

Underexplored Areas of AAC:



**EFFECTIVE PATIENT-PROVIDER
COMMUNICATION
AND
THE DEVELOPMENT OF EMOTIONAL
COMPETENCE IN CHILDREN**

Overcoming Patient-Provider Communication Barriers Across Health Care Settings



SPEECH AND HEARING ASSOCIATION OF VIRGINIA CONFERENCE,
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Complete one of the following....

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- My interest in patient-provider communication currently focuses on____.
- One important thing I've learned about patient-provider communication is ____.
- The kind of information about patient-provider communication that would be most helpful to me at the moment would be _____.
- The role of ASHA, SHAV, ISAAC/USSAAC and other professional organizations in patient-provider communication issues is important because_____.

Handouts

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- PowerPoint Slides. Also available at www.augcominc.com. Go to presentations.
- Newsletters on Patient Provider Communication (volume 21 #2) and Emergency Preparedness and AAC (volume 19 #4). www.augcominc.com. Go to back issues.
 - Brought 6 with me....please take!

Augmentative Communication News (Vol 21, #2)

www.augcominc.com

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

Augmentative **ACN** Communication News

August 2009
Volume 21
Number 2

Upfront

Effective communication is recognized as a priority across the health-care 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.^{1,2} Communication barriers in health-care settings have many causes.

Language issues. Language and cultural differences often underlie communication problems in health-care settings.³ For example, many people in the U.S. do not speak English as their primary language. Also, those who are deaf or hard of hearing often have difficulty communicating with health-care workers. Bilingual interpreters can help these individuals navigate the healthcare system. AAC strategies and assistive technologies can also help mitigate.

Sense, confusion and psychiatric conditions. Medically-related situations may trigger an atypical response 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.⁴

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.^{5,6}

Medical interventions. Medical interventions (e.g., intubation or a tracheotomy) 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 devel-

inside this issue

Clinical News

Communication access across the healthcare continuum

On The Web

www.patientsproviders.com/aacinc.org

Equipment

Communication "On the Spot"

Governmental

Advancing effective communication: cultural competence & patient-centered care

University/Research

Evidence: Using AAC to support patient-provider communication

EVIDAAC

How AAC teams can benefit from EVIDAAC

oped 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

Part I



**LAWS, REGULATIONS, STANDARDS: NEW
ROLES FOR SLPS AND AUDIOLOGISTS**

What does Patient Provider Communication (PPC) mean?

7

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

Healthcare Settings

8

- Dr's Office/Clinic
- First Responders
- Emergency Rooms
- ICU's
- Acute Care Hospital
- Rehab Hospital
- Nursing Home
- Home Health
- Hospice
- Disaster/emergency shelters

The Need

9

- **Health disparities** result from a range of barriers (race, ethnicity, gender, education, income, geographic location, disability status, and sexual orientation, other inequities)
- These disparities disproportionately affect **patients with communication difficulties.**

(Patak, Wilson-Stronks, Costello, Kleinpell, Henneman, Person & Happ, 2009; Bartlett, Blais, Tamblyn, Clermont & MacGibbon, 2008).

Poor patient-provider communication can cause:

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- Serious medical missteps
- Increased healthcare utilization
- Poor patient outcomes

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

What is “Effective Communication”?

11

- “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).

Effective patient-provider communication

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- 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
- Is increasingly viewed as **an essential component** of quality healthcare and patient safety as well as **the basic right** of every patient.

(Wolf, Lehman, Quinlin, Hoffman, 2008)

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

Laws, Standards, Regulations

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- 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). 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.
- Revised Minimum Data Set (MDS) 3.0. Used in skilled nursing facilities to assess residents. <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)

Laws, Standards, Regulations

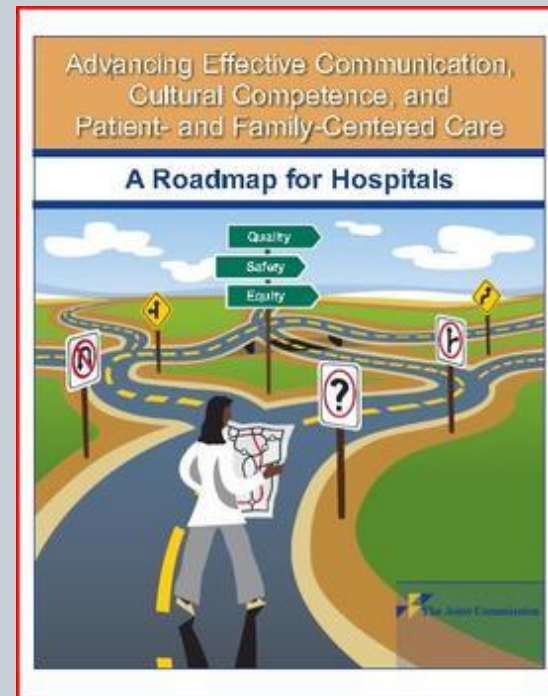
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- The Joint Commission New Standard. Effective January 2011

Advancing effective communication, cultural competence & patient-centered care

- ***A Roadmap for Hospitals***

www.jointcommission.org



New Joint Commission standard

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- **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).

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

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- “Examples of communication needs include the need for personal devices such as hearing aids or glasses, language interpreters, communication boards and devices...”
- Patients may...be unable to speak due to their medical condition or treatment.
- Additionally, some communication needs may change during the course of care.
- Once the patient’s communication needs are identified, the hospital can determine the best way to promote two-way communication between the patient and his or her providers in a manner that meets the patient’s needs.”



Page 10

- Identify whether patient has a sensory or communication need... “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.*

Part II



**PROVIDING COMMUNICATION ACCESS
ACROSS HEALTHCARE SETTINGS:
CONVERGING NEEDS AND OPPORTUNITIES
FOR COLLABORATION**

Communication Vulnerable Patients

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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

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

Shifting role of SLPs/Audiologists

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- SLPs and audiologists have a key role in helping healthcare professionals understand the crucial importance of P/P communication
 - improves healthcare outcomes, reduces costs, increases satisfaction, etc.
- Our *Scope of Practice* requires consideration of the “added value” AAC strategies, tools and technologies can provide to the treatment of ALL patients with communication ‘vulnerabilities.’

Professional Preparedness

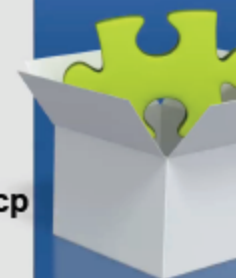
We (ASHA) **MUST** be prepared and **MUST** prepare future SLPs to meet the needs of patients who are communication vulnerable *OR institutions will look elsewhere.*



“Communication Vulnerability in the Hospital and the New Joint Commission Standards: The SLP and Need for Professional Preparedness”



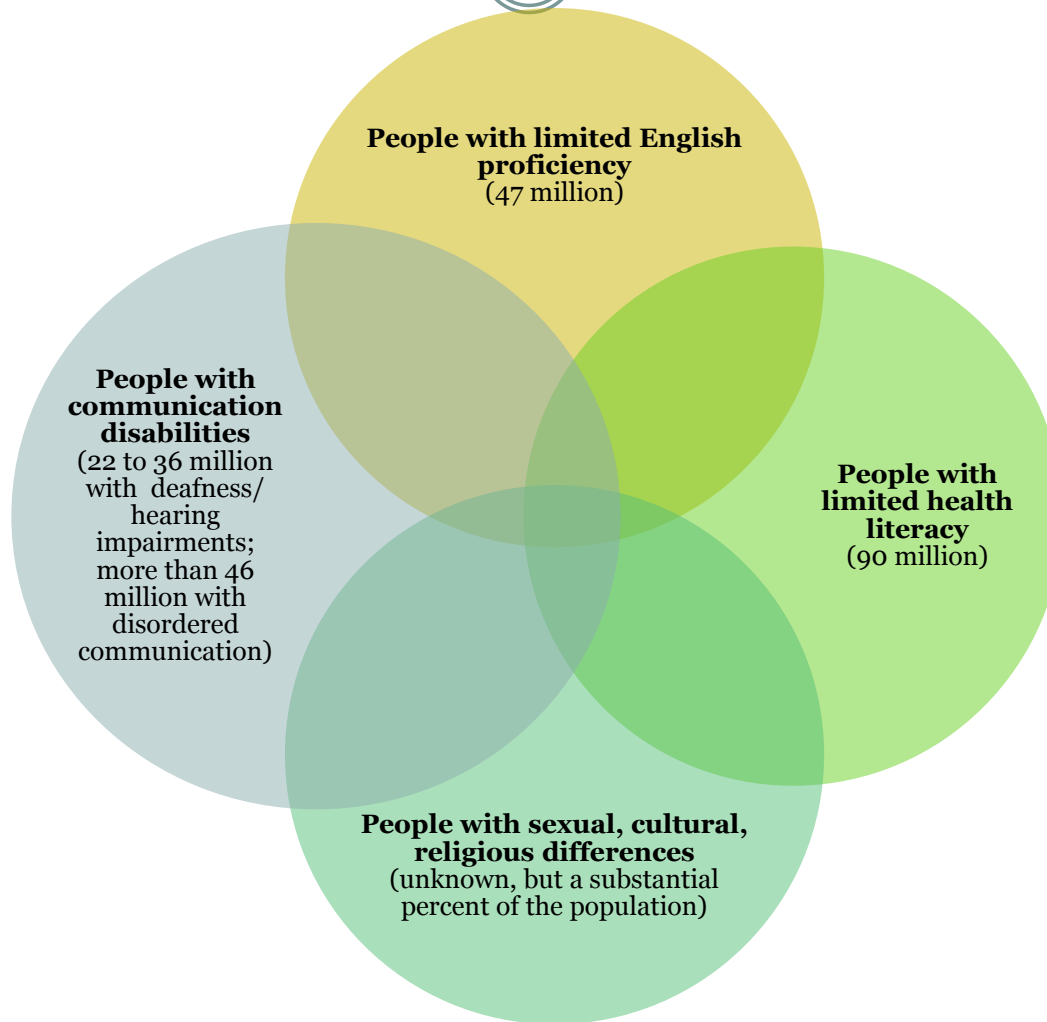
Childrenshospital.org/acp



<http://www.childrenshospital.org/clinicalservices/Site2016/mainpageS2016P16.html>

The Convergence of “Communication Vulnerabilities”

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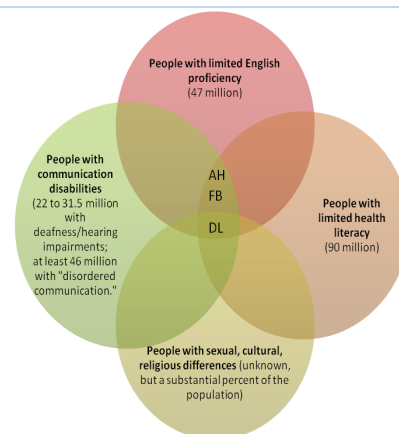


Limited Communication Access

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- Individuals with

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



People with pre-existing or temporary communication disabilities

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- 22.5 – 31 million people with hearing impairments
- 46 million with communication disorders
- High percentage of people who experience communication difficulties in medical settings
 - Hospital data: Hurtig, et al.

AH: woman with cerebral palsy:

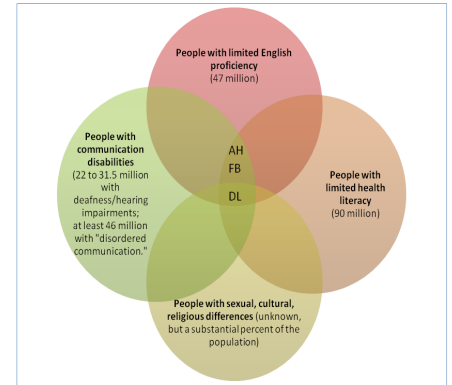
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Severe dysarthria/limited literacy; Surgery

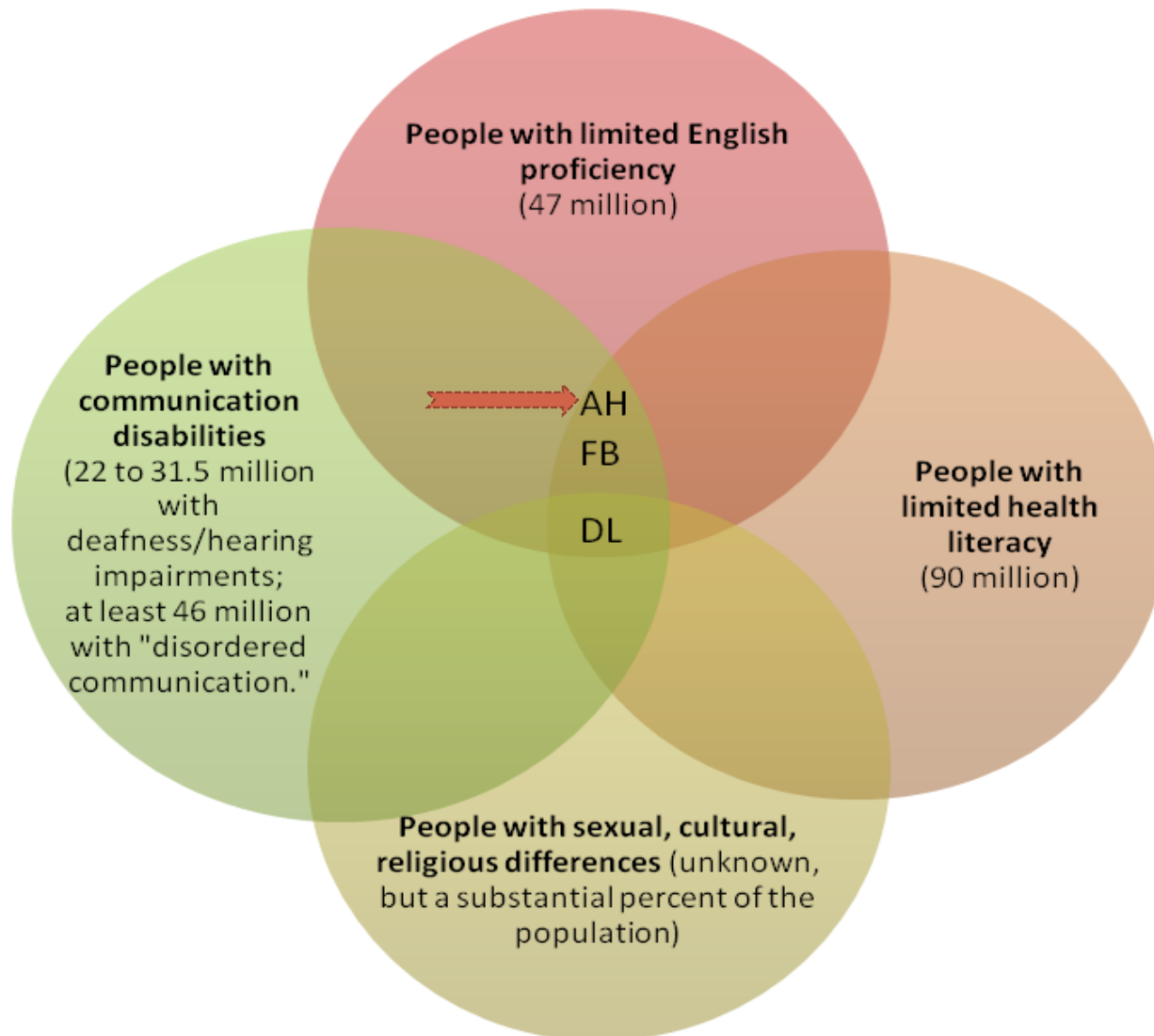
- Speech unintelligible to unfamiliar people.
- Uses AAC strategies and SGD.
- Relatively independent; employed part-time
- Difficulty negotiating healthcare system.
- Pre-admission: Surgeon referred to SLP Dept. to address communicate issues in ICU and on floor

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

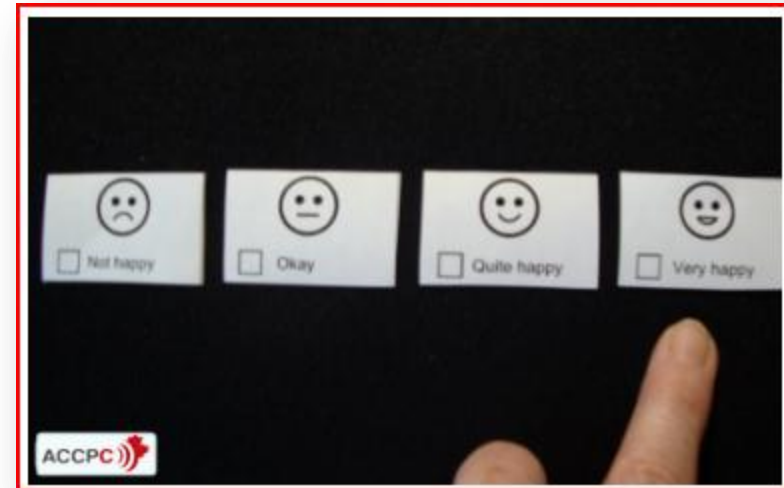


Disability, Limited English Proficiency, Limited Health






	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	





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

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 []

Persons with Language and Health Literacy Issues

30

Language Proficiency - Non English speaking

47 million people in the U.S.

- **Qualified Interpreters vs. family members, staff**

“An individual, who has been assessed for professional skills, demonstrates a high level of proficiency in at least two languages and has the appropriate training and experience to interpret with skill and accuracy while adhering to the National Code of Ethics and Standards of Practice,” (NCIHC, 2011)

Limited Health Literacy

90 million people in the U.S.

- The degree to which individuals have the capacity to obtain, process, and understand basic health information and services needed to make appropriate health decisions

(Health People 2010)

What is Health Literacy and how can we help?

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***THE DEGREE TO WHICH INDIVIDUALS HAVE
THE CAPACITY TO OBTAIN, PROCESS, AND
UNDERSTAND BASIC HEALTH INFORMATION
AND SERVICES NEEDED TO MAKE
APPROPRIATE HEALTH DECISIONS***

(HEALTH PEOPLE 2010)

Health Literacy

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- **Poor health literacy:**
 - Increase in sentinel events
 - 6% increase in hospital visits
 - 2-day longer hospital stays
 - 4x higher annual health care costs
- **People with communication problems are OFTEN at risk for low health literacy rates**
 - Increase in sentinel events, prolonged hospital stays, increased costs, decrease in patient “adherence”, negatively affecting follow-up care.

Expectations

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Typical PP Interview

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

Preparing individuals we serve (CCN)

- 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.

Health Literacy

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- 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 as well

FB: Elderly man admitted through ER

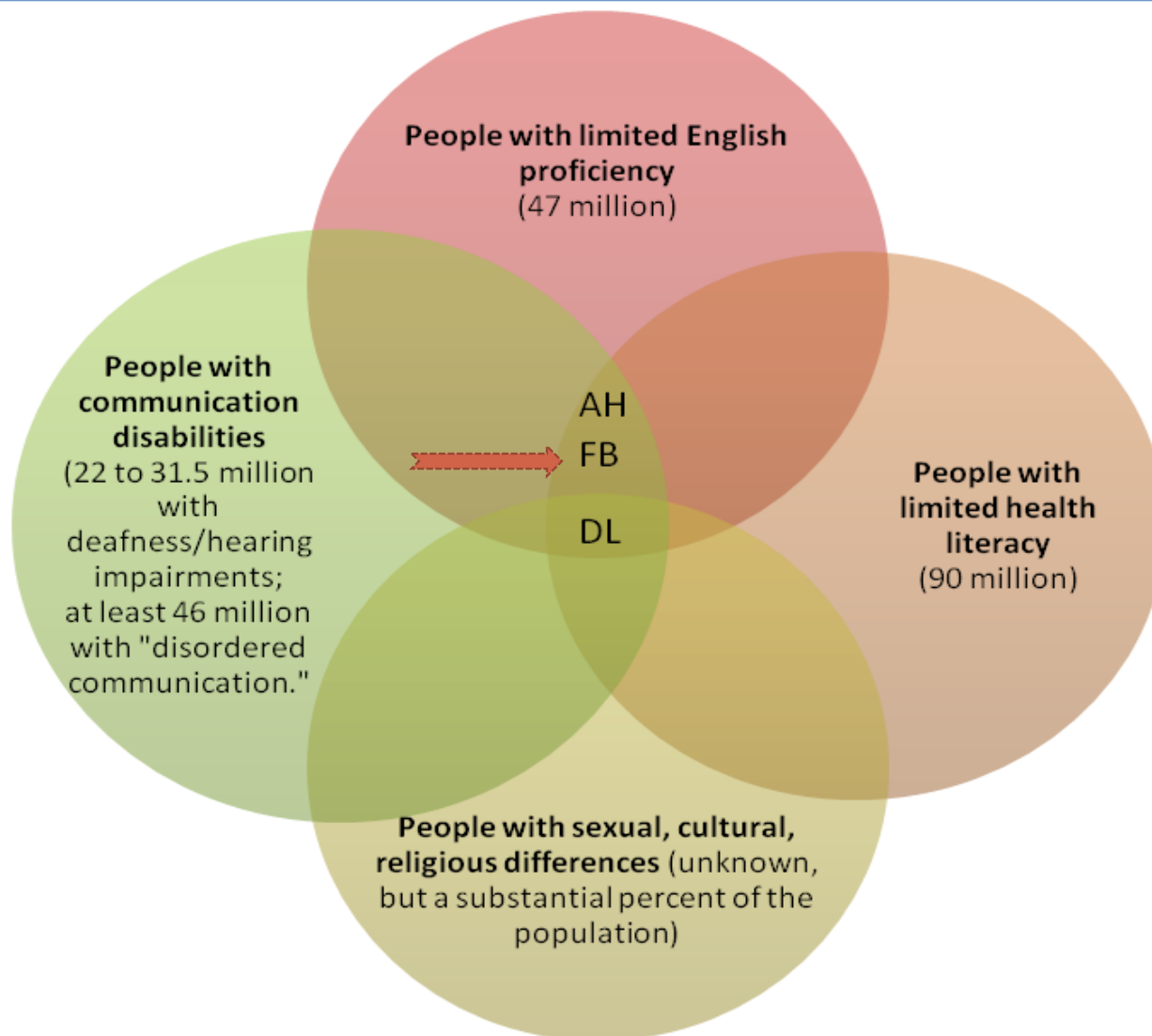
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Suspected CVA: accompanied by daughter

- First language Korean. Didn't seem to understand English
- Reported to wear hearing aids. Not brought with him.
- Interpreter services offered.
- Admitted for observation and further assessment
- Dr. refers to Com. Dis. Dept. for S & L eval and hearing 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 documented->Presbycusis
- Discharge instructions (English and Korean) with culturally sensitive pictures. Given to FB and daughter.



Pocket Talker

www.abbn.com

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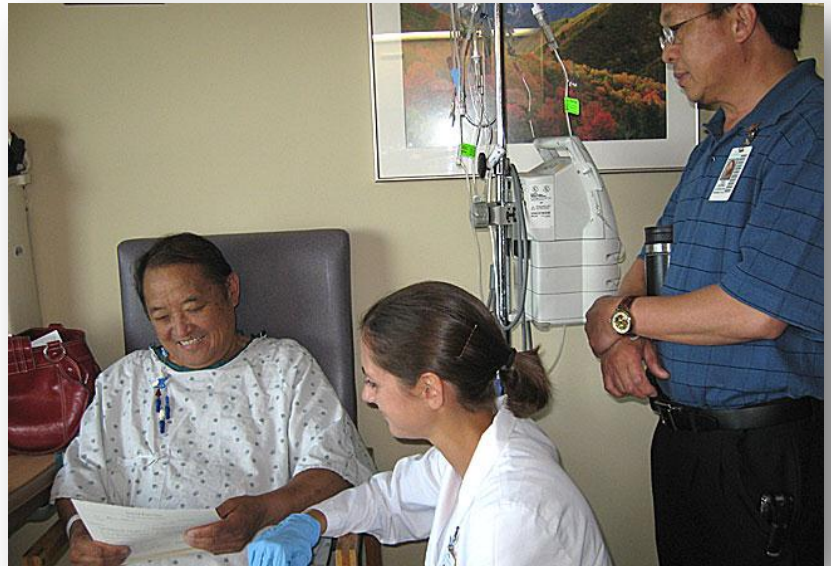
The Pocket Talker is a helpful tool for people with hearing loss, who benefit from amplification. Easy to use instructions: place ear piece in patients ear, turn volume to adequate level, and speak into microphone.

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.

Medical Interpreters

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Support Person Communication Assistants

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Speech Interpreter Services in Finland support the use of various communication modes



Tony Diamant of ACCPC uses a communication assistant to speak his vows to his partner at a commitment ceremony

Vidatak Boards in Korean

40

지금
I AM

☐ 숨이 가쁩니다.
Short of breath
☐ 기분이 나쁩니다.
Upset
☐ 속이 메스꺼워요.
Nausea
☐ 불안합니다.
Anxious
☐ 실망스럽습니다.
Disappointed
☐ 피곤해요.
Tired
☐ 나른해요.
Drowsy
☐ 좀 나이진 거 같아요.
Older
☐ 목말라요.
Thirsty
☐ 더워요.
Hot
☐ (무슨 일이 일어나고 있는지) 모르겠어요.
Don't know what is happening

☐ 메스꺼워요.
Nausea
☐ 아픕니다.
Pain
☐ 어지러워요.
Lightheaded
☐ 무서워요.
Fright
☐ 외롭습니다.
Lonely
☐ 화가 납니다.
Angry
☐ 절었어요.
Starve
☐ 점점 안 좋아하는 것 같아요.
Don't like more
☐ 배고파요.
Hungry
☐ 추워요.
Cold

필요한 것
I WANT

☐ 흡입 시술이 필요합니다.
Inhaler
☐ 일으켜 주세요.
Get up
☐ 물을 주세요.
Water
☐ 목욕시켜 주세요.
Bath
☐ 안경을 주세요.
Glasses
☐ 양말을 주세요.
Socks
☐ 전화해 주세요.
Call me
☐ 오른쪽으로 가고 싶어요.
To turn right
☐ 불을 꺼주세요.
Lights off
☐ 조용히 해주세요.
Be quiet

☐ 제가 조절하고 싶습니다.
More Control
☐ 눕고 싶어요.
Go to bed
☐ 얼음을 주세요.
Ice
☐ 샴푸를 주세요.
Shampoo
☐ 빗을 주세요.
Comb
☐ 소변을 보고 싶습니다.
Urinate
☐ TV를 보고 싶습니다.
Watch TV
☐ 왼쪽으로 가고 싶어요.
To turn left
☐ 불을 어떻게 해주세요.
Lights On
☐ 잠자고 싶어요.
To Sleep

☐ 편하게 해주세요.
To be Comforted
☐ 기도를 원합니다.
Prayer
☐ 운동하고 싶어요.
Exercise
☐ 로션이 필요해요.
Lotion
☐ 마사지 해주세요.
Massage
☐ 번기가 필요해요.
Change
☐ 베개를 주세요.
Pillow
☐ 불을 켜주세요.
Lights On
☐ 인분을 주세요.
Stool
☐ 쉬고 싶어요.
To Rest

이 사람을 불러주세요.
WHO DO YOU WANT TO CALL

☐ 의사
Doctor
☐ 간호사
Nurse
☐ 보조 요원
Aide
☐ 호흡기 치료 전문가
Respiratory Therapist
☐ 물리치료 전문가
Physical Therapist
☐ 사제
Chaplain
☐ 소셜 워커
Social Worker
☐ 가족
Family

여기를 씻고 싶어요.
I WANT TO CLEAN

☐ 입
Mouth
☐ 코
Nose
☐ 이
Teeth
☐ 손
Hands
☐ 얼굴
Face
☐ 머리
Hair

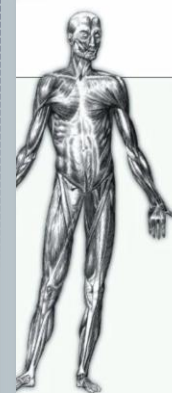
A B C D E F G H I 1 2 3
J K L M N O P Q R 4 5 6
S T U V W X Y Z . 7 8 9
? 0 !

☐ 감사합니다
Thank You
☐ 사랑합니다
I Love You

간접 영제를 위해서 이 보드를 다른 환자가 사용하지 않도록 하십시오.
For infection control purposes, please do not reuse this board between patients.

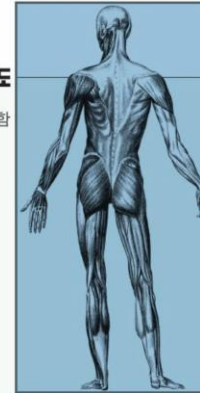
중 자트

N CHART



통증의 강도

LEVEL OF PAIN



(몸의) 이 부분은..

THIS PART (of Body)

- ☐ 가렵습니다.
Itches
- ☐ 따갑습니다.
Stings
- ☐ 아픕니다.
Hurts
- ☐ 심한 통증이 있습니다.
Terrible pain
- ☐ 움직일 수 없습니다.
Can't move
- ☐ 감각이 없습니다.
No feeling
- ☐ 배근합니다.
Aches
- ☐ 화상이 있습니다.
Burns
- ☐ 만지면 아픕니다.
Painful to touch

이 보드 주변 이름:
(이름)의 환자들을 불러주세요.
 Please identify the patient(s) who
 (Name) is/are.

통증이

THE PAIN IS

- ☐ 계속됩니다.
Continues
- ☐ 간헐적입니다.
Intermittent
- ☐ 퍼지고 있습니다.
Spreading
- ☐ 맥박치고 있습니다.
Throbbing
- ☐ 둔합니다/쑤십니다.
Dull/Aching
- ☐ 강렬합니다.
Sharp

진통제를주세요.
1500077
 Pain Medicine

진료 계획:

PLAN OF CARE:

- ☐ 예
Yes
- ☐ 아니요
No
- ☐ 설명해 주세요.
Please Explain
- ☐ 확인이 필요합니다.
I Need Reassurance

어디서
Where

언제
When

어떻게
How

무엇을
What

왜
Why

누가
Who

그만
Stop

계속하세요
Continue

집에 언제 갈 수 있나요?
When Can I Go Home?

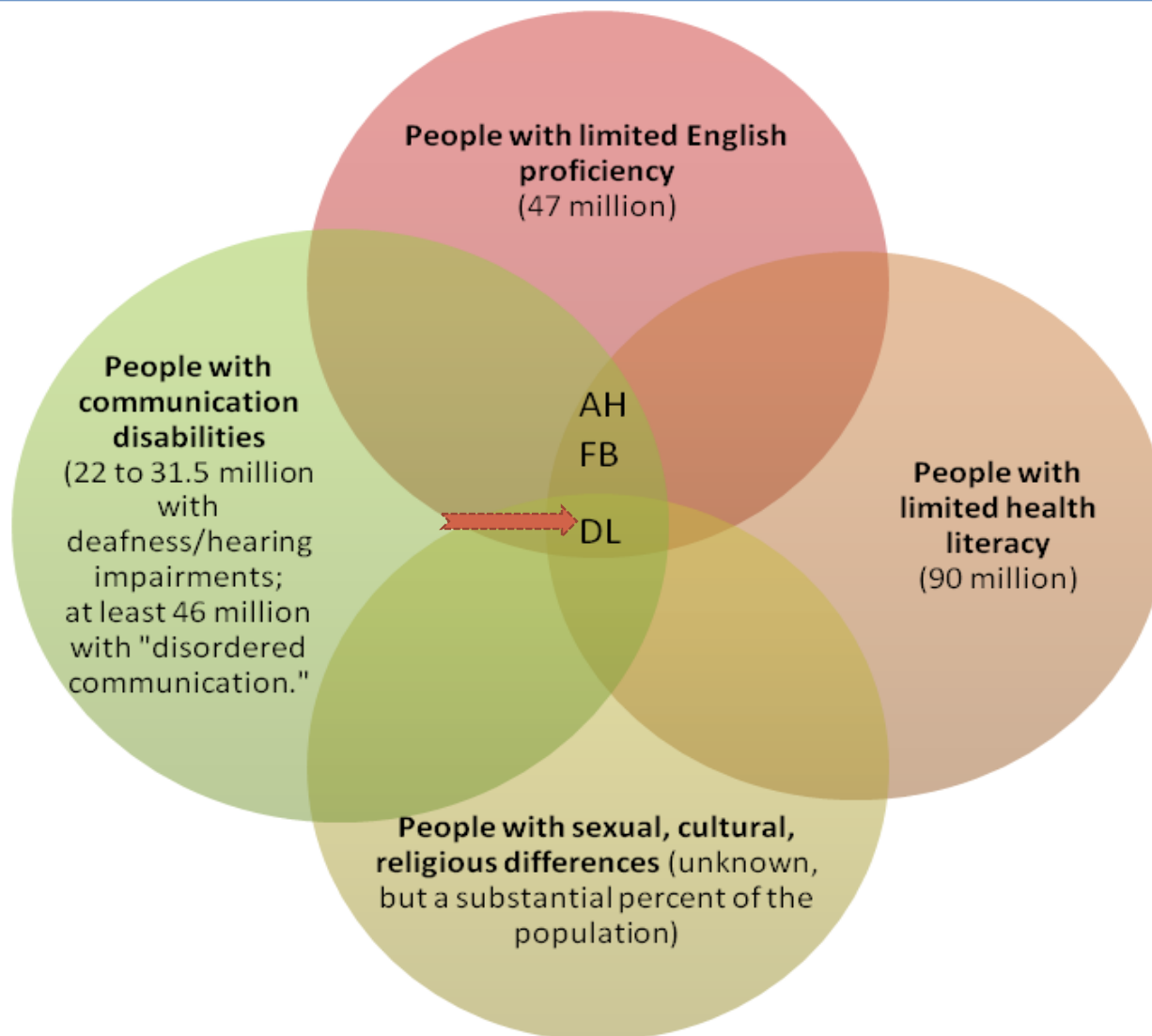
전 잘 할
How Am I Doing?

이 보드 주변 이름: (이름)의 환자들을 불러주세요. Please identify the patient(s) who (Name) is/are. VIDATAK 1500077 Pain Medicine

People with cultural differences

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- Cultural differences
- Sexual preference/sexual identity
- Religious differences



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

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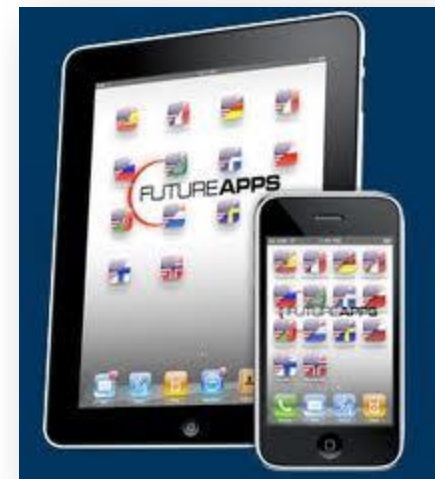
Brought to ER after 15 hours

- Qualified interpreter brought in 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 hospitalization

- Had surgery and 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 were not common in the patient’s culture . Suggested alternatives.

- Rapid progress in his speech and 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 and made a communication display that enabled him to request prayer time.



Take Away Messages

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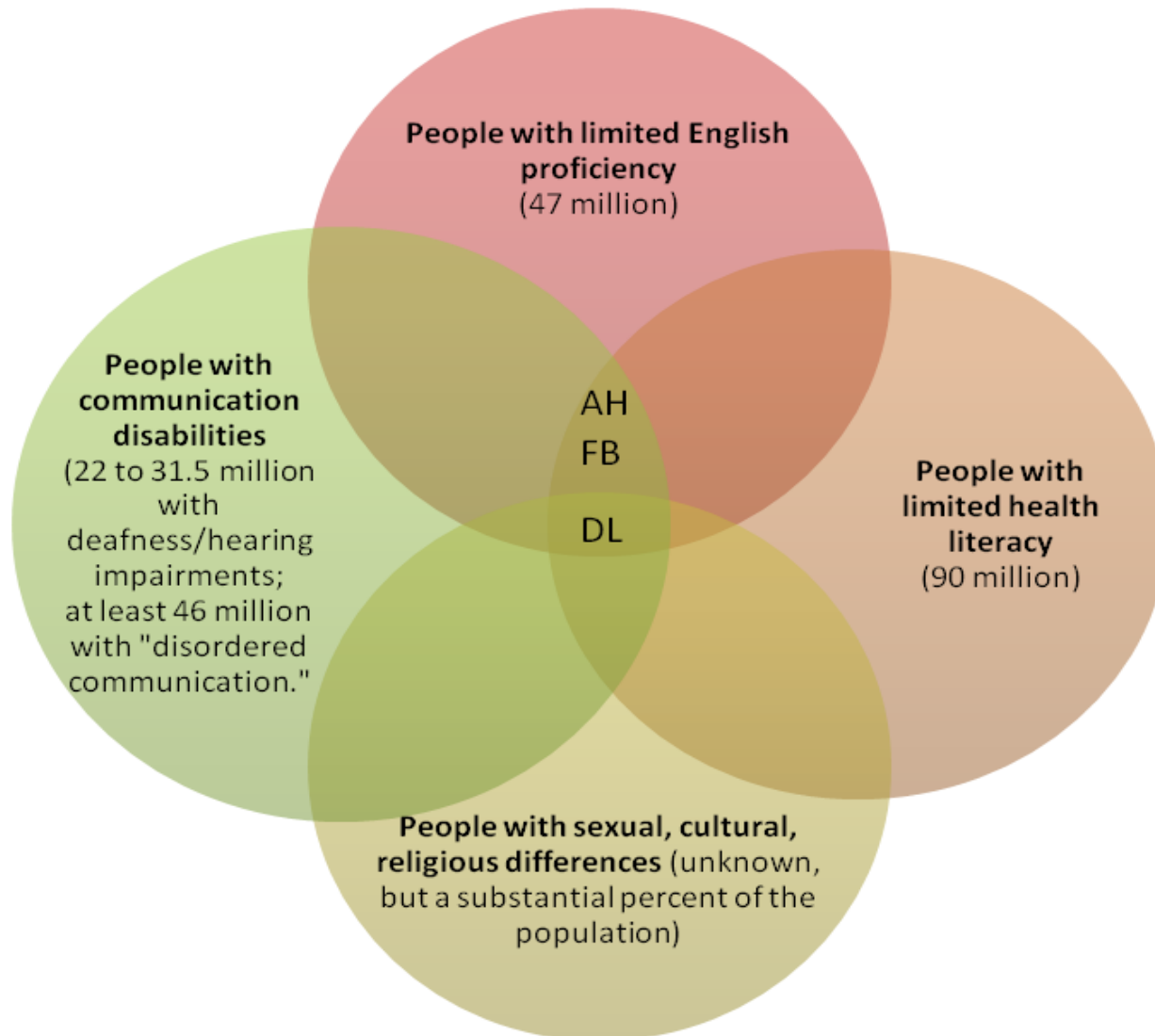
1. Human communication is the ***joint establishment of meaning*** using a “socially distributed ecology of public sign systems” (Goodwin, 2003; Wilkins, 2006; Wilkins & Higginbotham, 2005)
2. To be effective, both ‘patients’ (people with communication vulnerabilities) and providers (health-care professionals) need to be able to participate fully using whatever means that can enable them to establish meaning.
 - ➡ There is a KEY ROLE for communication enhancement strategies, techniques and technologies.

Take Away Messages

47

3. SLPs and audiologists can play a key role in helping others understand the crucial importance of P/P communication in improving healthcare outcomes, reducing costs, increasing satisfaction, etc.
4. Our Scope of Practice requires consideration of the “added value” AAC strategies, tools and technologies can provide to the treatment of ALL patients with communication ‘vulnerabilities.’

The convergence of "communication vulnerabilities" in healthcare settings



SHIFTING ROLES of SLPs/Audiologists

49

1. Increase Health literacy skills of people with communication challenges.
2. Understanding and communicating to others the crucial importance of communication in determining healthcare outcomes.
3. Understanding the “added value” that AAC expertise can provide to the treatment of ALL communication vulnerable patients.
4. Collaborating with health care providers (nurses, interpreters) to help ALL patients communicate more effectively across healthcare settings.

Part III. Resources

50

**MEETING THE NEEDS OF ALL PATIENTS
WITH DIFFICULTY ACCESSING
COMMUNICATION ACROSS HEALTHCARE
SETTINGS
MATERIALS, TOOLS AND INFORMATION**

What can SLPs and audiologists do to influence use of AAC strategies/tools?

51

**INCREASE ABILITY OF PROVIDERS TO
COMMUNICATE EFFECTIVELY WITH ALL
PEOPLE WHO EXPERIENCE COMMUNICATION
PROBLEMS BY INCREASING THEIR USE OF
AAC TOOLS AND STRATEGIES ACROSS
SETTINGS**

Patient-provider website

www.patientprovidercommunication.org

52

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



Communication



Is The Joint Establishment Of Meaning

Google™ Custom Search



About PPC

Participants

Useful Information

Annotated
Bibliography

Case Examples

Examples of PP
Materials

Newsletter

Presentations

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Monday, February 14, 2011

www.patientprovidercommunication.org

NOW AVAILABLE: Important support for hospital personnel to implement New Joint Commission Standard on Effective Communication

Advancing Effective Communication, Cultural Competence, and Patient- and Family-Centered Care: A Roadmap for Hospitals

Advancing Effective Communication, Cultural Competence, and Patient- and Family-Centered Care: A Roadmap for Hospitals is a monograph developed by The Joint Commission to inspire hospitals to integrate concepts from the communication, cultural competence, and patient- and family-centered care fields into their organizations. The Guide provides recommendations to help hospitals address unique patient needs, meet the new Patient-Centered Communication standards, and comply with existing Joint Commission requirements. Example practices, information on laws and regulations, and links to supplemental information, model policies, and educational tools are also included. The Patient-Centered Communication standards are included in a separate appendix that provides self-assessment guidelines and example practices for each standard.

To read online or download the Road Map from The Joint Commission website, go to

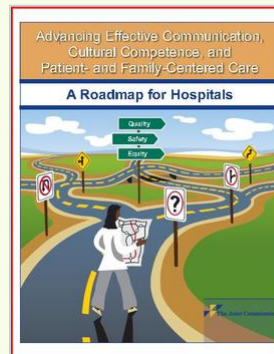
<http://www.jointcommission.org/assets/1/6/ARoadmapforHospitalsfinalversion727.pdf> or scroll down and click on READ MORE.

[Read More](#) | [View All Articles](#)

[Read Comments](#)

Other Recent Articles:

7/21/2010 [Razones que los Hospitales deben mejorar el acceso comunicativa para los pacientes vulnerables-con citas de reserva](#)



A Guide for Healthcare Providers and Hospital Administrators

Introduce self and communication system: Communication Passport

53

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 is¹

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

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:

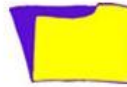
-
-
-
-

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

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 resource 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](#)

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

Adaptive Equipment Tool Kit

(www.aactechconnect.com)

55

- 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











On The Spot

Debby McBride & Juli Pearson

56

Table II. Some items from the On The Spot Communication Tool Kit

PocketTalker & accessories	Magnifier page	Clip board	Dry erase board
			
Amplified sound increases hearing ability. Useful when hearing aids are unavailable.	Enlarges text so patient can read if glasses are unavailable.	Holds paper, communication displays, forms, instructions, etc. Has helpful tips on the back.	Write/draw messages. Supports comprehension and expression. Has helpful tips on the back (shown above).
Picture communication boards: English/Spanish	English/Spanish cards	Health care communication board tablet	Vidatak EX communication boards
			
Point to messages, symbols, words, pain scale and alphabet.	16 cards with useful words and phrases in English and Spanish, e.g., comfort, orientation, pain, etc.	Point to messages, symbols, words, pain scale and alphabet. English only.	Point to specific messages. Has pain scale, alphabet and words. Available in 17 languages and a picture board.

Kit de Communication by Elisabeth Negre

<http://rnt.over-blog.com/article-kit-de-communication-44780636.html>

57

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 février 2010 (date anniversaire de la loi du 11 février 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.



- 20 pictograms
- Loose-leaf sheets or dialogue, reflecting questions most often asked during a medical examination
- Ring-binder that invites carers to offer other forms of communication
- Tools to complete questions or elicit responses (yes-no, ABC, pain scale).

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

Communication Matters

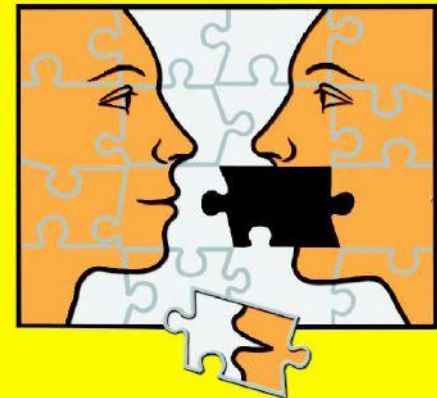
58

- To download
 - www.communicationmatters.org.uk/page/focus-on-leaflets
 - www.patientprovidercommunication.org/index.cfm/article_2.htm

Focus on...

Communicating with Patients who have Speech/Language Difficulties

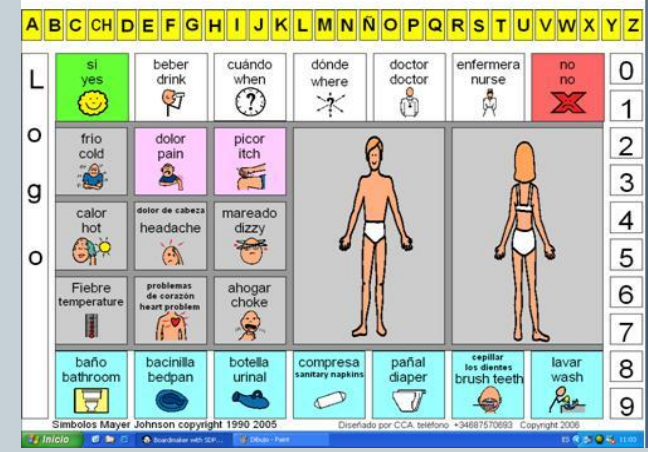
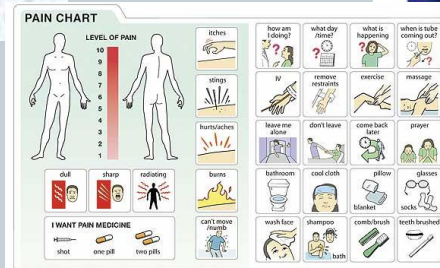
Guidance for Medical & Nursing staff

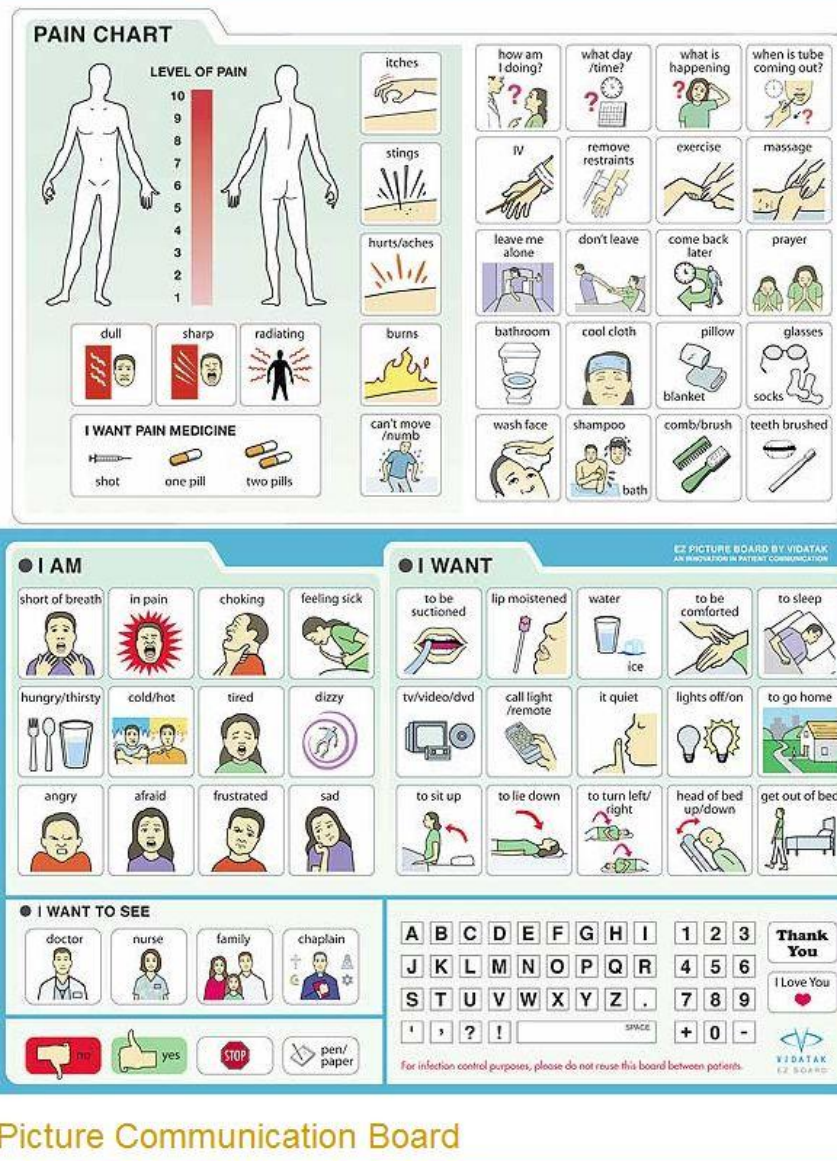


COMMUNICATION MATTERS

Making use of appropriate vocabulary to communicate concerns and needs

59





Picture Communication Board

John Costello, Children's Hospital

Lance Patak, Vidatak

<http://www.vidatak.com>

BIỂU ĐỒ ĐAU

MỨC ĐỘ ĐAU

10 Nặng nhất
9
8
7
6 Trung bình
5
4
3 Nhẹ
2
1 Không

PHẦN NÀY

☐ Ngừa
☐ Đau nhói
☐ Đau
☐ Vọp bẻ
☐ Không cử động được
☐ Tê bại
☐ Đau nhức
☐ Sốt
☐ Đau khi chạm đến

CƠN ĐAU

☐ Liên tục
☐ Cách quãng
☐ Làn xa
☐ Nhói
☐ Âm ỉ/nhức
☐ Như cắt

TÔI MUỐN
Thuốc giảm đau

BẢNG CHỈ NHỎ:

KẾ HOẠCH CHĂM SÓC: ☐ CÓ ☐ KHÔNG ☐ Hãy vui lòng giải thích ☐ Tôi cần sự trấn an

☐ Ở đầu ☐ Ở giữa ☐ Ở cuối ☐ Tôi sẽ phải làm như thế nào?

☐ Tôi sẽ phải làm như thế nào?

Vietnamese

Spanish

QUIERO

☐ Que me hagan una succión
☐ Sentarme
☐ Agua
☐ Bañarme
☐ Anteojos
☐ Calcetines
☐ Hacer una llamada
☐ Darme vuelta a la derecha
☐ Que apaguen la luz
☐ En silencio

☐ Más control
☐ Recostarme
☐ Mielo
☐ Champú
☐ Un capillo para el pelo
☐ Un orinal
☐ Llamar a la enfermera. Ver TV
☐ Darme vuelta a la izquierda
☐ Que bajen las luces
☐ Dormir

☐ Sentirme reconfortado/a
☐ Orar
☐ Ejercicio físico
☐ Crema para el cuerpo
☐ Masaje
☐ Chata para grinar
☐ Almohada
☐ Enciendan la luz
☐ Cobija
☐ Descansar

QUIERO VER A UNA

☐ Médico ☐ Terapeuta respiratorio
☐ Enfermera ☐ Terapeuta físico ☐ Capelán
☐ Asistente ☐ Trabajador social ☐ Mi familia

QUIERO LIMPIARME

☐ La boca ☐ Los dientes ☐ La cara
☐ La nariz ☐ Las manos ☐ El cabello

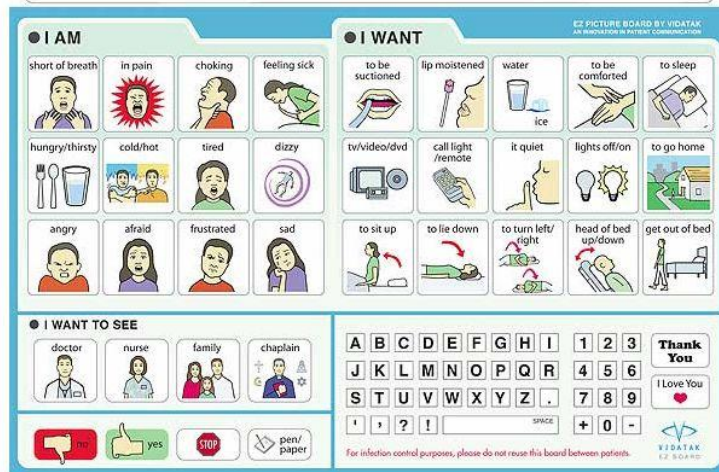
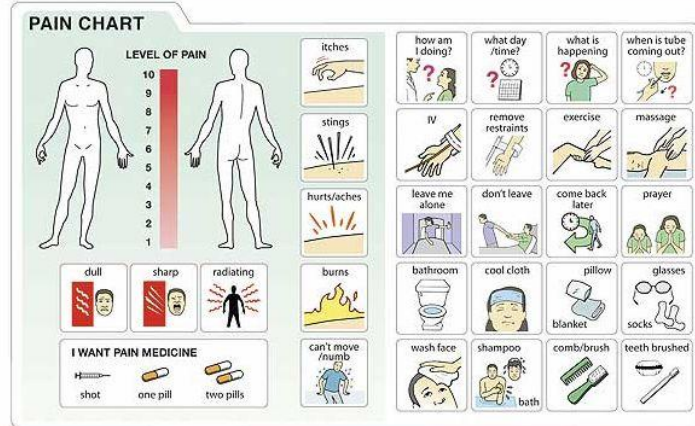
ABCEDEFGHI 123
JKLMNOPQR 456
STUVWXYZ 789
? 0 !

<http://www.vidatak.com/>

Other boards

62

- Vidatak Boards for use in ICUs with children
 - John Costello and Lance Patak
- Translation of boards into Spanish, Vietnamese
 - Gulf Coast Project USSAAC
- Activities related to Emergency Preparedness
 - Communication4ALL (Diane Bryen/AAC-RERC)



Picture Communication Board

Letter Cue Board

63

THE WORD BEGINS WITH....

Q W E R T Y U I O P

A S D F G H J K L

Z X C V B N M Start again

br cr fr gr tr pl str Next word


bl cl fl gl sw dw tw End

sl sc sk sm sn sp

sw squ spl spr scr


Partner Assisted Scanning Spelling Board

(64)

1	2	3	4	5	6	7	8	9	0
A	B	C	D						
E	F	G	H						
I	J	K	L	M	N	START AGAIN			
O	P	Q	R	S	T	END			
U	V	W	X	Y	Z				
SPACE									
YES	 Children's Hospital Boston								NO

Direct Selection Spelling Board

(65)

1	2	3	4	5	6	7	8	9	0
Q	W	E	R	T	Y	U	I	O	P
A	S	D	F	G	H	J	K	L	
Z	X	C	V	B	N	M	.		
END		SPACE						START AGAIN	
YES		 Children's Hospital Boston						NO	

Writing Strategies

Writing can be a successful way to communicate when speaking is not possible.
Here are ways to make it easier.

- Help the patient **sit upright**
- Position a **pillow** or towel under the patient's **writing arm/ elbow** for support
- Place a pillow on the patient's lap to prop up a **clipboard or dry erase board**
- A patient may find it easier to use their **strongest hand** for writing, even if it is not their dominant hand
- Use **white paper** vs. lined paper
- Use a **felt tip pen or thin marker** instead of a ball point pen or pencil, as it may glide easier
- Encourage the patient to **print** rather than use cursive
- Encourage the patient to **print LARGE** and **space out** the letters and words

Call _____ for questions/comments.
Speech Therapist

Magnification Glass

67

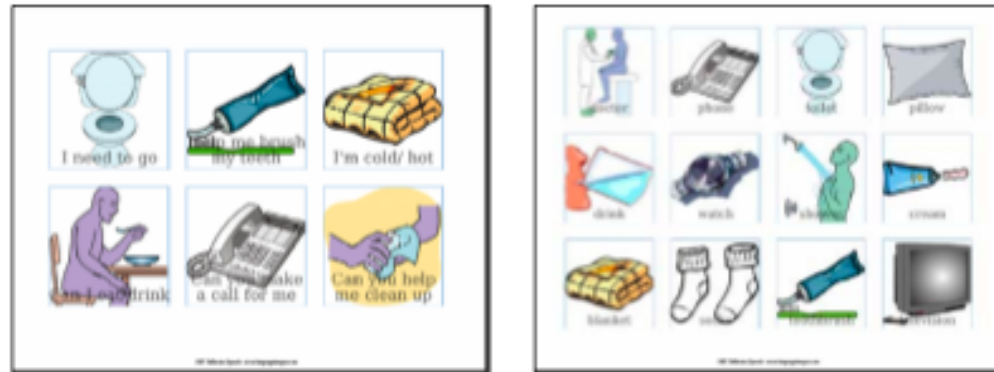


A magnification glass can be especially helpful if an individual does not have their glasses with them, and/or if they've had a new diagnosis affecting their visual acuity. For other visual perceptual issues, consult Occupational Therapy.

Modification: Visual Enlargement

Language Images

(68)



The website www.languageimages.com allows you to create custom communication boards with “adult-like” images. The boards come in various sizes ranging from 3- 35 images on a page (depending on a patients visual and/or cognitive status). You are able to immediately download and print for use. It doesn’t take long to create a custom board, and the website contains many pre-made boards as well. Example boards are above. The text can be customized and/or removed as appropriate for the patient, and you can print in color or black & white.

Critical Communicator

(in Spanish too) www.interactivetherapy.com

69



The Critical Communicator is a booklet of pictures (e.g. nurse, suction, bathroom), letters and commonly used words. These are available in English and ***Spanish***.

Daily Communicator Pocket Size (in Spanish)

www.interactivetherapy.com

70



These Pocket Communicators come in a “word” (blue) and “picture” (green) version, and have categorized lists of vocabulary based on topics such as “family”, “meals”, “action words”, “hygiene”, etc. These come in both English *and Spanish*, and the “picture” version can be helpful for other non-English speakers as well.

Pain Scales

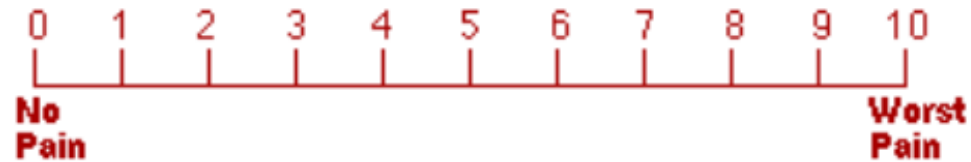
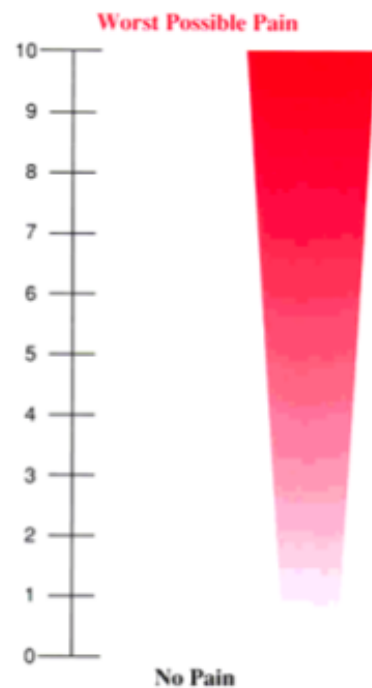
71



These are some examples of pain scales that patients can use to indicate their level of pain.

The hospital or health care setting may have specific pain scales available as well. The EZ

Communicator by Vidatek and the Critical Communicator also have pain scales. Once you find one that works for a patient, you may want to cut it out and put it on a clipboard, or attach it to a file folder, and leave it near the patient for quick access.



	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	



Pocket Talker

www.abbn.com

(74)



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.

Professional Preparedness

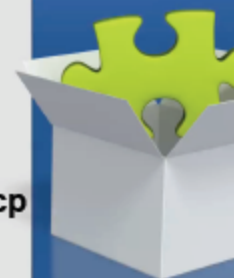
We (ASHA) **MUST** be prepared and **MUST** prepare future SLPs to meet the needs of patients who are communication vulnerable *OR institutions will look elsewhere.*



“Communication Vulnerability in the Hospital and the New Joint Commission Standards: The SLP and Need for Professional Preparedness”



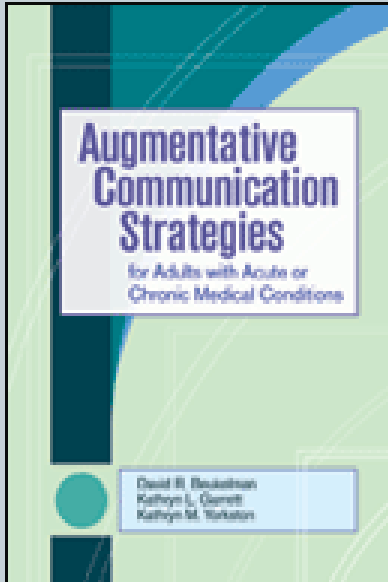
Childrenshospital.org/acp



<http://www.childrenshospital.org/clinicalservices/Site2016/mainpageS2016P16.html>

Other Resources

76



- *Augmentative Communication Strategies for Adults with Acute or Chronic Medical Conditions* Book **with CD Rom**
- 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](http://www.aac-rerc.org)**

Acknowledgements

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Thanks to:

Rehabilitation Engineering Research Center on
Communication Enhancement- AAC-RERC



United States Society for Augmentative and
Alternative Communication (USSAAC)



Augmentative Communication, Inc.



Central Coast Children's Foundation, Inc.





Has anyone here ever been in an emergency situation?



WHAT KIND? NATURAL OR HUMAN-INDUCED?

WAS THERE ANY WARNING?

WERE YOU PREPARED?

WHAT DID YOU DO?

WHAT DID OTHERS DO?

Complex Humanitarian Emergencies (CHE)



- Communication access is a HUGE ISSUE
- People with CCN are among most vulnerable
- Preparation and planning are key to survival
- People with CCN are NOT being considered in disaster planning, training or drills
- AAC community needs to step up

Who is most vulnerable during a CHE?



- ▶ People with speech, hearing, vision impairments
- ▶ The very young
- ▶ People with limited understanding of spoken language
- ▶ People under severe stress or who are confused
- ▶ People without a support network

- ▶ People who do not have access to tools/ supports they need
- ▶ People with significant cognitive challenges
- ▶ People with 2nd language issues
- ▶ People with mobility limitations
- ▶ People who are sick/ill
- ▶ EVERYONE who has not prepared

Making a difference



People with CCN/Those who care about them

- Need to prepare
- Need to “self identify”
- Need to be involved in disaster planning, training activities & drills
- Need to advocate at local, regional, national and international levels

First Responders/ Emergency Planners

- Need to get training in how to interact with people with communication difficulties
- Need to participate in drills where these issues are addressed.

Steps to Take

83

1. Do you have a support team?
2. Do you have an evacuation plan in case you need to leave home or work in an emergency situation?
3. Is your “go bag” packed?
4. Do you have paper (laminated) communication display(s) with written instructions with you at all times?
5. Have you prepared medical information and do you keep a extra supply of important medications?

Go to features/Emergency Communication



Pamela Kennedy

Manager, Writers Brigade, AAC-RERC 3







































































85

- **AAC-RERC webcast:
Disaster Preparedness
for People with Complex
Communication Needs**
- Used Boards During the
Flood of 1997 in Grand
Forks, North Dakota from
April 19th through 23rd



I'm Pam Kennedy.	I can't speak but can understand you.	They're looking for a place for me.	Jessie needs to go out.	Jessie is out of food.	Are access roads still flooded?	Any new updates?	did	and	backside
Please ask questions when you need to.	I have family in Bismarck.	I don't know how much I lost yet.	Jessie needs water.	My chair needs to be charged.	Any refugees found homes since I was on?	hurt, hurts	shoulder	chest	thigh
I have cerebral palsy and epilepsy.	My vital info is on my PC. I'll get it.	The basement was flooded.	Jess is confused, stressed out.	Has anyone else been found?	Has anyone called regarding my status?	head	arm	ribs	knee
I, my	need	wrist splints	am/feel	nauseous	dizzy	eyes	wrist	stomach	shin
pen	morning meds	pain meds	like	pain meds	swelling	ear	hand	back	ankle
paper	evening meds	inhaler	seizure	headache	double vision	nose	finger	waist	foot
yes	no	OK	Oops!	Wait.	computer	mouth	left	right	bad, badly

A	B	C	D	E	F	G	Hi	Bye	How are you?
H	I	J	K	L	M	N	Sorry!	Wait.	please
O	P	Q	R	S	T	U	Thank you!	You're welcome	listen
V	W	X	Y	Z	Space	.	blanket	pillow	computer
0	1	2	3	4	5	6	paper	pen	a drink
7	8	9	Jessie	I, me, my	you, your	he, him, his	oops!	OK	soup
yes	no	know	don't know	want, need	help	bathroom	seizure	?	I can't swallow that.

I/me/my 	you/your 	dog 	soldier 	family 	friend 	man/he 	woman/she 	mom 	dad 
home 	present 	happy 	done 	eat 	drink 	go 	hi/bye 	arm 	loud 
want 	past 	sad 	move 	sandwich 	soda 	question 	thank you 	hand 	help 
don't 	future 	angry 	chair 	soup 	water 	front 	on 	head 	stink 
toilet 	hurt 	afraid 	bed 	bread 	back 	down 	off 	stomach 	yuck 
good 	wrong 	bad 	pillow 	more 	inside 	up 	sick 	foot 	very 
yes 	wait 	no 	blanket 	flood 	outside 	okay 	medicine 	leg 	next page 

Sample Emergency Health Information			
<small>Kailes, J.I. (2004) <i>Emergency Evacuation Preparedness: Taking Responsibility For Your Safety: A Guide For People with Disabilities and Other Activity Limitations</i>, p.40. http://www.cdihp.org/evacuation/att_b.html#ehi_form Accessed on 7/15/08</small>			
Emergency Health Information		Date:	Updated:
Name			
Address			
City		State	Zip
CONTACT METHOD	HOME	WORK	
Phone:			
Cell:			
Fax:			
E-mail:			
Birth Date	Blood Type	Social Security No.	
Health Plan:	Individual #:	Group #:	
Emergency Contact:			
Address			
City		State	Zip
CONTACT METHOD	HOME	WORK	
Phone:			
Cell:			
Fax:			
E-mail:			
Primary Care Provider:			
Address			
City		State	Zip
Phone	Fax	E-mail	
Disability / Conditions:			
Medication:			
Allergies:			
Immunizations		Dates	
Communication / Devices / Equipment / Other:			
<small>Excerpted from <i>Be a Savvy Health Care Consumer, Your Life May Depend on It</i> by June Isaacson Kailes, For more information about this guide, contact jk@pacbell.net or visit http://www.jk.com/resource.html</small>			

http://www.cdihp.org/evacuation/att_b.html#ehi_form
 Accessed on 7/15/08

Free and Downloadable: English, Spanish, Haitian-Creole

AAC-RERC
SPREAD THE WORD

Emergency Communication 4 ALL Picture Communication Aid

FREE SPACE (for your custom message)

I can't speak but I can hear and understand you.

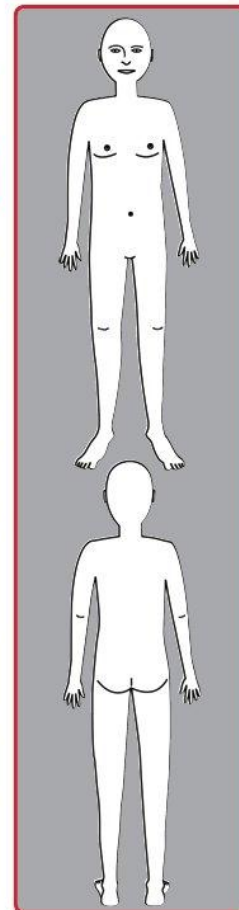
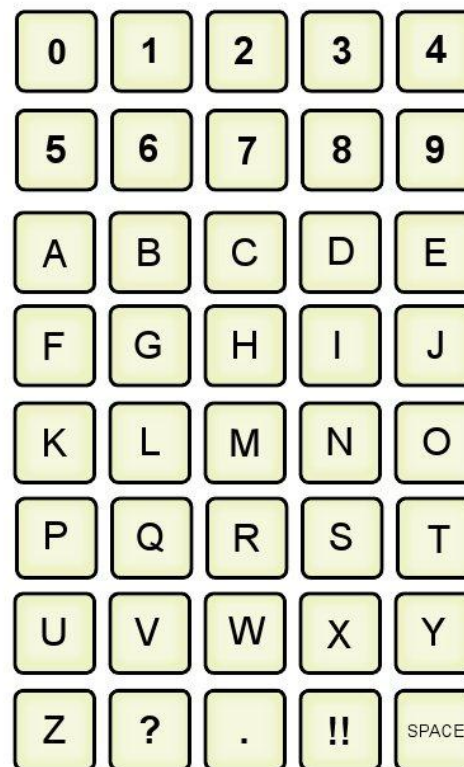
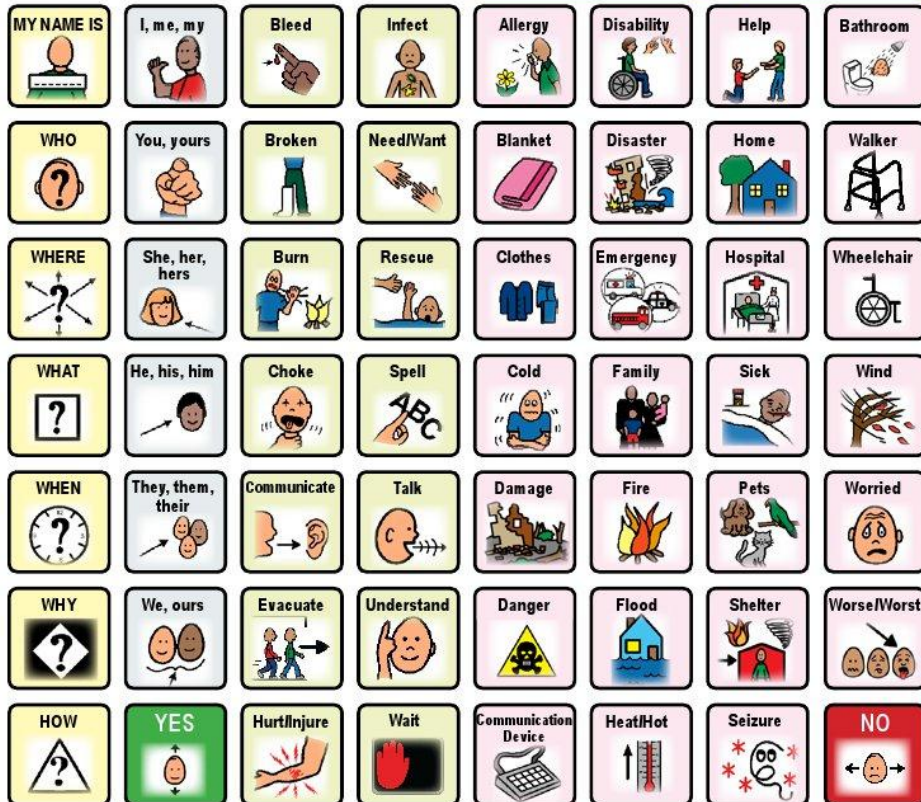
My technology needs to be charged.

Ask me questions if you need to, but please wait patiently for my replies.

My vital information is on the back on this page.

Please contact my family.

I will point to where I hurt. →



The Picture Communication Symbols
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<http://www.disabilities.temple.edu/aacvocabulary/EMERGENCY.shtml>

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- Please visit our website at **AAC-RERC.COM** for more information



www.aac-rerc.com



Resources



Websites

- www.aac-rerc.com
- www.ussaac.org and www.issaac-online.org
- www.news-2-you.com
- www.usdoj.gov/crt/ada/emergencyprep.htm
- www.jik.com/disaster.html
- <http://disabilities.temple.edu>
- www.fema.gov
- www.redcross.org
- www.cdihp.org/products.html#evac_guide

Print Materials

- *Augmentative Communication News*
v.19#4
- *Billy Builds a Kit*
- Disaster Wheels
- Commercially available communication displays
- Others ?