.



Case Presentation

- Dynamic assessment:
 - Modalities pt capable of accessing for communication (mouthing words and facial expressions, head nods)
 - Is the patient a candidate for a Passy-Muir Speaking Valve in-line with the ventilator?
 - Collaborated with the pulmonary physicians and respiratory therapy to determine ventilator weaning protocol for the patient.
 - Patient and family goals.



Case Presentation

- Plan of Care in the ICU and Med Surgical unit
 - Passy-Muir in-line with the vent (PMSV) with SLP, RT, and trained nursing staff.
 - Established alternative communication modalities when pt was aphonic:
 - Adaptive call light with head control switch
 - “Clicking” to gain staff attention
 - Mouthing words with slow rate
 - Staff training on ways to facilitate repair of episodes of communication breakdown.



Case Presentation

- Outcomes upon hospital discharge:
 - Inpatient rehabilitation candidate because he was weaned from the ventilator and participating in multi-discipline treatment
 - Primary modality of communication was natural speech with the PMSV
 - Family trained on donning/doffing, care, and contraindications of PMSV
 - Patient participated in conversations with his children for the first time in over 4 months (since the MVC)



Case Presentation

- Outcomes upon hospital discharge
 - Patient required max assistance with feeding due to tetraplegia, consuming a Regular diet consistency
 - Patient initiated an active role in his care by speaking to physicians, family, nursing, and therapists during his stay



Case Presentations

Hx: AT was a 22 years old woman with cerebral palsy and multiple neurological impairments including profound receptive and expressive communication impairments, severe oropharyngeal dysphagia (PEG tube) who resided at home with 24 hour assistance for all ADLs admitted to the hospital for pneumonia

▪



Case Presentations

- Nursing reported to SLP in the ICU hall that her pt was with obvious discomfort evidenced by protracted periods of vocalic phonation, grimace, and awkward body posture. Protracted periods of phonation were intense at times interfering with the care of other ICU patients. After SLP collaborated with nursing, a physician order was obtained for “ST evaluation and treatment”
- What would you do?



Case Presentations

- Tell the team to sedate the patient to prevent harm to herself and to minimize the interference with other patient care “There is nothing that can be done.”
- Determine the patient’s prior level of function was “non-verbal” therefore, ST services are not warranted and then discharge the patient
- Ignore the order because the patient will be discharged from the hospital in 24 hours
- Evaluate and identify stimuli that calmed the patient when she was in her natural environment



Case Presentations

Dynamic assessment:

- Family/caregiver interview to identify the patient's "stressors" and "motivators."
- Communicative intent of non-verbal communication per family/caregiver interview.
- Ongoing evaluation of the frequency of the patient's signs of discomfort with direct observation, staff and family interview



Case Presentations

- Patient Outcomes on the ICU:
 - CD player with patient's favorite music was placed at her bedside (e.g., Patsy Cline).
 - Overt signs of discomfort were eliminated. Patient rested comfortably in her bed with **NO SEDATION**
 - Vocalic phonation during music often suggested that pt did not like the song. Nursing and other staff members changed the song to improve her comfort.



Case Presentations

- Outcomes on the ICU:
 - Existing patients on the ICU were provided with a quiet healing environment.
 - Nursing reported overall sense of decreased stress with the patient resting without overt signs of distress.
 - Communication about the patient's preferences and communication modality was transmitted to nurses on all shifts, respiratory therapy, lab, and her physicians
- Patient's discharge disposition:
 - Returned home with her caregivers within 24 hours of the speech-language pathology consult



Resources

- Support communication and health literacy
 - Typical Patient Provider Interview
 - Between general practitioner and person without a disability
 - 20 minutes in length (Mann et al., 2001)
 - Verbal and non-verbal communication positively associated with health outcomes (Beck et al., 2002)



Resources

- Verbal behaviors positively associated with health outcomes included (Beck et al., 2002)
 - Empathy, reassurance and support
 - Various patient-centered questioning techniques
 - Explanations
 - Both dominant and passive physician and therapist styles,
 - Positive reinforcement, humor,
 - Psychosocial talk,
 - Time in health education and information sharing,
 - Friendliness, courtesy,
 - Orienting the patient during examination
 - Summarization and clarification



Resources

- Nonverbal behaviors positively associated with outcomes included (Beck et al., 2002)
 - head nodding,
 - forward lean
 - direct body orientation
 - uncrossed legs and arms
 - arm symmetry
 - less mutual gaze.



Resources

- Support communication and health literacy
 - Preparing our clients
 - 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.
 - Preparing communication assistance



Resources

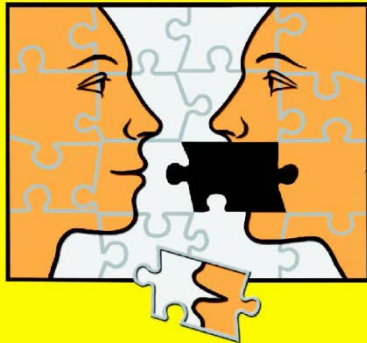
- Communication matters
 - http://www.patientprovidercommunication.org/index.cfm/article_2.htm
 - www.communicationmatters.org.uk/page/focus-on-leaflets
- Health passports
 - www.healthpassport.co.uk (Talkback-UK Ltd)
- Communication passports
 - <http://www.accpc.ca/pdfs/passport.pdf>
 - http://www.patientprovidercommunication.org/index.cfm/article_6.htm

Resources

Focus on...

Communicating with Patients who have Speech/Language Difficulties

Guidance for Medical & Nursing staff

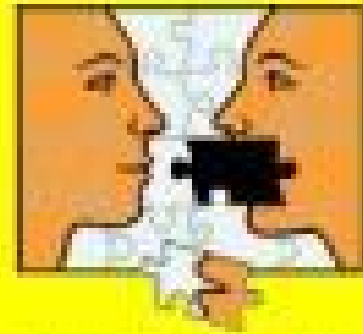


COMMUNICATION MATTERS

Focus on...

What can I say?

Vocabularies for augmentative and
alternative communication (AAC) systems



COMMUNICATION MATTERS

Resources

Talkback Health Passport a Poet..... Health Passport Project inspires a Poet.....

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In Buckinghamshire, people with a learning disability have been using [Health Passports](#) since 2005.

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A summary for professionals can be found at the back

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please stick a picture of yourself here

I need to have my Health Passport when I visit:
a doctor
a nurse
a hospital
or have other health appointments



Talkback

www.healthpassport.co.uk

Health Passport

NHS

Buckinghamshire Health Care NHS Foundation Trust

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4. Body (physical health)	
5. Thinking and feeling (mental & emotional health)	
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8. Hospital information	
9. Getting around	
10. Health diary	
11. Health Action Plan	
12. About this Health Passport	
13. New pages	
14. Professionals summary	

Resources

The Clear Communication People Ltd



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Hospital Book



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

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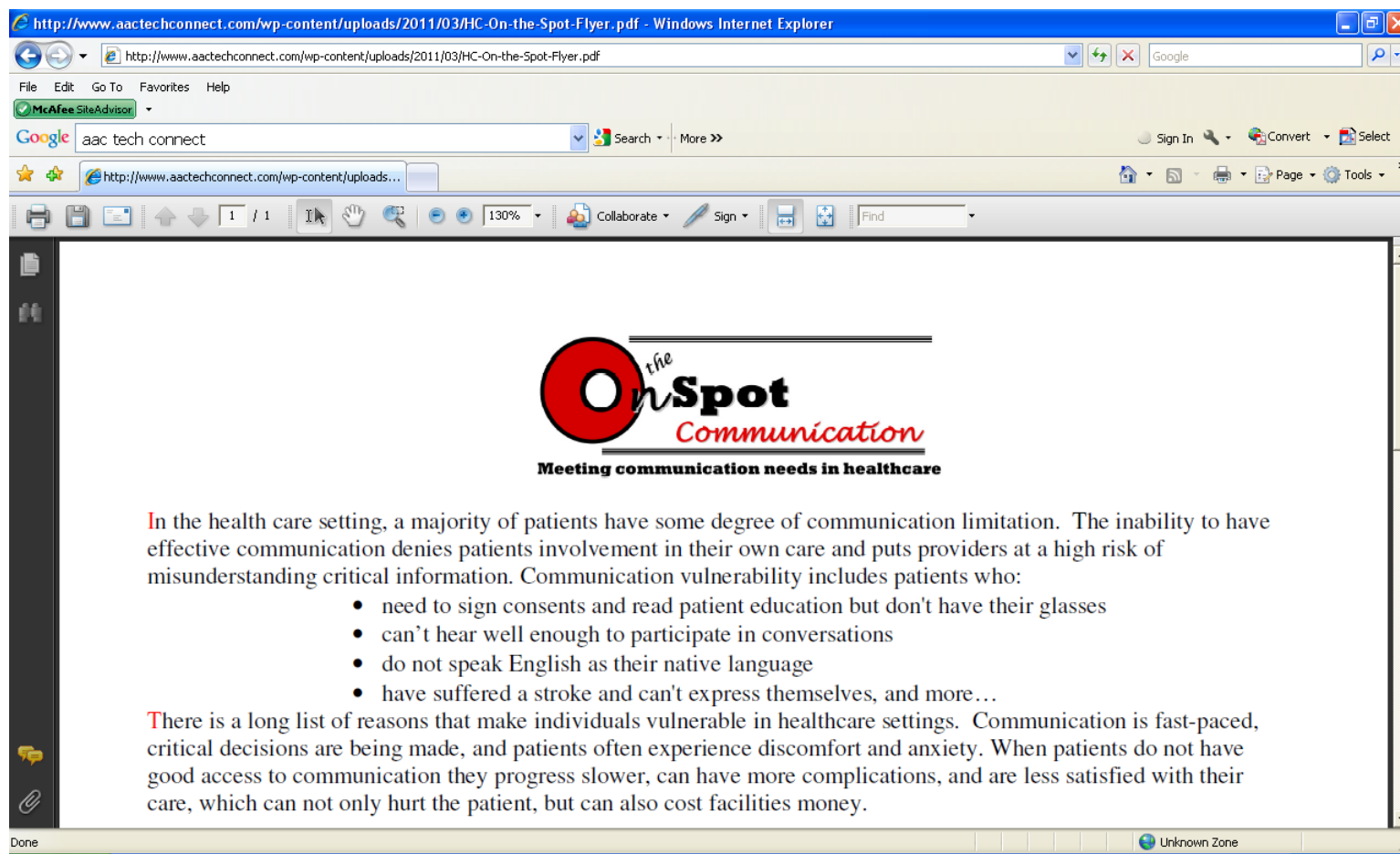
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Resources

- Tool kits
 - <http://www.aactechconnect.com/>
 - <http://rnt.over-blog.com/article-kit-de-communication-44780636.html>
- You tube videos
 - Search for:
 - Augmentative communication
 - Patient-provider communication
 - Health literacy
 - Cultural competence health care
 - Medical interpreters

Resources





Resources

- Patient provider website
 - AAC TechConnect
 - Articles
 - Presentations
 - Bibliography
 - Examples of Materials
 - Case Examples
 - Newsletters
 - International Newsletter

Patient Provider Communication Website



Patient Provider Communication | Presentations - Windows Internet Explorer

http://www.patientprovidercommunication.org/index.cfm/presentations.htm

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Patient Provider Communication | Presentations

Communication

Sunday, May 8, 2011

www.patientprovidercommunication.org

Presentations

Effective Patient Provider Communication: The Expanding Role of our Professions 4/13/11 4.9M

Sarah W. Blackstone, Ph.D., CCC-SLP and Kathryn Garret, Ph.D., CCC-SLP gave a three-hour presentation that considers the convergence of communication issues that can have an impact on patient care across the healthcare spectrum at the Pennsylvania Speech, Language and Hearing Association. The power point slides cover five areas:

- (1) Laws, regulations and standards: New roles for SLPs and audiologists
- (2) Providing Communication Access Across Healthcare Settings: Converging Needs and Opportunities for Collaboration
- (3) Case illustrations and interventions
- (4) Ready, Set, Action: Leading the charge to implement effective communication across healthcare settings
- (5) Resources and References

Improving Patient-Provider Communication Strategies 3/27/11 564

A Poster entitled Improving Patient-Provider Communication Strategies: Creative Solutions for Healthcare Settings discusses Joint Commission Standards and identifies key resources to help providers and administrators in hospitals meet the communication access needs of all patients.

Elizabeth Begley, M.A. CCC-SLP
Department of Speech-Language Pathology
College Station Medical Center
College Station, TX

Communication Interventions for Critically Ill Nonspeaking Patients 1/12/11 17.3

Kathryn Garrett, Deborah Downey, and Brooke Bauman share their presentation from the ASHA 2010 Convention in Philadelphia (November 2010). Their informative power point slides include

About PPC

Participants

Useful Information

Annotated Bibliography

Case Examples

Examples of PP

Internet 100%



Resources

- Other resources
- Books
 - 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
 - AAC-RERC website and upcoming webcast – www.aac-rerc

Resources

Publications :: AAC-RERC - Spread the Word - Windows Internet Explorer

http://aac-rerc.psu.edu/index.php/publications/list

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2011

Blackstone, S. (2010). Communication access for children: The role of augmentative and alternative communication technologies and strategies in pediatric rehabilitation. *Journal of Pediatric Rehabilitation Medicine: An Interdisciplinary Approach*, 3, 247-250. [\(Full text\)](#)

Costello, J. M., Patak, L., & Pritchard, J. (2010). Communication vulnerable patients in the pediatric ICU: Enhancing care through augmentative and alternative communication. *Journal of Pediatric Rehabilitation Medicine*, 3, 289-301. [\(Full text\)](#)

Beukelman, D., & Ray, P. (2010). Communication supports in pediatric rehabilitation. *Journal of Pediatric Rehabilitation Medicine*, 3, 279-288. [\(Full text\)](#)

Beukelman, D., Fager, S., & Nordness, A. (Accepted). Communication support for people with ALS. *Neurology Research International*.

Internet 100%



Resources

- Newsletter
 - Augmentative Communication News
 - <http://www.augcominc.com/>
 - Free Download (Vol 21, #2)
 - Information about Promising practices
 - The Joint Commission Standard and Implementation Manual
 - Tools of the trade



Lessons Learned

- Work-in-progress
- Top-Down approach is a necessary component for implementation, development, and carry-over.
- Multi-disciplinary departmental “buy-in.”
- Collaboration with multi-disciplines to establish purchasing, storage, and replenishing of equipment for easy access.
- New ideas: Admissions to identify patients with communication needs and to provide low tech solutions?



Future Directions

- The Tulane Medical Center ST department will continue collaboration
 - Tulane Medical Center and HCA administrators to obtain additional funding
 - Maintain and expand AAC resources at Tulane Medical Center
 - Facilitate transition of ST dept re-ordering/re-stocking contents of the toolkits to nursing staff and/or administrative assistants the task of re-ordering/re-stocking toolkits.



Future Directions

- Develop and implement research project in collaboration with LSUHSC
 - Devise a standardized protocol for use of assistive technology with patients in acute care setting
 - Investigate patient outcome measures associated with access and use of assistive technology in an acute care setting.



Research Project

- Establish standardized assistive technology assessment protocol
- Assess the effects of assistive technology on patient care outcomes
 - Use of anxiolytics
 - Time of ventilator dependency
 - Patient satisfaction
 - Length of ICU stay
 - Length of hospital stay
 - Discharge disposition
 - Number of communicative interactions with staff

And a host of other variables.....



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