

Patient-Provider Communication in the Time of COVID-19: Tips from the Frontlines

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Webinar Logistics

- Microphone is muted
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- <https://ussaac.org/event/patient-provider-communication-in-the-time-of-covid-19-tips-from-the-frontlines/>

Disclosures



Tami Altschuler is a full-time salaried employee at NYU Langone Medical Center. She is a board member of USSAAC, member of the Patient-Provider Communication Forum and COVID-19 task force



Jessica Gormley is a full-time salaried employee at University of Nebraska Medical Center's Munroe-Meyer Institute. She is a member of the Patient-Provider Communication Forum and COVID-19 task force.



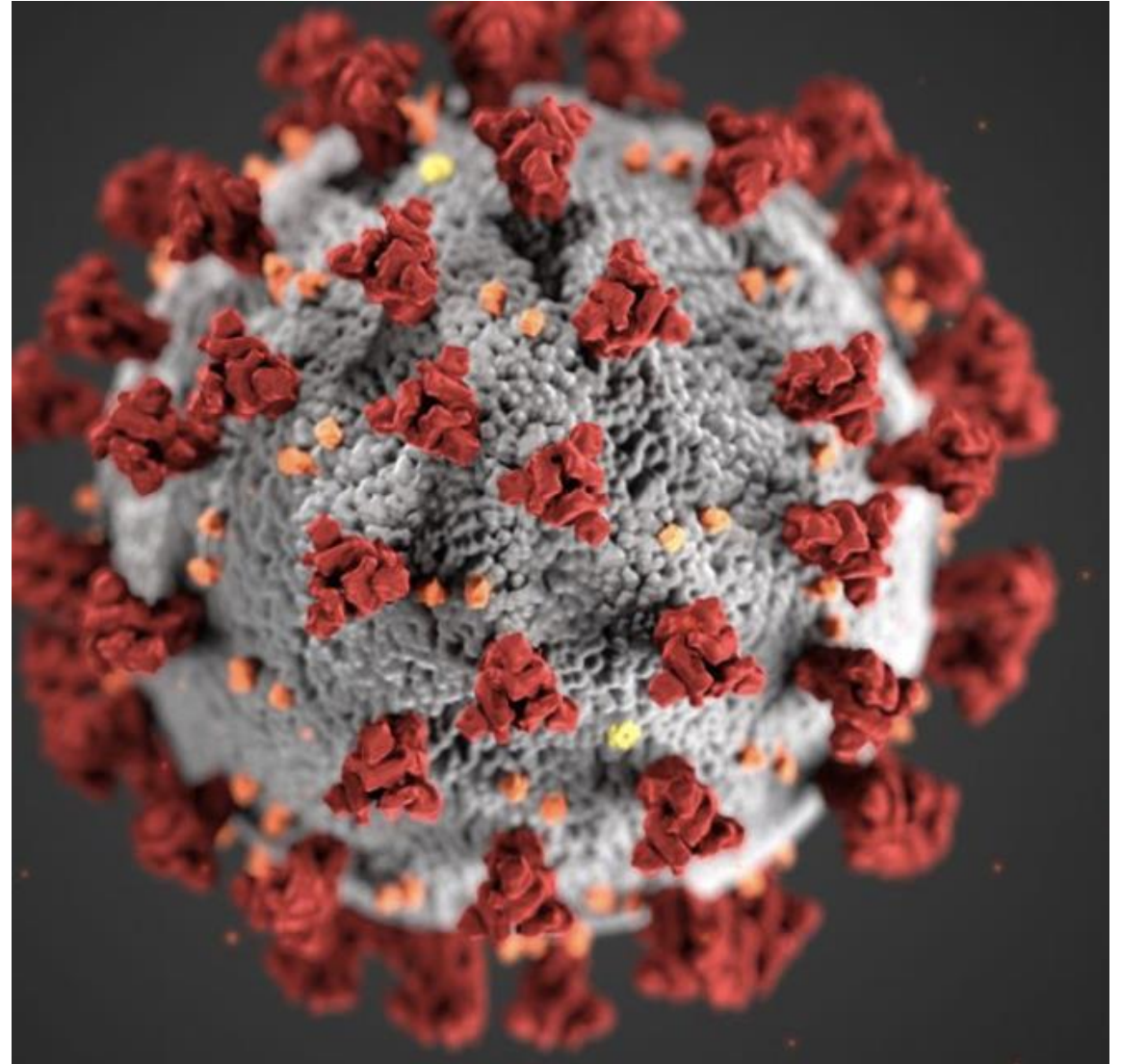
Rachel Santiago is a full-time salaried employee at Boston Children's Hospital. She is a member of the Patient-Provider Communication Forum and COVID-19 task force.

Learning Objectives: You will learn about . . .

1. Existing PPC barriers in hospitals.
2. AAC strategies that can optimize PPC during COVID-19 pandemic
3. Emergency Preparedness and communication planning strategies to support people who use AAC.

Overview

- Globally - 2,954,222 confirmed cases of COVID-19 and 202,597 deaths (WHO, 2020)
- We are all at risk for COVID-19 related communication difficulties
- People who use AAC may be in a high-risk group due to underlying medical conditions
- Preparing patients and providers with resources is key



Communication Vulnerabilities

- Medical treatment (e.g., intubation, tracheostomy)
- Neurological disorders (e.g., brain injury, aphasia)
- Sensory: difficulty hearing or seeing
- Speech/language difficulties
- Difficulty reading and/or writing
- Limited English Proficiency
- Limited health literacy

(Ebert, D., 1998)



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Communication Risks

- Increased serious medical events (Cohen, et al., 2009)
- Increased preventable adverse events (The Joint Commission, 2007)
 - 3x more likely to experience a preventable adverse event (Bartlett et al., 2008)
 - > 650,000 preventable adverse events costing over \$6.8 billion annually in the U.S. alone (Hurtig, Alper, & Berkowitz, 2018)
- Increased diagnosis of psychopathology (The Joint Commission, 2007)



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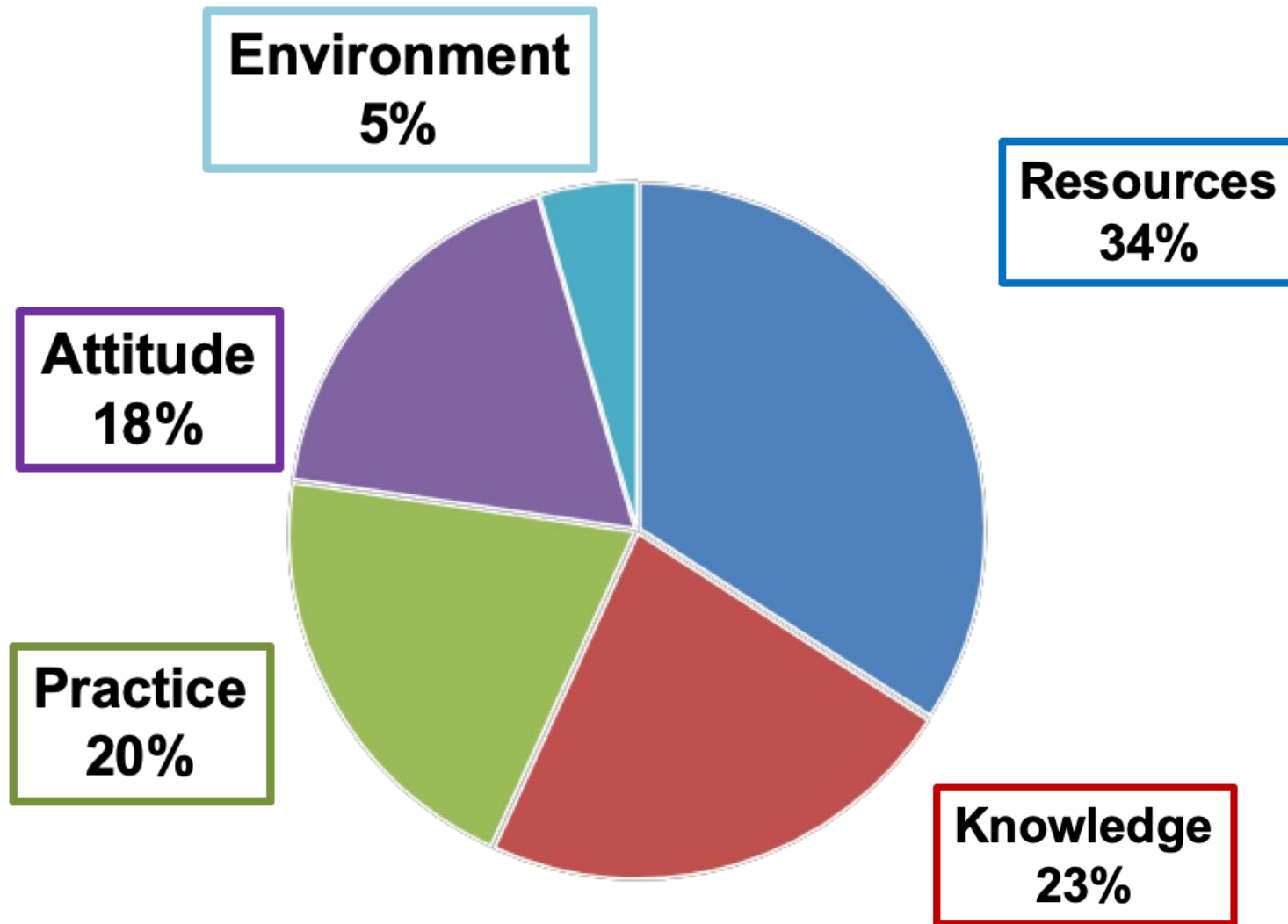
Communication Risks

- Poor medication compliance (Andrulis, et al., 2002)
- Increased risk of leaving against medical advice (Flores, 2003)
- Increased fear, stress, sleep disturbance (Happ, et al., 2004)
- Loss of ability to control or participate in own care (Garrett, et al., 2007)



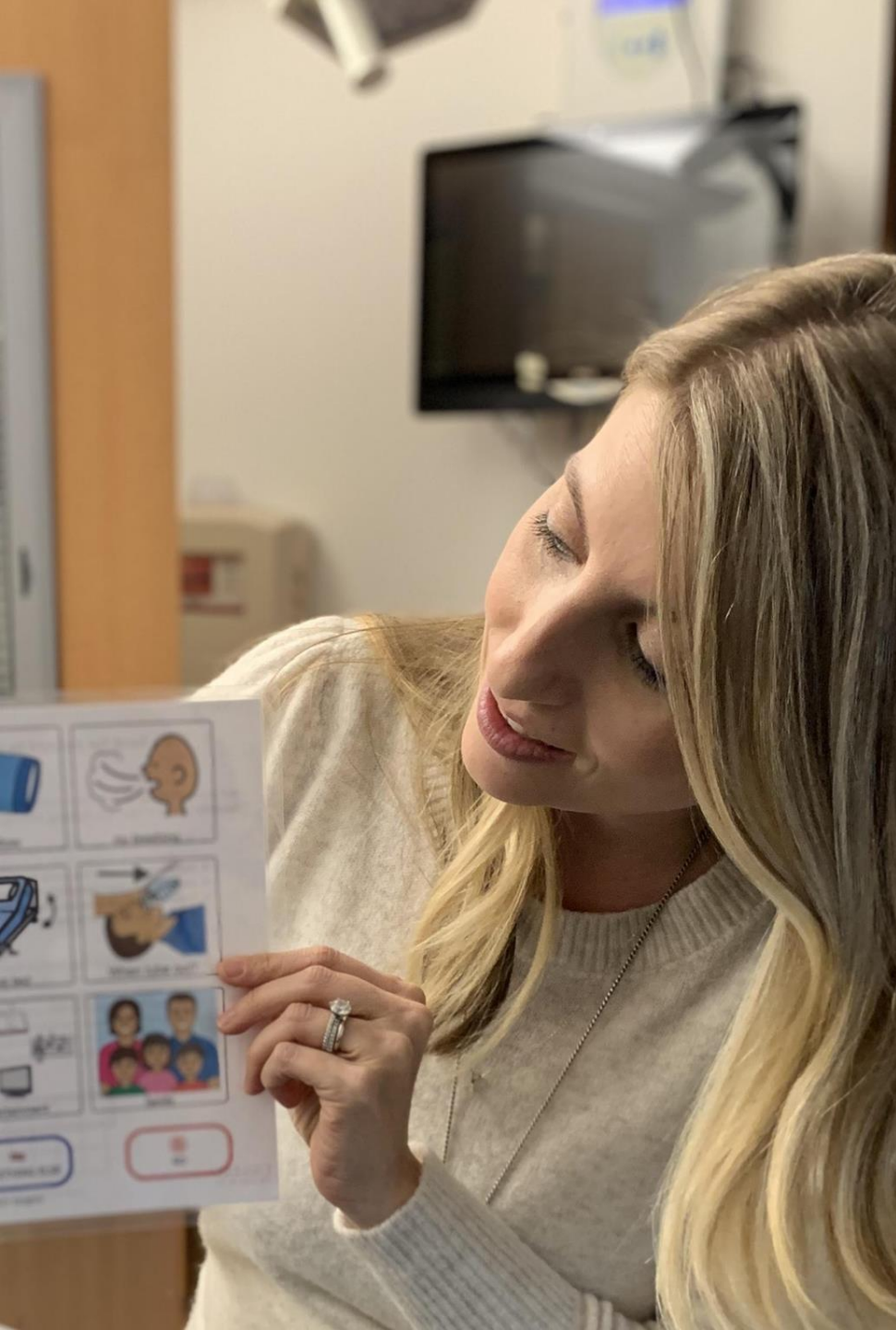
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Barriers to AAC Implementation



■ Resources ■ Knowledge ■ Practice ■ Attitude ■ Environment

(Santiago & Altschuler, 2018)



Patients who have access to an effective communication system:

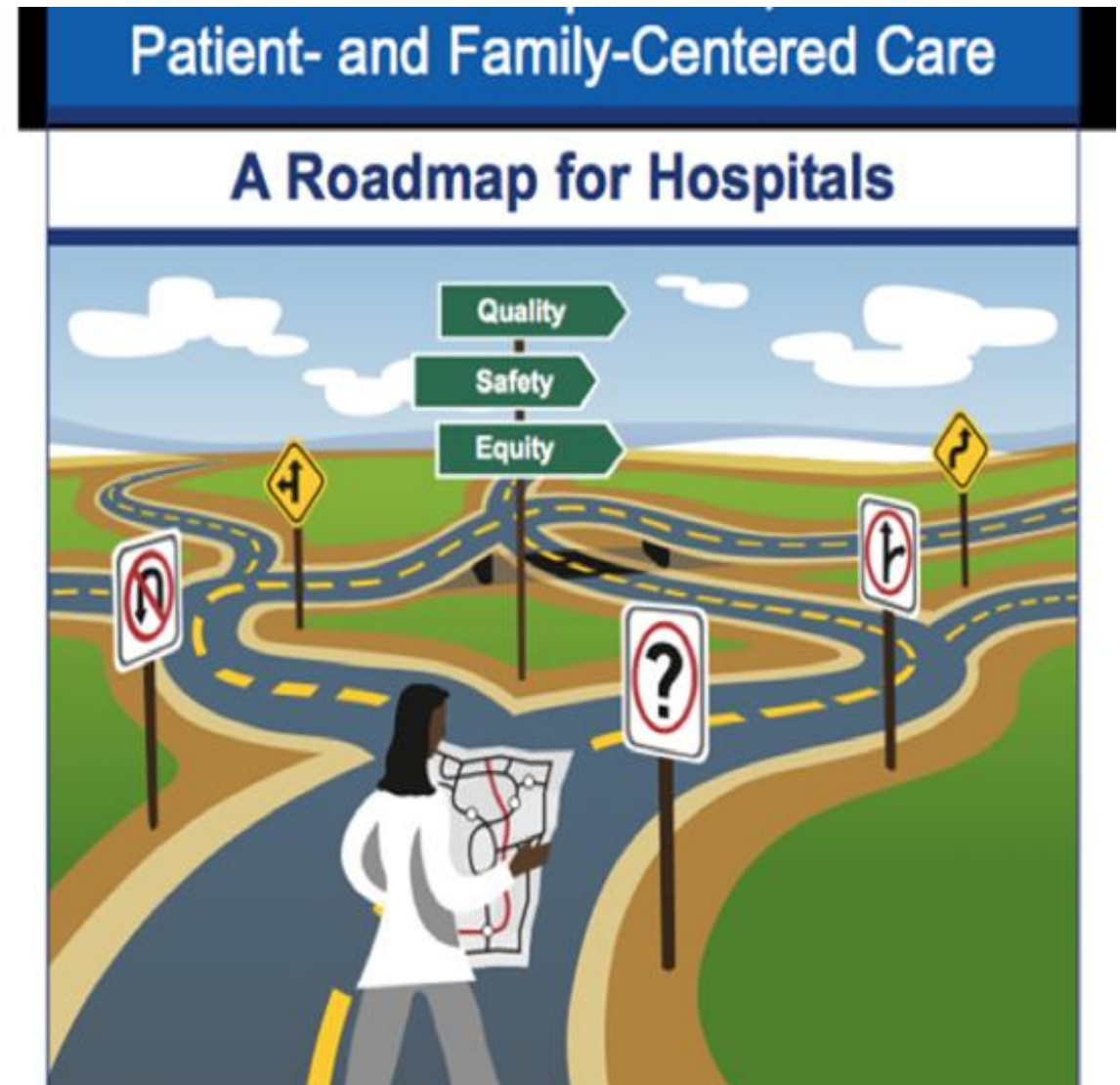
- Receive less sedation
- Transition more quickly to lower levels of care
- Provide increased patient satisfaction scores
- Feel more in control... generally do better

(Happ et al., 2004; Patak et al., 2008)

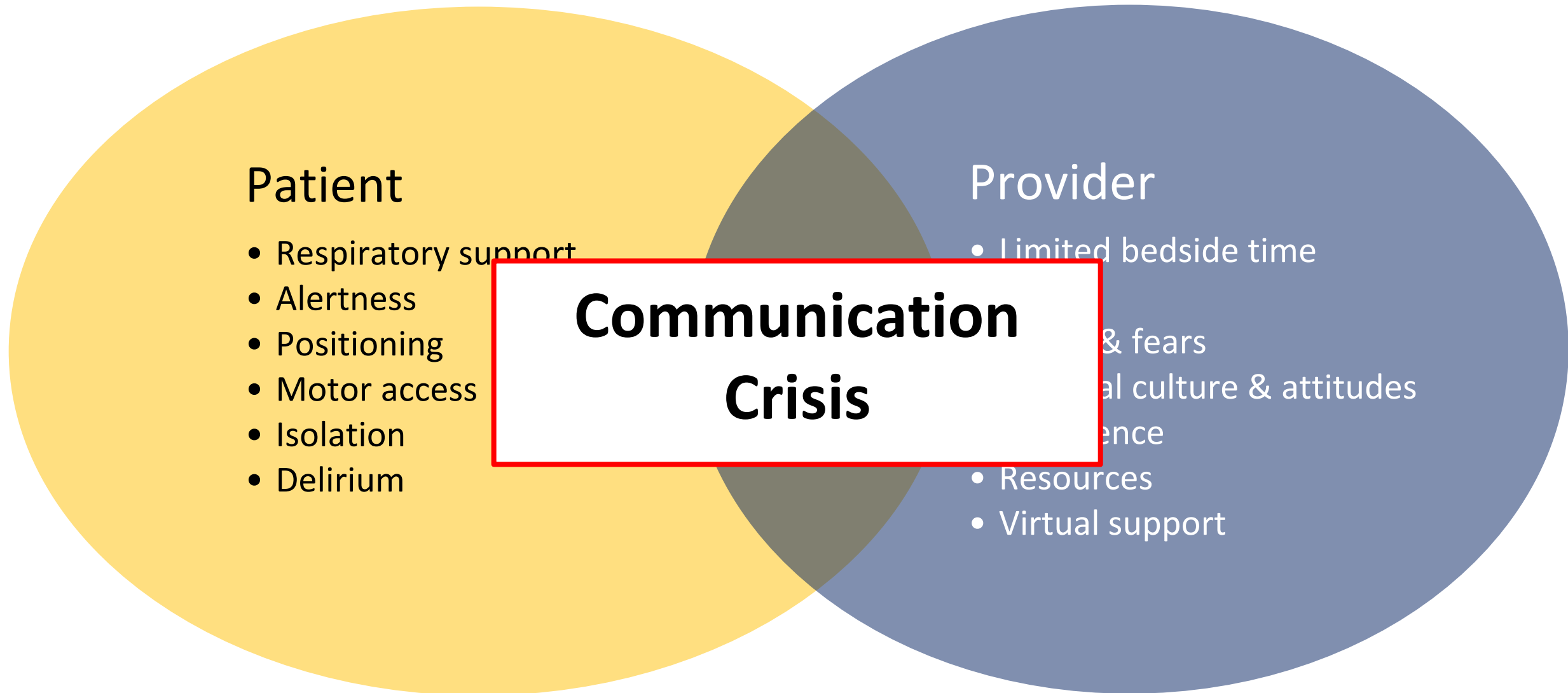
The Joint Commission Standards

- Provides guidelines for communication access on admission, assessment, and intervention guidelines for AAC support

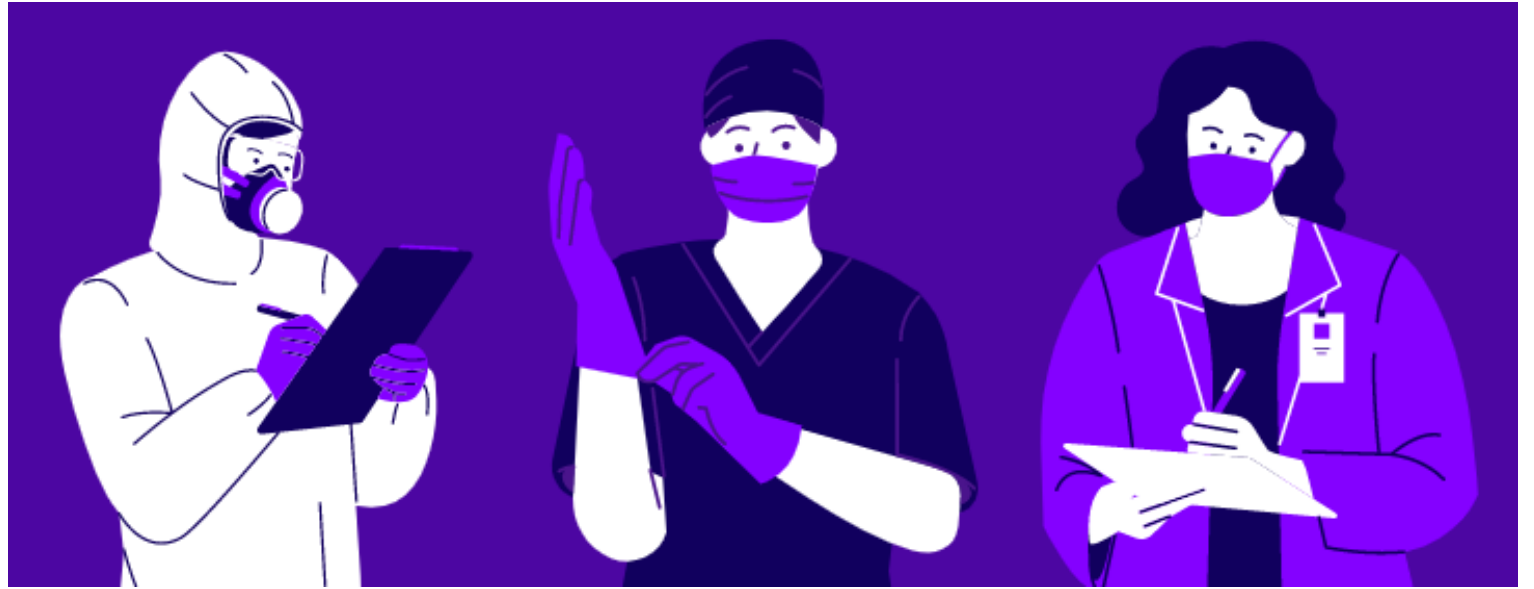
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Challenges on Both Sides

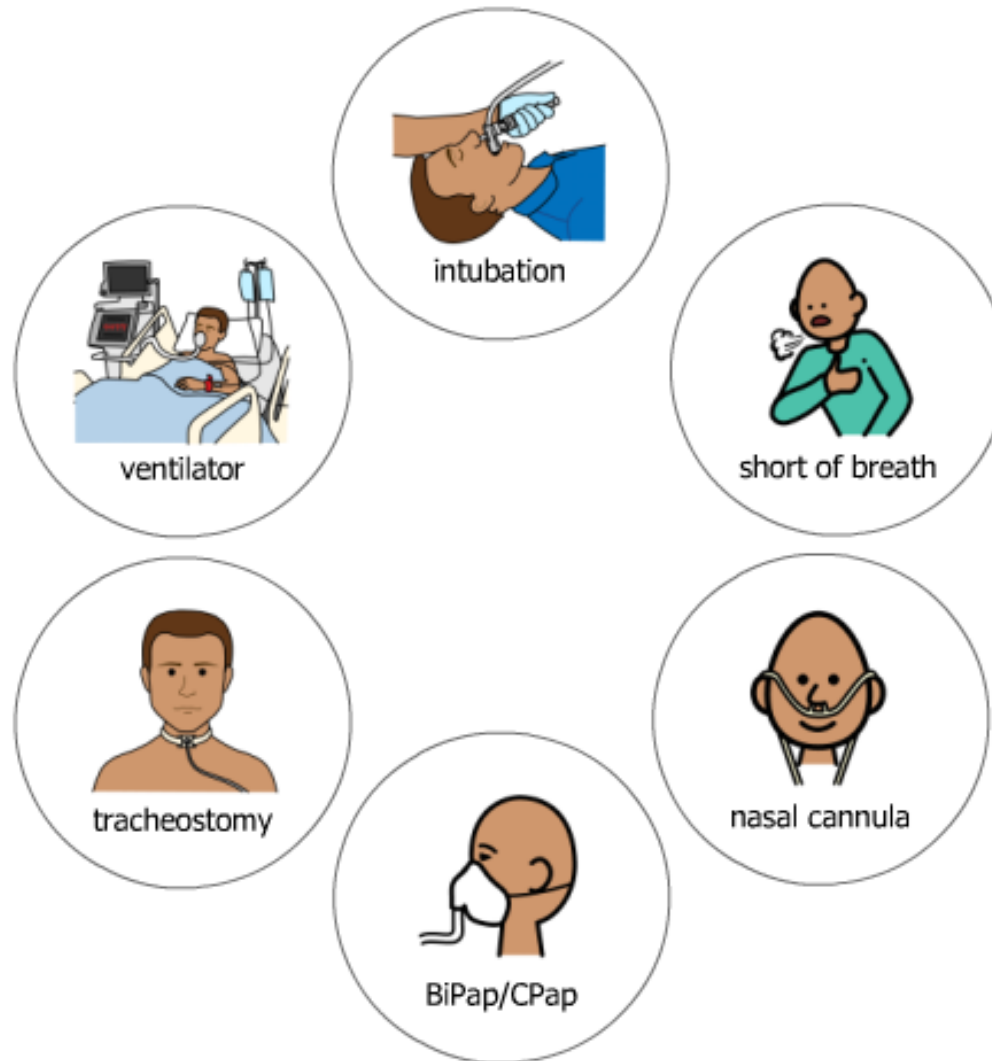


Communication Difficulties and COVID-19



- Respiratory Distress
- Hospital Services
- Personal Protective Equipment (PPE)
- Visitation Policy
- Hospital Environment

Respiratory Distress & Communication





Shortness of Breath

- Shorter phrases
- Reduced loudness
- Loudness decay
- Forced expiration/inspiration
- Hypoxia (low oxygen in blood) can impact cognition
- Low energy

BiPap/Cpap

- Mask limits range of motion of the articulators
- Hoarse voice
- Muffled sound
- Vocal fluctuations



Nasal



Nasal Pillows
Total Face



Full Face



Intubation

- Unable to voice or speak
- Mouthing words is dependent on partner's lip-reading ability
- Level of sedation impacts alertness and cognition
- Length of intubation → risk for delirium and weakness
- Length of intubation → tracheostomy



Tracheostomy

- Initially unable to speak
- Monitor candidacy for trach collar
- Leaked speech may be trialed
- Consider multi-modalities for communication
- Pre-operative communication planning as able (Santiago et al., 2019)



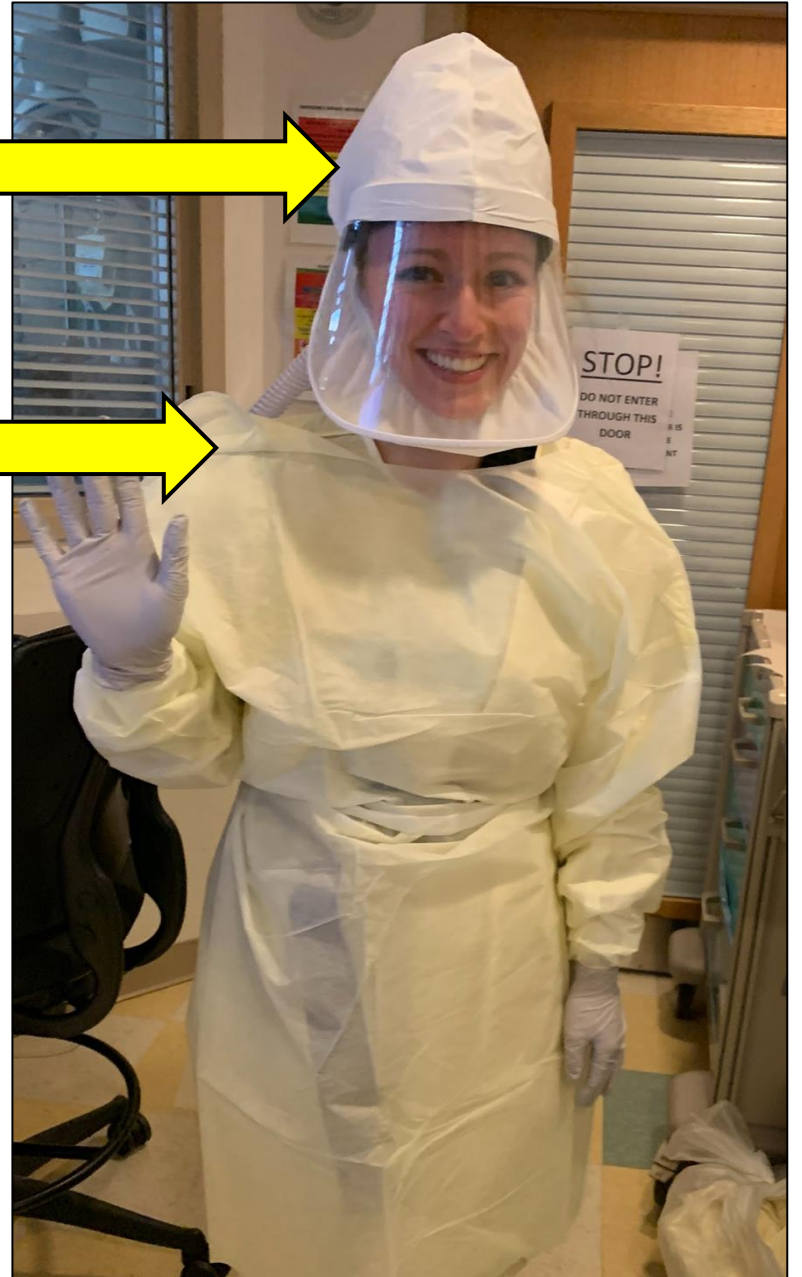
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Prone Positioning

- Widely used for oxygenation with COVID-19
- Limited visualization of environment
- Impacts access to call bell or communication boards/tools



Retrieved from Boston University School of Public Health, 4/17/20



PPE for
COVID-19

Communication Barriers with PPE

Barriers	Patient Suggestions	Provider Suggestions
Masks compromise speech intelligibility	<ul style="list-style-type: none">• Ask provider to repeat information• Confirm your own understanding of information	<ul style="list-style-type: none">• Ensure patient has glasses/hearing aids on• Use gestures to support speech• Speak slowly• Confirm patient's understanding
Masks limit facial expressions for providers to show empathy	<ul style="list-style-type: none">• Try to connect with providers and share person information• Prepare ahead if able - packet with photos, personal information, etc.	<ul style="list-style-type: none">• "Smile" with your eyes• Attach a pic of yourself to gown• Verbal expressions (e.g. "You might not see it, but you just made me smile")
PPE Can Look Scary	<ul style="list-style-type: none">• Be assured this is for protection with all patients with virus	<ul style="list-style-type: none">• Ensure patient this is standard practice for the virus• If working with pediatrics, make it fun (e.g. alien costume)



Captain_wolf82 (Instagram)
Scripps Mercy Hospital, San Diego



Retrieved from Twitter, 4/8/20



Boston Children's Hospital – Primary care providers
Retrieved from <https://www.facebook.com/BCHChildLife/> April 20, 2020

Tips for Bedside Communication with PPE

- Get the patient's attention by touching their shoulder or arm and locking eyes
- Speak loudly, slowly and distinctly
- Establish a clear YES-NO signal (ex: head nod/shake; thumb up/closed fist; eyeblink/eye shut; look up/eyes shut)



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Tips for Bedside Communication with PPE

- Post a sign so all providers know the YES-NO signal
- Speak in simple phrases – repeat important words
- Use visuals while you talk:
 - Point and gesture
 - Write key words or phrases with bullet points on paper
 - Point to pictures or phrases on a communication board

When asking me questions, please remember that I can tell you:

YES with a THUMBS UP

NO with a CLOSED FIST

**I DON'T KNOW with a
FLAT HAND**

LISTEN TO BREATH



VITALS



TEMPERATURE



BLOOD PRESSURE



OXYGEN NUMBER



YES

LATER

NO

Hospital Environment



Hospital Environment

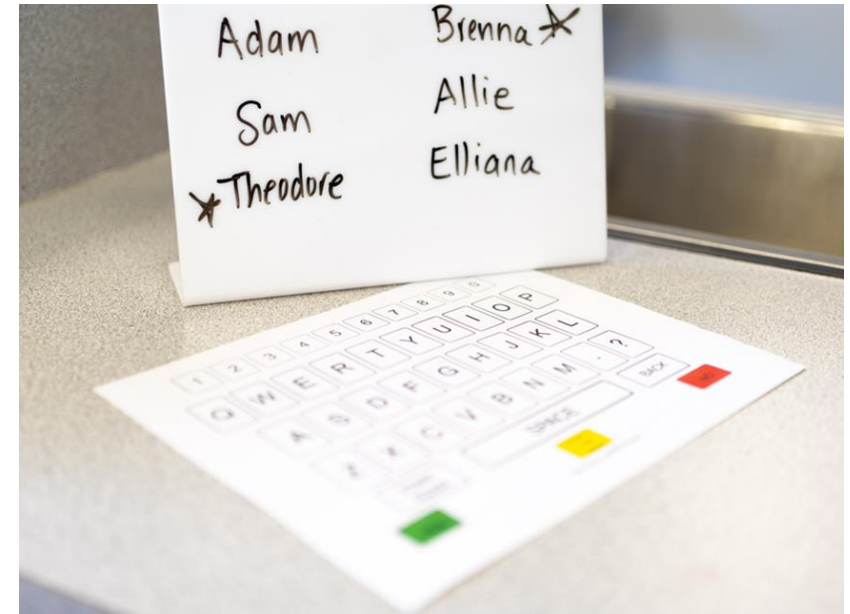
Barriers	Patient Suggestions	Provider Suggestions
Less time provider is in room	<ul style="list-style-type: none">• List needs/wants as you think of them• Use call bell as needed	<ul style="list-style-type: none">• Cluster care• Attempt to schedule activities of daily living• Ensure call bell is within reach/accessible
Extension tubing for equipment instead of RN at bedside	<ul style="list-style-type: none">• Self advocate for updates on a daily basis	<ul style="list-style-type: none">• Assure patient that IV and vitals are being monitored outside of room
Negative pressure rooms (anteroom)	<ul style="list-style-type: none">• Use hand signals and call bell for attention• Inquire about other means of communication to staff	<ul style="list-style-type: none">• Ensure a clear line of sight for patient to see staff in hallway• Inquire about means of communication beyond call bell

Visitation Policy

Barriers	Patient Suggestions	Provider Suggestions
No visitors for most patients	<ul style="list-style-type: none"> • Bring personal communication devices to hospital • Download video call aps (e.g. WhatsApp, Skype, etc.) • Check data plans and WiFi 	<ul style="list-style-type: none"> • Keep patient’s personal devices charged and within their reach at all times • Integrate video calls to family during your bedside visit • Virtual visits from Social Work, Chaplain, Child Life, Music Therapy, etc.
Patient w/ special care needs	<ul style="list-style-type: none"> • Find out about hospital policy: <ul style="list-style-type: none"> - Pediatrics - Communication needs - Language differences - End of life 	<ul style="list-style-type: none"> • Virtual visit integration for interpreters • Learn about bedside caregivers policies
End of life	<ul style="list-style-type: none"> • Plan ahead for advanced directives • Plan ahead to designate primary and secondary health care proxies 	<ul style="list-style-type: none"> • Support patients in medical decision making and serious illness conversations • Keep comfort cares at forefront • Communication with families

Case Study: Visitation Policy

- Patient is trach to vent and cannot speak
- Uses an alphabet board with partner assisted scanning
- Wife is pregnant and cannot visit due to visitor policy
- SLP conducted therapy session via FaceTime to train wife on scanning strategies
- Patient was able to discuss baby names with his wife and choose one using AAC



CA

Boston Children's Hospital
9E ZOOM INFORMATION FOR MEDICAL STAFF

ROOM 110
ELECTRIC SIGN SIGNAGE
PASSWORD: LAST 4 DIGITS OF ZIP CODE
If the patient/question is unable to see their team directly, please call the 9E front desk, NARS, to request a device to be delivered to the room.
If this meeting is to be held virtually, during regular business hours, please send an email to Children's virtual support@childrensboston.org with the patient's name, ID and NARS to have this set up. After hours, page 123 at 8555.

Eye protection (goggles or face shield) is required to enter this room

PPE
PPE for AGPs* & for 30 minutes after AGPs*
*AGPs = aerosol-generating procedures

PPE for Goggles/AGPs*
AGPs = aerosol-generating procedures

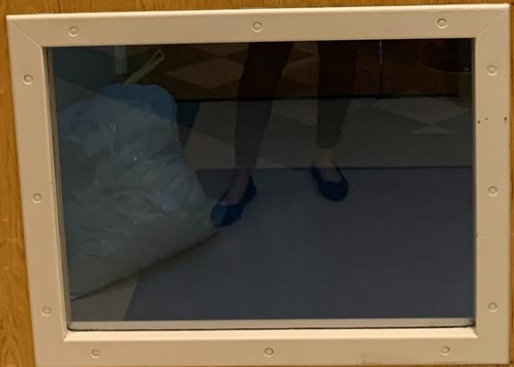
At all times when AGPs are not occurring:

- GOWN
- GLOVES
- EAR-LOOP MASK
- N95 RESPIRATOR
- EYE PROTECTION (face shield or goggles)

STOP Airborne Precautions
(in addition to Standard Precautions)
All staff must wear a PAPR or an N95 respirator to enter this room. Keep door closed.

STOP Contact Precautions
(in addition to Standard Precautions)
All staff must wear a gown and gloves to enter this room. Keep door closed.

PLEASE KNOCK on my door
PLEASE INTRODUCE yourself
PLEASE EXPLAIN why you are here
PLEASE TELL me if something might hurt me or if something might burn me
*Thank you.



Hospital Services

- Limited face-to-face consults
- Virtual visits for:
 - Chaplain
 - Integrative Health
 - Social Work
 - Child Life Specialist
 - Psychology
 - Physicians
 - More



Hospital Services

What's different?

- Rounds
- Not able to leave the room
- Family education
- Programming
 - No volunteers
 - Special programs
- Food services
- Equipment access is limited

Hospital Services

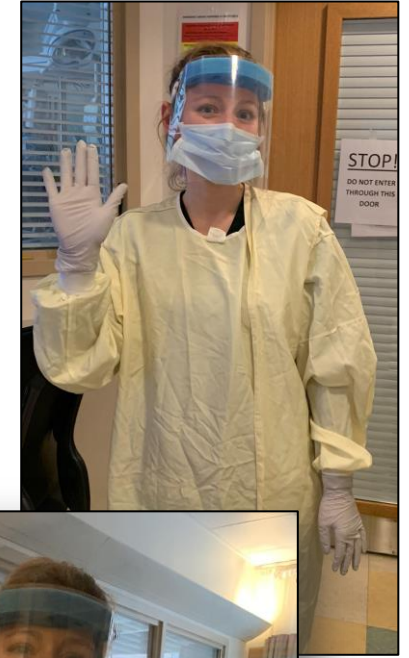
- What does this mean for people who use AAC?
 - Phone or video chat accessibility
 - Direct selection?
 - With AAC system?
 - Other accommodations?
- Who can support system setup?
 - Personal caregiver
 - Nurse
 - Other



Case Study: Hospital Services

- 14-year-old diagnosed with Autism
- Uses NovaChat at baseline and at bedside
- COVID-19+
- Intubated and deeply sedated for ~1 week

- Virtual consultation initially
- Low-tech & high-tech AAC access
- RN education
- Comprehension & orientation



Virtual Bedside Communication: ACCESS Considerations

- Assess mounting and access abilities
 - Think like MacGyver!
 - Hospital-specific policies
 - Feature-matched strategies
- Patient-specific needs



Emergency Preparedness & Communication Planning

Healthcare
Providers

Patients

Community
and
Educational
Providers

How Healthcare Providers Can Prepare:

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



Resources

- Free English tools
- Free Bilingual tools
- Tips for bedside communication with PPE
- Suggestions for materials preparation
- Case Studies
- More to come!

www.patientprovidercommunication.org




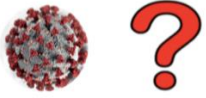










English Tools

- Pain scales
- Yes/No+
- Letter Boards
- General Needs - Adults
- General Needs - Pediatric
- Medical Decision Making
- Serious Illness
- “Create your own”
- Instructions



Bilingual Tools

- Arabic/English
- Bulgarian/English
- French/English
- German/English
- Hebrew/English
- Italian/English
- Mandarin/English
- Portuguese/English
- Spanish/English
- ...and more from international colleagues!

<p>SUCTION</p>  <p>شفط</p>	<p>WHAT'S MY STATUS?</p>  <p>ما هو وضعي؟</p>	<p>CALL MY FAMILY</p>  <p>إتصل بعائلي</p>	<p>LIGHTS ON/OFF</p>  <p>تشغيل / إطفاء الأضواء</p>
<p>TROUBLE BREATHING</p>  <p>صعوبة في التنفس</p>	<p>PAIN</p>  <p>ألم</p>	<p>MEDICINE</p>  <p>دواء</p>	<p>HOT COLD</p>  <p>حار / بارد</p>
<p>BATHROOM</p>  <p>الحمام (المرحاض)</p>	<p>REPOSITION</p>  <p>تغيير موضع</p>	<p>MOUTH CARE</p>  <p>العناية بالفم</p>	<p>LETTER BOARD</p>  <p>لوحة الرسائل</p>
<p>MAYBE- يمكن</p>		<p>DON'T KNOW- لا أعرف</p>	<p>LATER- في وقت لاحق</p>

Tips for Materials Preparation

1. Select the desired board(s), download, and print
2. Laminate the board or place in a sheet protector
3. Ready to go!
 - Boards are designed for single patient use only
 - Each board is intended to be double-sided
 - Make sure the instructions are on the back
 - Instructions are clinician facing
 - Boards are patient-facing



How Community & Educational Providers Can Prepare:

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



Unique Healthcare Settings, Unique Needs

Setting	Considerations
Testing Sites	<ul style="list-style-type: none">• Create visual supports for the testing process• Provide access to vocabulary and photos of the tests/procedures
Rehabilitation Settings Nursing Homes Residential Settings	<ul style="list-style-type: none">• Explore ways to support patient-provider communication with increased need for PPE and unfamiliar staff (e.g., communication boards, high-tech tools)• Explore ways for patient to connect with family (e.g., video conferencing)• Prepare for potential acute care hospitalization

How Potential “Patients” Can Prepare:

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




Hospitalized with COVID-19 Story

1



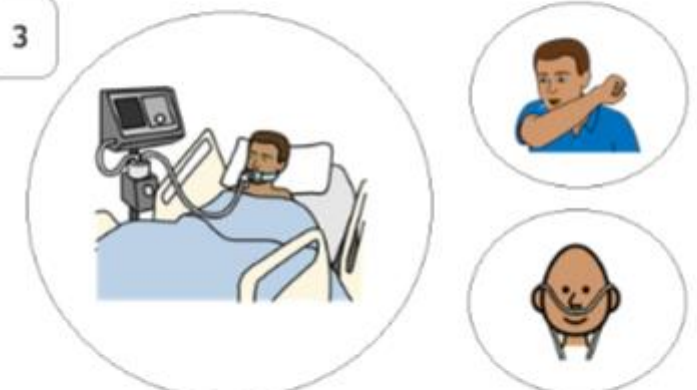
I am at Boston Children's Hospital.

2



I am sick, but getting better. My sickness has 2 names: Coronavirus and COVID-19.

3



Coronavirus makes it hard for me to breathe. I might need extra help from special breathing machines, tubes, or masks.

4



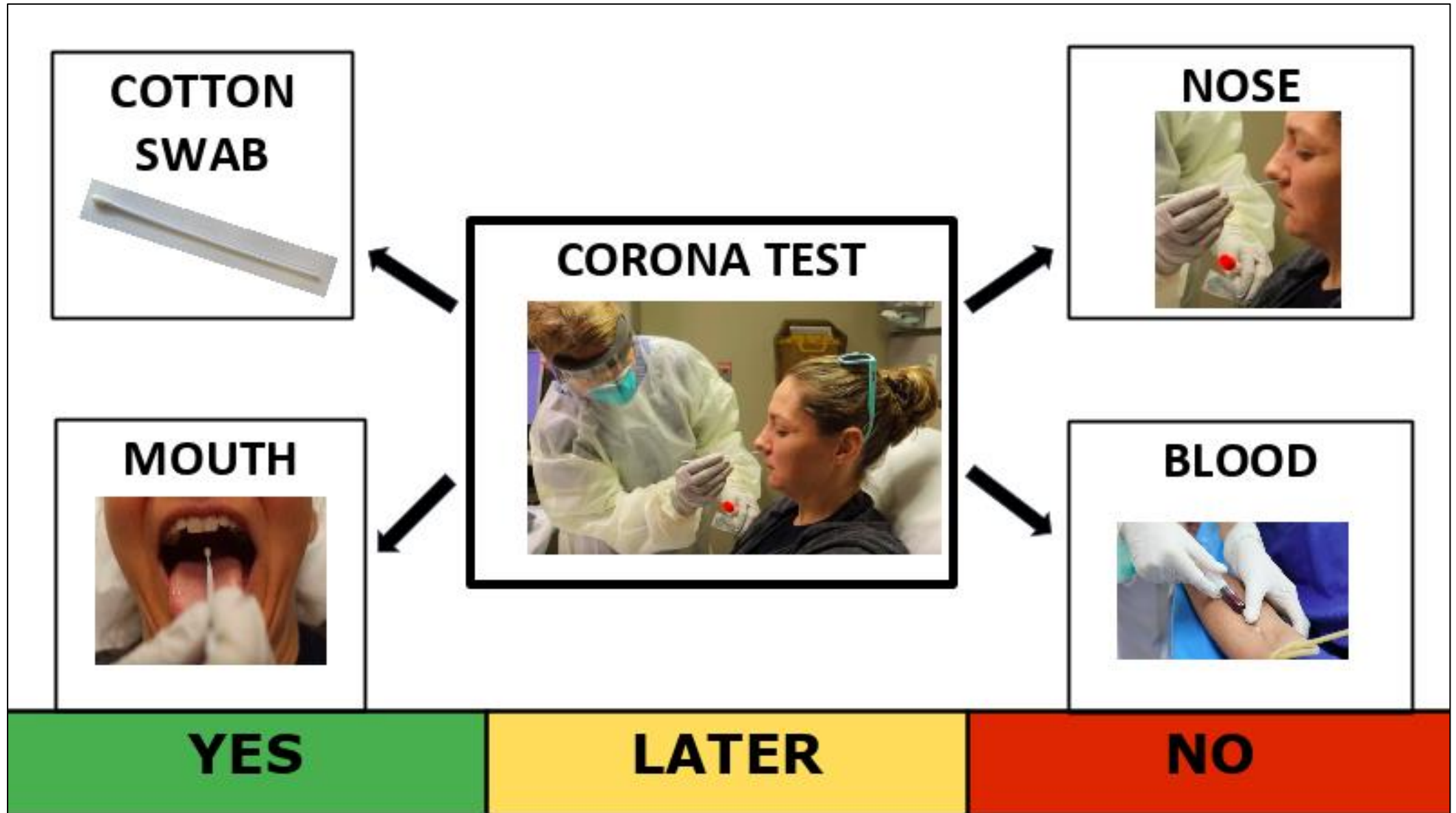
My nurses and doctors are helping my body get better.

COVID TESTING – Drive Through Social Story

<p>1</p>  <p>I need to go to the hospital to get a special test before my procedure. We will park the car in front of the hospital. I don't even need to leave my seat!</p>	<p>2</p>  <p>When it's time for the test, a nurse will walk to my car. The nurse will be wearing special clothes. They will look like this.</p>	<p>3</p>  <p>The nurse will ask some questions. Then the nurse or my caregiver will open my door.</p>
<p>4</p>  <p>The nurse will put a q-tip in my mouth and throat. It might feel strange, but it will only touch my throat for a few seconds. I can remember to sit still and keep my mouth open. The test will be done very quickly!</p>	<p>5</p>  <p>When the test is over, everyone will be so proud of me for doing such a great job!</p>	



Visual Aids – Provider to Patient



Hospital Passport / Emergency Card

- Inform hospital staff
 - Medical needs and cares
 - Medication
 - Contact information
 - Communication preferences and needs
 - Behavioral support
 - Essential items
 - Essential care needs
 - Medical tolerance
 - More...

My Hospital Passport

All About Me

Name/ Nickname: _____

Topics that interest me: _____

What I like to watch: _____

My favorite games or toys: _____

The way I best communicate: _____

Things that are hard for me: _____

Things that help me when I'm scared or upset: _____

Hang _____

Important Information

Name: _____

Parent / Guardian: _____

Emergency Contact (Relationship): _____

Languages spoken: _____

Vision and hearing status: _____

Allergies: _____

Blood Type: _____

Name: _____

Communication

Name: _____

These are the ways that I communicate and how I understand language (check all that apply):

EXPRESSIVE:

- Age appropriate speech and language
- Speak in shorter phrases
- Minimal speech/single words
- Use sign language
- Use picture-based system
- Use an electronic communication device
- No functional speech
- Nonverbal behavior
- Other: _____

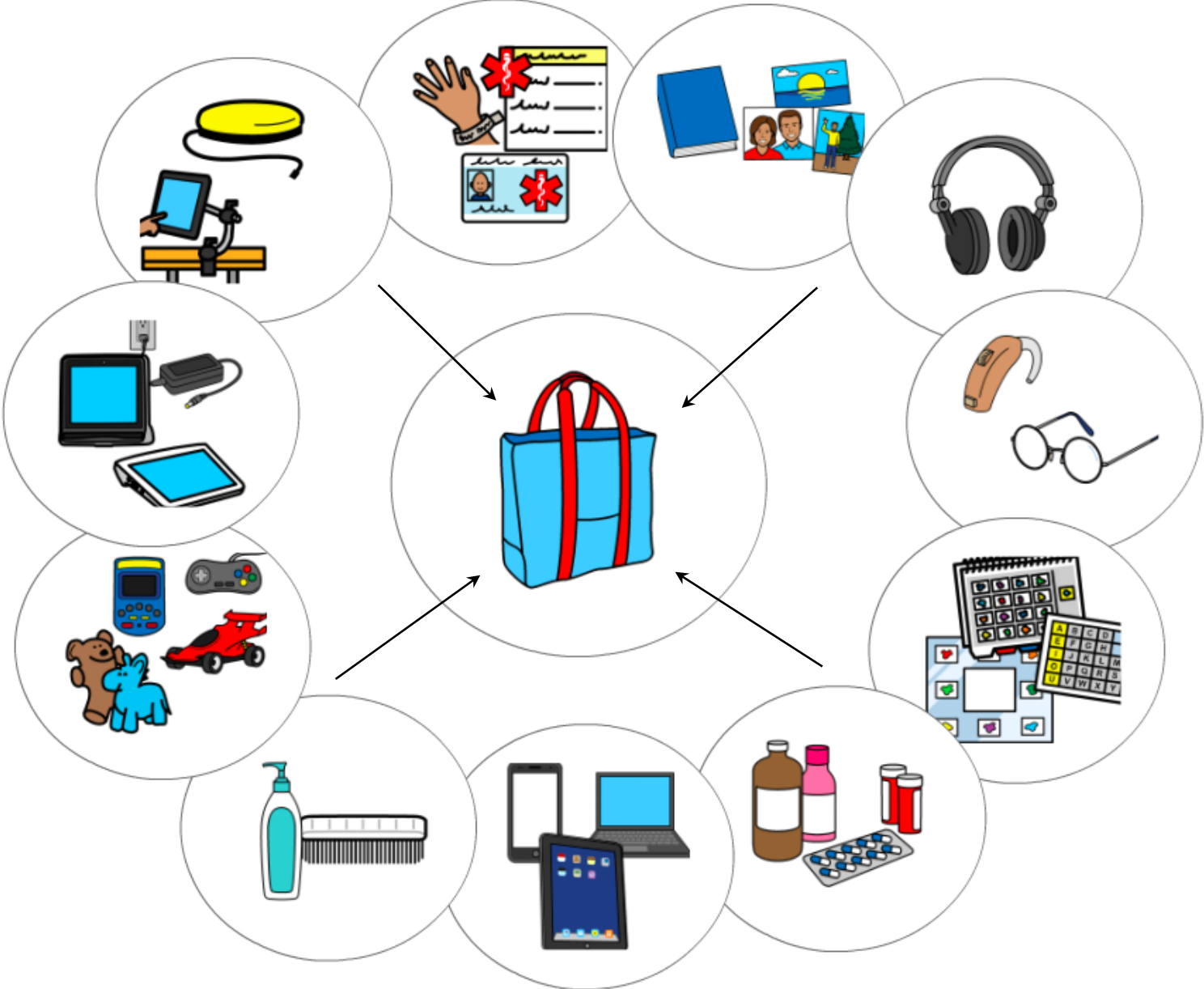
RECEPTIVE:

- Age appropriate understanding
- Understands short phrases
- Understands 1-step directions
- Understands 2-step directions
- Understands single words
- Understands visuals
- Understands manual signs
- Limited understanding
- Other: _____

Communication Details:
(Fill in any additional information or details it would be helpful for my care team to know)

Boston Children's Hospital
With every child in mind

Medical "Go Bag"



Medical Decision Making

- Discuss advanced directives before a crisis occurs
- Designate a healthcare proxy (HCP) and an alternate
- End of Life Communication vs. Life Sustaining Communication
- Connect with Palliative Care, Chaplaincy, Social Work

MY DECISIONS

WHEN DO I HAVE TO DECIDE?	CAN I CHANGE MY MIND?	I WANT TO TALK TO MY FAMILY / PROXY		
WHAT HAPPENS IF I CAN'T DECIDE?	I DON'T WANT TO MAKE THIS DECISION	I WANT MY PROXY TO DECIDE		
YES	I DON'T KNOW/ UNDERSTAND	LATER	LETTER BOARD/ OTHER	NO

Take-Aways

- All of us are at risk for COVID-19 and its potential communication challenges
- Preparing ahead → increased access to communication strategies
- COVID-19 response is *evolving*
 - Modify practice as needed
 - Train, educate, disseminate!
 - Barriers may exist, but solutions exist too
- Advocate
 - Patients' rights, access needs, visitor requirements
 - Provider roles and responsibilities

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**PPC COVID-19
Task Force**

Follow Us



Patient Provider Communication Network



@PPC Forum



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Patientprovidercommunication.org

Contact Us!

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Questions?



Thank you

ASHA CEUs

- Free to USSAAC members
- \$25 for non-members.
- Go to website for instructions, participant form and Certificate of Attendance
- Scan and send CEU form to smeehan8@ku.edu by May 12, 2020
- <https://ussaac.org/event/patient-provider-communication-in-the-time-of-covid-19-tips-from-the-frontlines/>

Please join us for our next webinar on May 5th, 2020, Kathryn Dorney will present:

“Aided Language Input, Attributing Meaning, Core Vocabulary and Pre-symbolic Communicators “

Register here: <https://attendee.gotowebinar.com/register/8022499037384454669>

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References

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