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Supporting Effective Patient Provider Communication for Vulnerable Children and Adults across Medical Settings and Situations

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Supporting Effective Patient Provider Communication for Vulnerable Children and Adults across Medical Settings and Situations

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Webinar: June 7, 2016

Disclosures

1. Co-Author/Editor of book: Blackstone, S., Beukelman, D., & Yorkston, K., (2015). PPC in Medical Settings (Plural Publishing).
2. Partner in the Rehabilitation Engineering and Research Center for AAC
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1. **Co-authors of PPC Book** (Their information is included throughout this presentation): S. Blackstone, K. Yorkston, C. Baylor, M. Burns, M. Morris, T. McNalley, J. Jackson Kailes, R. Hurtig, M. Nilsen, M. Happ, J. Costello, R,. Santiago, Amy Nordness, L. Bardach.

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3. **Patient Consultants:** Amy, Cora, John, Merle, O'Linda Tim, Tom

PPC MATERIALS/TOOLS

PPC Materials and Tools discussed in the PPC Book are available on the following website:

www.patientprovidercommunication.org

Click on the Communication Materials Link

Communication Tools
www.patientprovidercommunication.org

Alphabet Board: A/Z & Vowels First

Alphabet Boards

Click on picture to enlarge, use arrow keys to navigate next/previous, click again to reduce.

A TO Z Alphabet Board Access: Direct (eye gaze/ pointing) or indirect (partner assisted scanning) User characteristics Literate. Able to spell. Partner characteristics Literate. (1) writes down letters as selected (2) confirms accuracy
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VOWELS FIRST Alphabet and Number Board Access: Eye gaze/ pointing; Partner assisted scanning User characteristics Literate. Able to spell. Partner characteristics Literate. (1) writes down letters as selected (2) confirms accuracy
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Alphabet Board Vowels First & Messages

VOWELS FIRST Alphabet Board Access: Eye gaze/ pointing; Partner assisted scanning User characteristics Literate. Able to spell. Partner characteristics Literate. (1) writes down letters as selected (2) confirms accuracy
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VOWELS FIRST Alphabet Board with 15 messages Access: Eye gaze/ pointing; Partner assisted scanning) User characteristics Literate. Able to spell. Partner characteristics Literate. (1) writes down letters as selected (2) confirms accuracy
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Alphabet Board: Eye Gaze-Emotions

VOWELS FIRST Alphabet/ Number Board Access: Eye gaze/ pointing; Partner assisted scanning) User characteristics Literate. Able to spell. Partner characteristics Literate. (1) writes down letters as selected (2) confirms accuracy
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QUADRANT Alphabet Board Access: Eye gaze; Partner assisted scanning Partner characteristics Literate. (1) writes down letters as selected (2) confirms accuracy
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Alphabet Board with emotions Access: Pointing User characteristics Literate. Able to spell. Partner characteristics Literate. (1) writes down letters as selected (2) confirms accuracy
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Pain Chart

GRAPHIC PAIN SCALE. Helps locate location, degree and type of pain.

Yes/No Boards

Patient Provider Communication

Yes/No

Click on picture to enlarge, use arrow keys to navigate next/previous, click again to reduce.

Basic Yes No Board
Author/organization: Reprinted with permission from Kathryn M. Yorkston
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Basic Yes No Board
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Expanded Yes No Board Access: Eye gaze
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Is The Joint Establishment Of Meaning

Google™ Custom Search Go

About PPC
Participants
Useful Information
Annotated Bibliography
Case Examples
Communication Tools
Medical Encounter Materials
Presentations
Contact Us
Supported By:

Bed Side Signage

Bed Side Signage

PATIENT USES AAC DEVICE TO COMMUNICATE

PATIENT USES SIGN LANGUAGE

PATIENT WEARS GLASSES

PATIENT WEARS HEARING AID

Click to close image, click and drag to move.
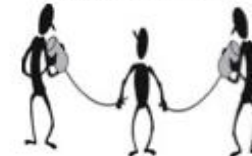Use arrow keys for next and previous.

PATIENT USES WRITING TO COMMUNICATE

PATIENT USES ADAPTED NURSE CALL

PATIENT USES INTERPRETER TO COMMUNICATE

Assistive Devices Lab at The University of Iowa

Communication Needs and Preferences Specifies communication supports needed

Queensland Medical Board 1

Queensland Medical Board 2

Bank of Generic Communication Supports
Technology

- Boogie Board
- EyeTalk Board
- Vidatak Boards
- Switch Adapted Call Signal
- Pocket Talker
- Bed Side Signage
- Unit specific low-tech boards
  - Pediatric
  - Adult
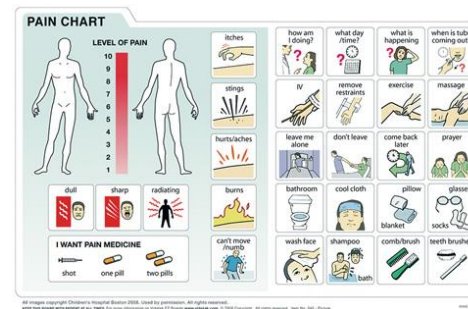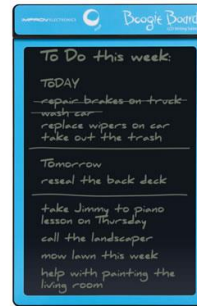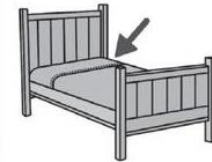
Personal Care

Daily Care Board Access: Direct selection; partner assisted scanning

Breakfast Options (photos, online images)

Frosted Flakes	Corn Flakes	Cheerios	Rice Krispies
Oatmeal	Muffin	French Toast	Pancakes
Hard Fried Egg	Hardboiled Egg	Scrambled Eggs	Toast

Breakfast Choice Board Access: Direct selection; partner assisted scanning

Facility Locations (Photos)

Facility Location Board Access: Direct selection; partner assisted scanning

What is Effective PPC Communication?

- Effective communication is the successful joint establishment of meaning wherein patients and providers exchange information, enabling patients to participate actively in their care from admission through discharge, and ensuring the responsibilities of both patients and providers are understood. (Communication in Medical Settings, Joint Commission Definition (2010)

Patient Provide Communication Issues

- Why is PPC important?

- Who is responsible for PPC?

- How does PPC fit into medical policies, practices and cultures?

- What policies and practices support PPC in medical situations?

- What PPC materials are available online?

Communication Vulnerable People ("Patients"-if under medical care)

1. People with pre-existing disabilities that affect communication
2. People with recent onset (first time) communication disorders (stroke, TBI, SCI)
3. People with recent communication limitations due to medical interventions (intubation, tracheostomy, ventilator, laryngectomee, surgery to speech mechanism)
4. People with native language and cultural barriers
5. People with limited health literacy

Who are Responsible for Supporting Effective Communication? (Intermediaries)

1. Communication Coordinator for Facility or Medical Unit

2. Daily Communication Facilitator for Individual Patient

3. Unique Communication Partners Support & Training (Family, Medical or Care Provider, etc.)

4. Legal Communication Intermediary for individual patients in legal procedures (will, court, end of life, business, child custody, etc.)—Ethics Committee.

5. Medical, health, language (cultural) interpreter for patients with foreign primary language or minimal medical awareness or background.

PPC: My Observations of MY Geographic Region

1. Outpatient medical visits are supported by family & friends

2. Emergency Care: Very inconsistent, depends on organization

3. Acute care units are highly variable (even within the same hospital)

4. ICU units often depend on an advocate (SLP, nursing, medical personnel)

5. Inpatient rehabilitation units are quite organized-usually with identified coordinator, facilitator, available PPC materials, referral strategies and team communication strategies in place.

6. Long-term Residential Care often depend on advocates (staff & family)

7.   Hospice units are quite well managed

8. PPC support efforts managed advocate(s) without policy usually disappear when the advocate leaves

PPC Policies & Strategies

- Because PPC supports services are so inconsistent, there is a need to evaluate these services at a patient and a unit/agency level.

- The next section of the presentation will focus on policies and strategies. The remainder of the presentation will focus on practices and materials for different communication vulnerable individuals.

Establish a Referral Policy for PPC Support
How can Communication Supports be Ordered?
(Referral Options/Policies)

1. Specific Order

2. General Order

3. Standing Order

4. Care Map

5. Other Practices?

Specific Order (Referral)

A Specific Order (Referral) specifies the transfer of care for a specific patient from one clinician to another or a request made for assistance or a specific action.

The act of sending a specific patient to another clinician(s) for a second opinion, ongoing management of a specific problem, or authorization to obtain care from a specialist or agency.

General Referral

A **General Referral** is filed for a specific patient prior to his admission to a medical setting and to be activated on admission to a medical facility. For example-- if a patient with a prior communication condition is living in long-term residential care facility or at home, a general referral could be filed to specify that an AAC device or material set would be incorporated into the health care management when patient is admitted into the local hospital, care facility, hospice, etc.

Standing Order

A Standing Order usually names the medical condition and prescribes the action(s) to be taken for patients with the procedures and strategies documented in an Order Set

Medical Conditions	Interventions
TBI	Tracheostomy
SCI	Intubation
Aphasia	Laryngectomy
Oral/Laryngeal Cancer	Neuro Surgery (communication)

Order Set

The Order Set includes the specification of the procedures (including communication supports) that are included in a Standing Order

Care Maps

A **care map** describes the steps and decision points in the care providers' management of a condition. It is based on medical guidelines, recent evidence, and expert consensus. A **care map** is made up of one or more pages which together show the complete patient journey for a condition. (Quite common in rehabilitation situations)

Who (or What) Initiates PPC Support for a Specific Individual/Patient

_____Physician or Physician Assistant (Hospitalist)

_____Communication vulnerable individual

_____Family member or personal advocate

_____AAC specialist

_____Communication or AT specialist

_____Medical personnel

_____Medical Situation

_____General Referral (based on medical
           condition or communication need)

_____Medical Care Map

Establishing and Maintaining a Communication Tools Center (Facility or Unit Based)

Low Tech Communication Books & Boards

(Unit level)

High Tech Communication Tools with Expert Support (Facility level)

In-patient—Child and adult

Out-patient—Child and adult

Enter Communication Support Strategies for Specific Patient into Medical Records

1. Document in Electronic or Paper Medical

   Records

2. Internal Document

      Treatment Card

      Sticky Note

3. Include a check-list of optional communication

      supports in medical records and Identify

      those options in use with a specific patient

Display Communication Support Strategies Prominently

Display in patient room

   Following facility

      guidelines

   Encourage

      consistency in use

Access AAC Specialist
(When Needed)

1. Collaborating with AAC Specialist who has previously (or is currently) served an individual with pre-existing condition.

2. Referring to an AAC Specialist if PPC needs exceed the expertise of the unit staff.

3. Assisting recent onset patient to identify an AAC specialist if one is needed following discharge.

Providing Instruction & Training to Medical (and Care) Personnel

1. New Employee Training
2. Unit Orientation (Hospitalist, SLP, Head Nurse,
   or (at times) a Family Member
3. Annual Mandatories
4. Scheduled Updates
5. Other Training?

PPC Support for Communication Vulnerable Individuals for Medical Appointments/Evaluations

Preparing for Medical Encounters

Focusing on their (1) communication limitations and (2) their unique communication needs in medical settings.

What communication content is needed?

When does preparation occur?

Who prepares for medical encounters?

Preparing people with CCN for Predicable and UnPredictable Medical Encounters

Predictable: Outpatient visit, annual medical evaluation, commonly occurring medical evaluations, recurrent medical conditions (pneumonia, upper respiratory illness)

Unpredictable: emergencies/disaster scenarios, unexpected medical conditions or injuries

Who Prepares Pre-existing Conditions: Family Schools, Agencies, Clinics, Private Practice

Office Visits: Targeting Both Sides
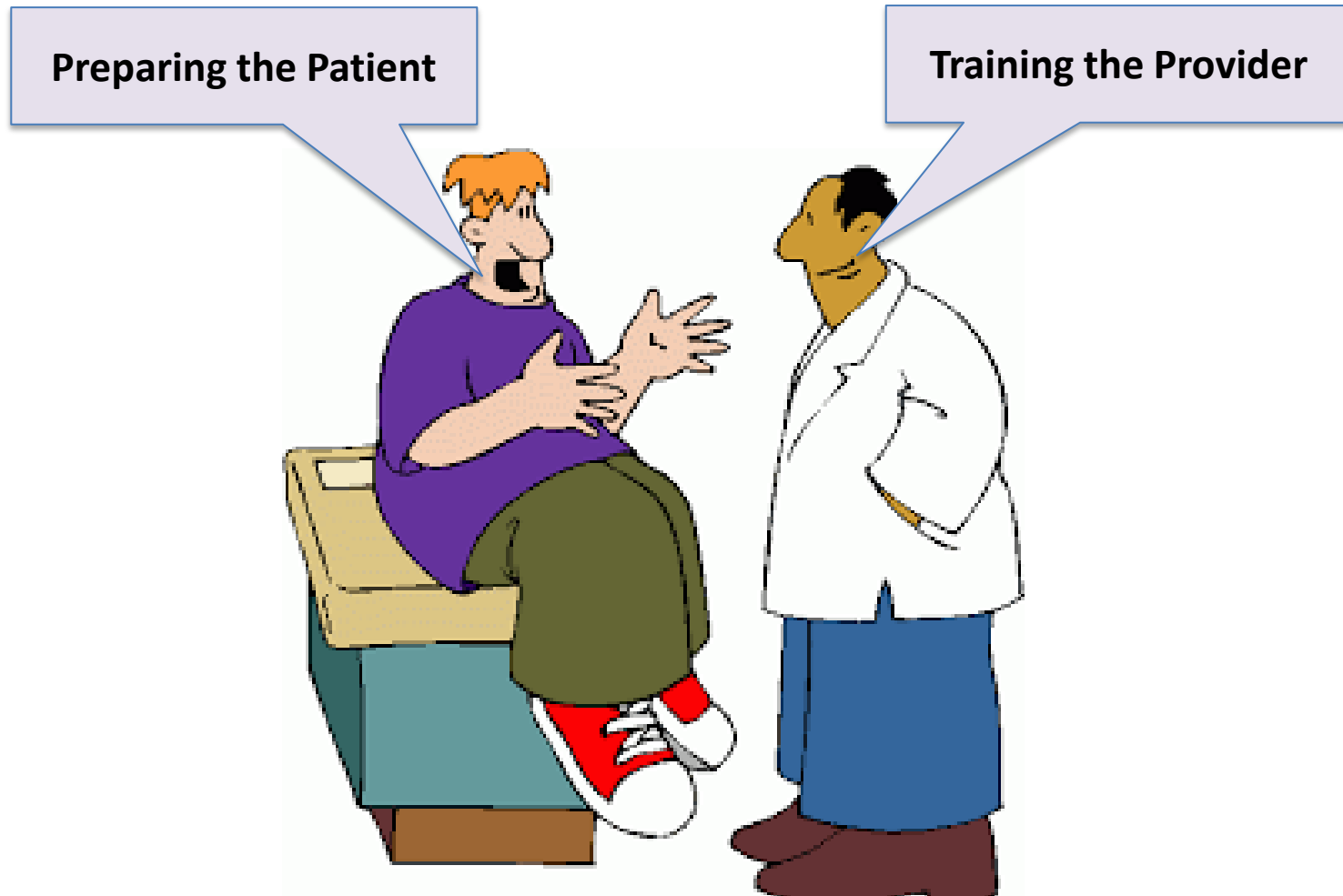
Communication Strategies for Medical Staff

1. Have the person's attention before you speak.

   Eye contact

   Make sure they can see your mouth and face

2. Minimize or eliminate background noise if

   possible (music, TV, radio, other people).

3. Keep your own voice at a normal level.

   "I'm not deaf I have Aphasia!"

4. Keep communication simple, but adult.

   Just the facts

5. Confirm that you are communicating successfully with "yes" and "no" questions.
6. Repeat statements or directions when necessary
   Confirmation
   Write down key words
7. Give them time to speak, resist the urge to finish sentences or offer words.
8. Support communicate with drawings, gestures, writing and facial expressions.
   Whiteboard/paper and black marker large print
   Boogie Board

Basic Training for MDs: Communication Skills

SEGUE Framework (Makoul, 2001)

Organizes important communication steps into checklist

Used in a variety of medical situations

<u>S</u>etting the stage

<u>E</u>liciting information

<u>G</u>iving information

<u>U</u>nderstanding the patient's perspective

<u>E</u>nding the encounter

Medical Visits/Evaluations for Communication Vulnerable Individuals with Pre-existing Conditions

1. Personal Information & Medical information

2. Information/Instructions about Care Needs and Special Equipment

3. Prepare Communication Assistant or Intermediary (facilitator)

4. Prepare for Outpatient Appointments & Evaluations

5. Prepare for Transitions to Medical Stays

How should we prepare the Patient?

> **PACT**

P - Prepare before the visit

A - Ask questions from a prepared list

C - Construct a plan with the provider

T - Take-away materials so the patient, caregivers, patients, family remain informed.

Pre-existing and Recently Occurring Medical Conditions

Personalize PPC content and support materials.

Materials: patientprovidercommunication.org

Prepare Answers for Symptom Related Questions from Medical Providers

1. What are your symptoms?

2. When did they start?

3. How long do they last?

4. How often do they happen?

5. Does anything make them worse or better?

6. Do they prevent you from doing anything?

Questions to be Asked by Outpatient

1. What is my diagnosis, cause?
2. How long will this last?
3. Under what conditions should I call/come back
4. What test are being done? When results? Call?
5. What treatment best for me? Side effects?
   Alternatives?
6. Medications? Side effects? Will it work? When take?
   How long? What if I don't take?

Take Home Message

1. Communication involves patients, providers, and support people

2. Health care providers want to do well, but they may not know how

3. Training them to use simple, consistent strategies may help

Evaluation: PPC Support for a Patient or a Medical Situation

Name:_____**Number**_____**Room**_____

Medical Situation (All that apply)

Medical (Doctor) Visit _____Medical Evaluation _____ICU_____

Acute Unit _____ IP-Rehab _____ OP-Rehab_____

Long-term   Residential _____Hospice _____ Other_____

PPC Needs (All that apply)

Pre-existing_____ Recent-onset_____Intervention-based_____

Language/ Cultural_____Health Literacy_____ Legal_____

PPC Support

Absent or Occasional PPC Support: ___Yes ____No ____%

Consistent PPC Support: Yes   No   %

Managed by Family Member or Friend: ___Yes ____No ____%

Managed by Employee Volunteer   ___Yes ____No ____%

Organizationally supported & managed: Yes   No   %

   Managed by Assignment of Staff: ___Yes ___No

   Specific Patient Facilitator: ___Yes ____No

   Unit PPC Coordinator: Yes   No

Evaluation: PPC Support for a Patient in a Medical Situations (Continued)

Personalization of PPC Support

1. Are PPC supports personalized for individual access, language, cognition, & social communication needs?

   Yes_____No_____N/A_____

2. Are PPC supports personalized for unique medical needs of this individual? _____Yes _____No

3. Are PPC supports personalized by unique legal, care, or decision-making needs of individual? Yes__No_____N/A

4. Are PPC supports personalized for the specific medical setting (situation)? Yes_____No_____N/A_____

5. Are PPC supports routinely available for this individual patient and medical/care staff? Yes_____N0_____

PPC Checklist

1. Is there a PPC unit/facility PPC coordinator?____

2. Is a communication facilitator assigned to each patient with PPC needs to support their communication needs, materials, technology use?_____

3. Are PPC materials available on the unit?___.

4. Are PPC materials selected for specific patients routinely accessible to them?___

5. Are (new) staff trained to communicate effectively with these patients?_____

PPC Checklist (Continued)

6. Are appropriate PPC messages represented?____

7. Are PPC options posted in patient's room?_____

8. PPC options posted in patient's medical chart?____

9. When an electronic communication device is used by patient, is the device ? ___

   A. Routinely accessible to patient _____
   B. Electrically charged daily_____
   C. Regularly cleaned_____
   D. Appropriate staff trained____
   E. Appropriate PPC messages stored in device___

PPC Checklist (continued)

10. Do patients with PPC needs have

   A. a health history document?_____

   B. a list of questions for physicians?_____

   C. a list of response options for physician/nurse

   health related questions?____

   D. a list of current medications?_____

   E. a list of contact information?____

Who and When

- Preparation by individual with CCN, Family, AAC support personnel

- Prepare in advance

- Whose Job is in Anyway?
    School Personnel
    Private Practice
    Family

Pre-intervention Evaluation and Communication Support Development

1. Respiratory Related Intervention

   Ventilator support needed?

   Intubation, Tracheostomy

2. Surgery of Speech Mechanism

   Head and Neck Cancer

   Injuries

3. Inability to Move Arms following the Intervention

PPC Evaluation BEFORE Medical Intervention

Device Trials
    Prior to procedure to ensure:
        Ease of use
        Accurate messaging

Message Banking
    Temporary or permanent loss of speech

TRY TO AVOID COMMUNICATION FAILURES THAT PLACE A PATIENT AT LEGAL, SOCIAL OR HEALTH RISKS

When are Services Requested?

1. Prior to Intervention—Standing Order

2. Immediately upon arrival – Standing Order

3. Upon arrival of specific order—when medical examination or consultation is completed

4. After breakdowns in communication occurs

5. Medical Stability - Time for recovery
   Example: Post-extubation

6. During decision-making: medical care options, discharge plans, legal issues, end-of-life,

Inpatient Rehabilitation Communication Issues

Admission

   Patients and legal guardian consent to treatment, specific procedures, medical confidentiality, & other legal documents

   Familiarize with facility—digital images

Establish Overall & Specific Goals

Patient & Staff Getting to Know Each Other

   Likes, dislikes, hobbies, favorite music, family member names, etc.

Continued

Patient Input to Team

    Expression of appreciation

    Concern about lack of progress

    Possibilities of Discharge

    Problems with team or staff member

Request More Complete Explanations

Adjusting Participation Levels in Tx.

Communication with Care Staff

Review Menu Options & Order Food

Communicate—medical conditions, positioning, adapted access to electronics

Resolve Disagreements—TV use & choices, problems with room-mate (?), temperature in room,

Discharge Planning

Location:

Home (with or without home care or renovation),

Long-term residential (assisted living, nursing home option)

Outpatient Rehabilitation

Managing Medications

Financial Issues

Communicating with Circle of Support/Friends: explaining to friends and family

Transition of (new) Life Roles

    Work

    Retirement—new social roles and activities

Long-Term Residential Care

1. Communication intermediaries in this setting???
2. Worry (fear) of the Future
3. Information Complexity—staff
4. Clarification of Participation Expectations
5. Identify policies that could potentially conflict with the use of communication support materials

Policies Regarding Communication Strategies

1. Identifying PPC Needs that
   Require Support

2. Availability of Communication Support
   Materials & Technology

3. Communication Types—Needs, Caregiving,
   Narrative Communication

4. Communication with Social Network (????)

PPC Strategies: Hospice/End of Life

1. May require different communication supports than traditional medical care did.

2. Pain, anxiety, nutrition management, Call Alerts

3. Communication about end-of-life decisions

    Terminate interventions, treatments, or supports

    Change or confirm end-of-life legal papers or agreements

    Change or implement DNR (Do Not Resuscitate) Order

4. Important end-of-life messages to family, friends, spiritual counselors

Topic Resources

- Hard Choices for Loving People (Dunn, 2008)
  - Resuscitation?
  - Artificial nutrition or hydration?
  - Hospitalization?
  - Shift care from cure to hospice or comfort care?

Five Wishes
(www.agingwithdignity.org)

Who will make care decisions when I cannot.

What medical treatment do I want or not.

How comfortable I want to be.

How I want people to treat me.

What I want my loved one to know.

Four Things that Matter Most (Byock, 2004)

Please forgive me.

I forgive you.

Thank you.

I love you.

Effective Communication is

ESSENTIAL!!!

PPC Book Resources

1. **Patient Provider Communication: Roles for SLPs and Other Health Care Professionals,** Plural Publishing Co. (Blackstone, Beukelman, & Yorkston, (2015)

2. **Augmentative and Alternative Communication in Acute and Critical Care Settings.** San Diego: Plural Publishing Inc. (Hurtig, R., & Downey, D. (2009).

3. **Memory and Communication Aids for People with Dementia**. Baltimore, MD: Health Professionals Press. Bourgeois, M. (2014)

Helpful Information

ASHA CEUs

http://www.ussaac.org/webinars

- **Free to USSAAC members**
- **$25 for non-members.** A link to PayPal is available on the webinars page of the USSAAC website
- Instructions for ASHA participant form and Certificate of Attendance also on USSAAC website
- Scan and send CEU form to pourand@aslinc.com NO LATER THAN TWO WEEKS from the date of the webinar

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THANK YOU!!