AAC STRATEGIES FOR USE WITH LIMITED ENGLISH PROFICIENCY HOSPITALIZED PATIENTS.

Richard Hurtig Ph.D., Emily Czerniejewski M.A., Jiyoung Na M.A.,

Laura Bohnenkamp M.A. CCC-SLP, Debora Downey M.A. CCC-SLP & Lauren Zubow M.A. CCC-SLP

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The authors do not have any financial or contractual relationship with any commercial developer or vendor

SCOPE OF PROBLEM

- 20% of the US population over the age of five does not speak English in the home.
- Approximately 44% of these individuals rated their English proficiency as less than "very well".
- Number of individuals who might have limited English proficiency (LEP) is **24,395,573**.
- The census of US hospitals revealed an average daily inpatient census of 641,000.
- Thus over **128,000** of the daily inpatient population would fall into the LEP group and require professional interpreter services.



A CASE EXAMPLE

- The University of Iowa Hospitals & Clinics
 - 729 staffed beds
 - 30,982 acute care admissions in 2008-09,
 - average length of stay of 6.33 days
- In 2010, UIHC provided
 - 11,772 translation services
 - 37 different languages.
 - Spanish accounted for 74%
 - Sign Language(ASL, SE & SEE) accounted for 9%

CHALLENGE AND RESTRICTIONS

- Providing quality professional interpreting services for a wide range of languages
- Some hospitals need to rely on phone and video services for less frequently spoken languages.
- Professional interpreters cannot be at the bedside around the clock to interpret most of the interactions between the patients and their nurses.
- Many hospitals have instituted rules that
 - preclude the use of family members, children
 - bar cyber translation applications (e.g. Babel
 Fish) because of the high risk of translation errors

CONSEQUENCES OF POOR PATIENT-PROVIDER COMMUNICATION

- Inadequate patient-provider communication is responsible for a range of adverse events including death.
- LEP patients were almost twice as likely to experience adverse events (49.1%).
 - 52.4% of these adverse events were likely the result of errors in communication.
- The Joint Commission has set standards requiring hospitals to address the communication needs of all patients (JC, 2010; Blackstone et al., 2011a).

THE ROLE OF THE SLP

- The role of the Speech Language Pathologist in meeting the communication needs of all patients should include solutions for the growing LEP population
- Speech generating AAC devices can offer LEP patients a means of communicating with their caregivers and to more actively participate in their care.

UNIVERSITY OF IOWA BILINGUAL TEMPLATES

- We developed bilingual templates for use with low to high tech AAC devices and on tablets like the iPad.
- These templates were developed to specifically enhance the patient-nurse bedside interactions.
- The templates cover a range of material from vital signs, bedside cares, and pain management to feelings and emotions.
- The content was developed with input from patients, nurses and family members.



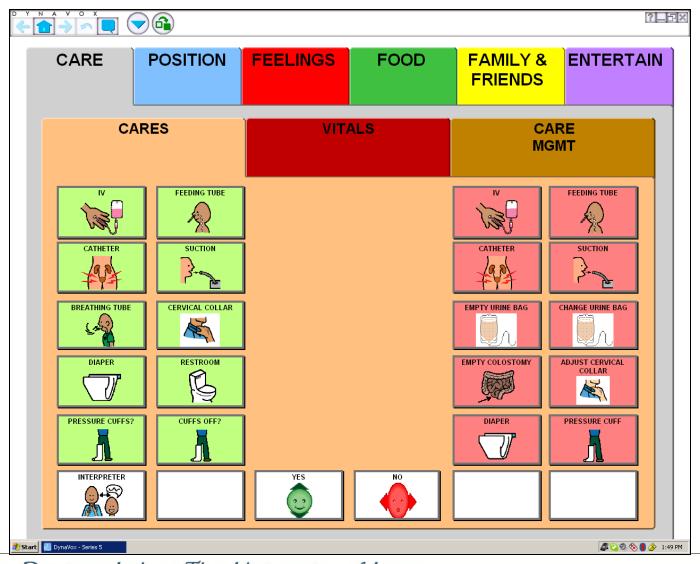
University of Iowa Bilingual Templates

- Each template is divided into a patient and a nurse/caregiver part.
 - On the patient's side the individual selections (buttons) are labeled in the patient's language and when selected produce the professionally translated English equivalent.
 - On the caregiver's side the buttons are labeled in English and when selected produce the professionally translated version in the patient's language

TEXT-TO-SPEECH VERSUS DIGITIZED SPEECH AND SIGN LANGUAGE VIDEOS

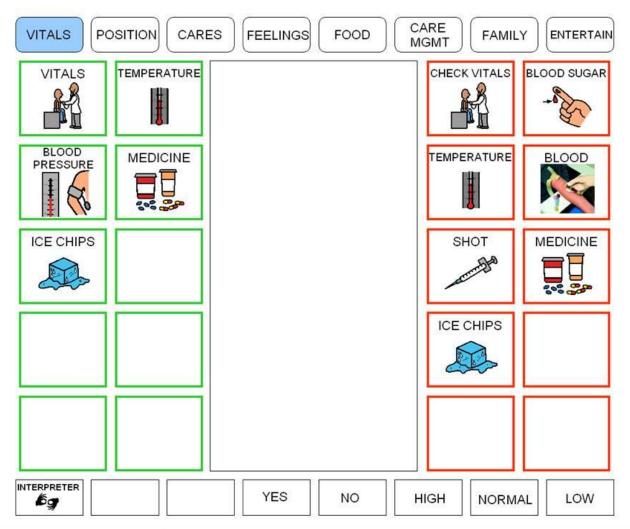
- Use a text-to-speech (TTS) engine if it is available in the patient's language.
- If no TTS engine is available, we have made native speaker audio recordings of the translated phrases.
- For Deaf patients we created an application that displays the signed translation of the selected template phrase.



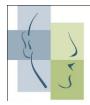


Assistive Devices Lab at The University of Iowa

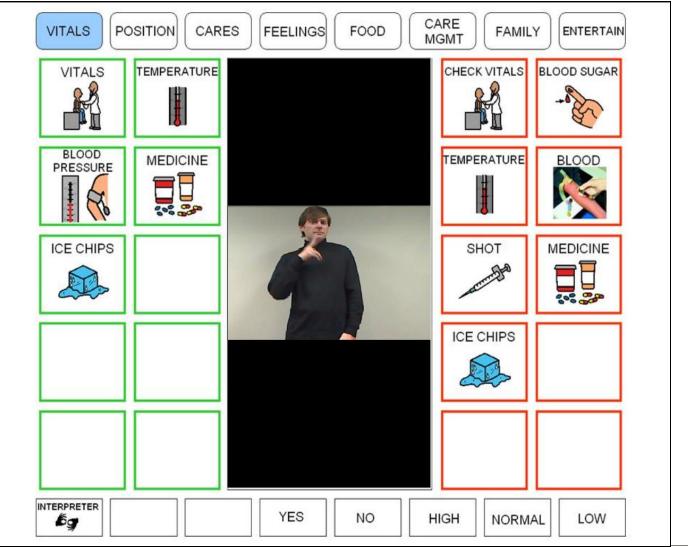
BILINGUAL TEMPLATE SGD DEVICES AND iPAD APPS



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TEMPLATE FOR DEAF SIGNING PATIENTS



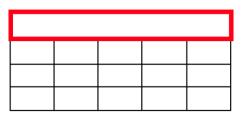
SIGNING TEMPLATE VOCABULARY FOR TOUCHCHAT APP

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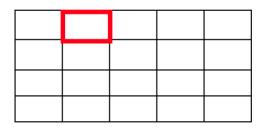
INSTRUCTIONS FOR PARTNER AIDED SCANNING

To assist patient in making choices:

- Establish a consistent Yes/No response.
- First, point to each row in turn asking, "Is it in this row?"



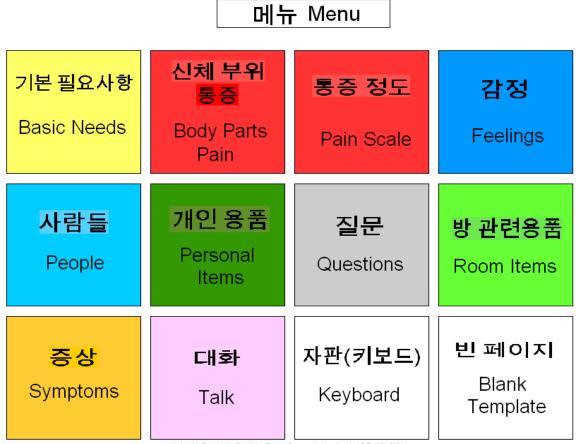
• When the patient makes a row selection, point to each successive box in the row and ask, "Is it this one?"



- Be sure to modify your speed according to the individual patient's needs.
- The message board at the bottom is for you to keep track of spelled selections.

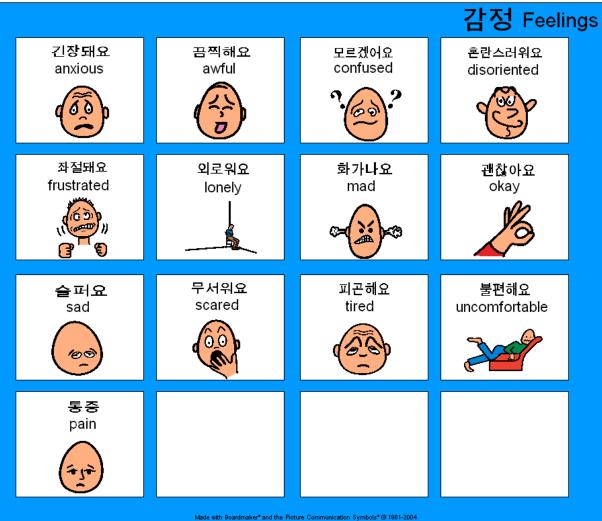


KOREAN-ENGLISH MENU TEMPLATE



Made with Boardmaker* and the Picture Communication Symbols* @ 1981-2004 Mayer-Johnson LLC - P.O. Box 1579, Solana Beach, CA 92075 U.S.A. Phone (800) 588-4548 web site: www.mayer-binkson.com





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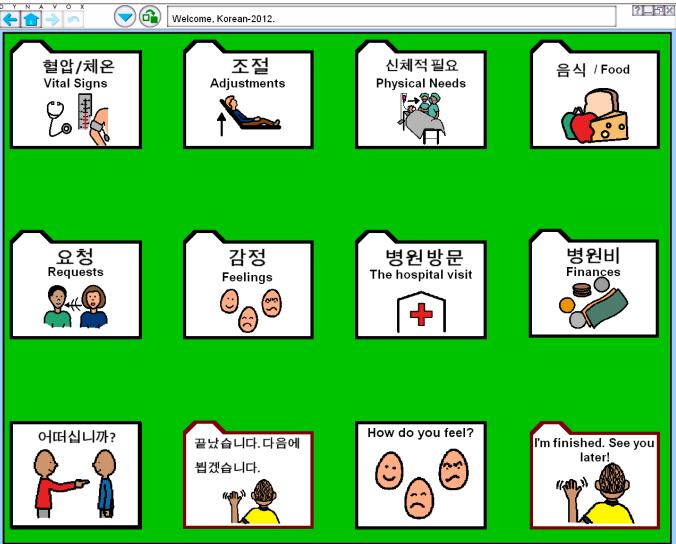


KOREAN-ENGLISH CHAT TEMPLATE

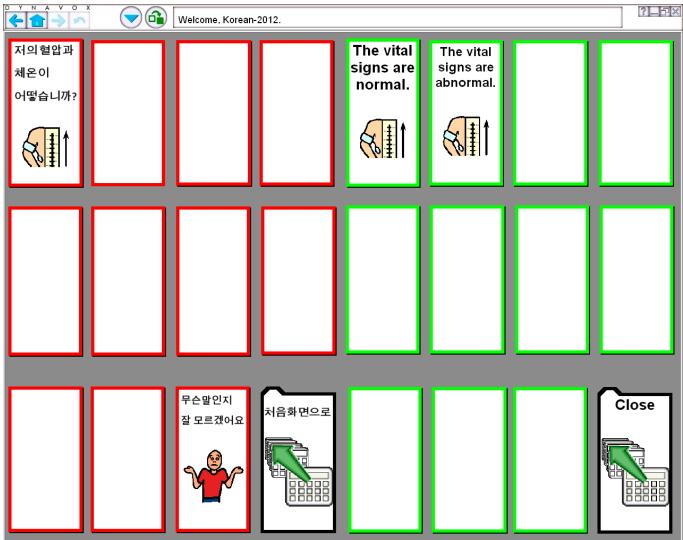




KOREAN-ENGLISH BILINGUAL PAGES

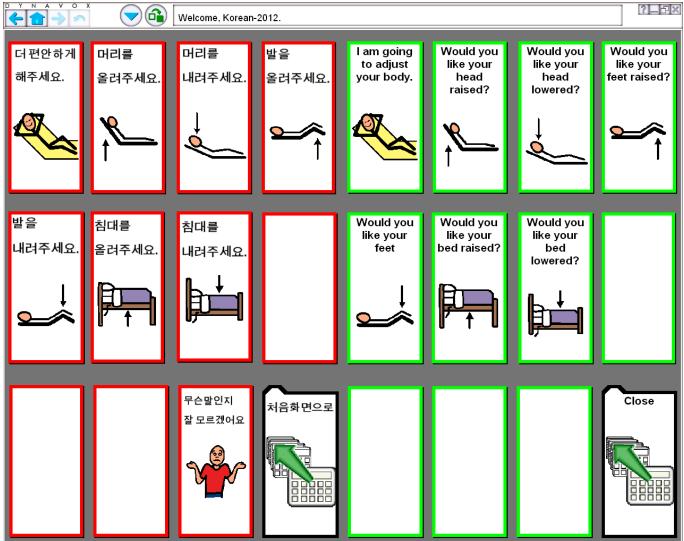


KOREAN-ENGLISH VITAL SIGNS PAGE





KOREAN-ENGLISH ADJUSTMENTS PAGE

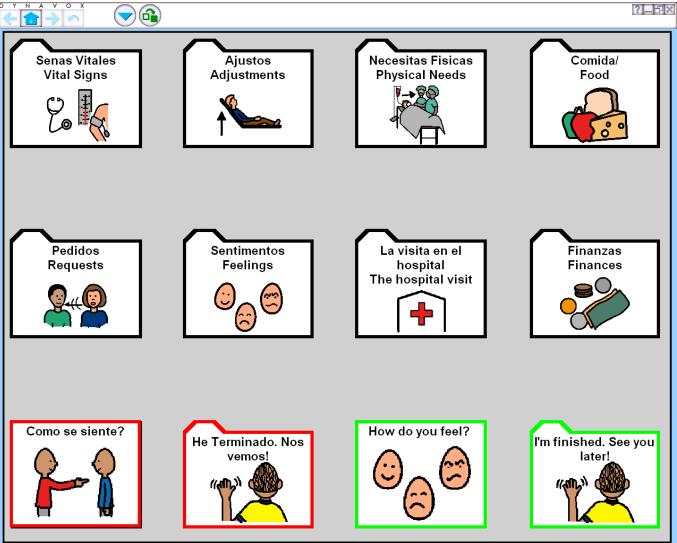


KOREAN-ENGLISH HOSPITAL STAY QUESTIONS

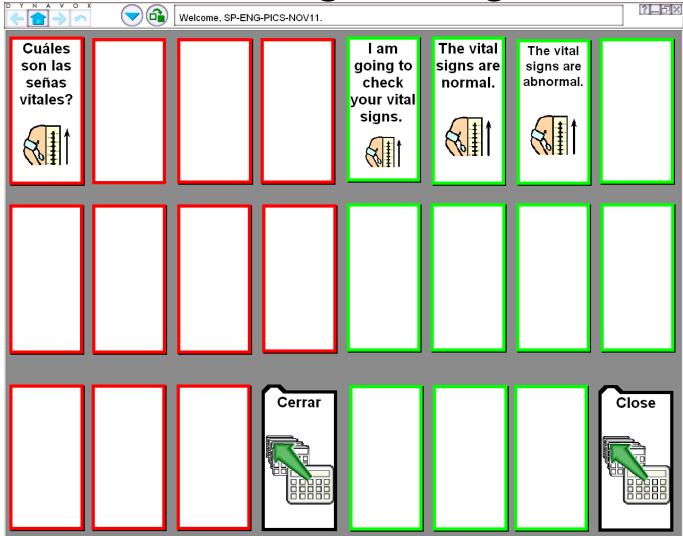




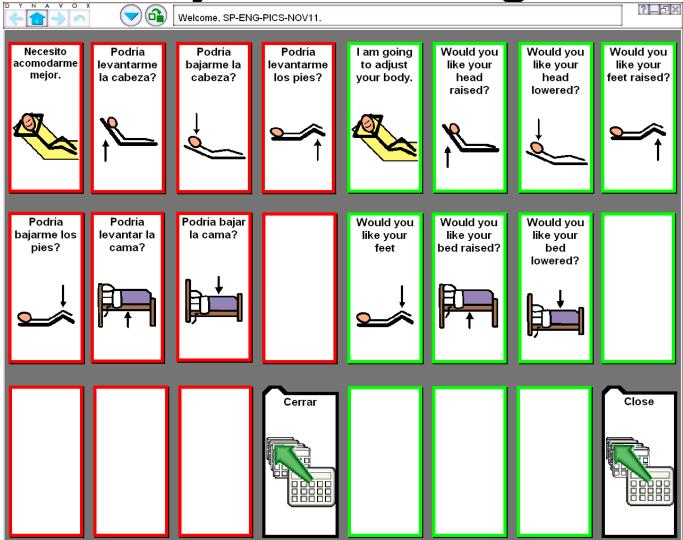
SPANISH-ENGLISH BILINGUAL PAGES



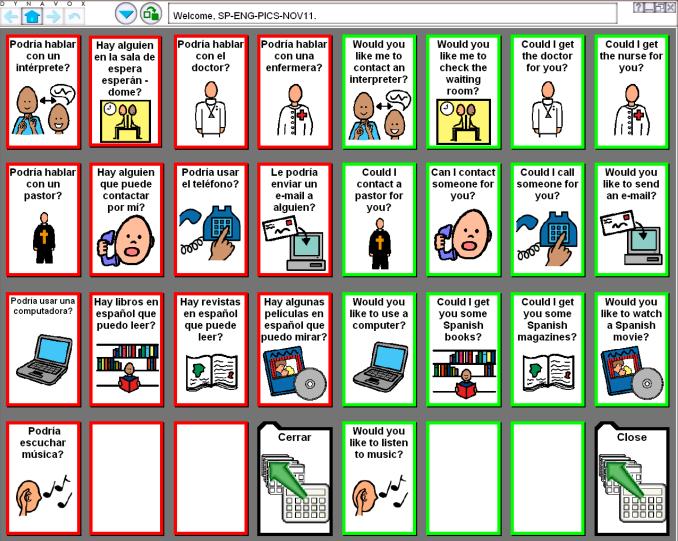
Spanish-English Vital Signs Page



Spanish-English Adjustments Page



SPANISH- ENGLISH HOSPITAL STAY QUESTIONS



EFFECTIVE COMMUNICATION REQUIRES TEAM WORK

- A key element of each template is to provide the patient with an effective means to request an interpreter if they feel the need to go beyond what is available on the templates.
- The template content was developed with input from patients, nurses and family members.
- We continue to adapt our templates to meet the specific communicative needs associated with the medical needs of patients across the hospitals (e.g. the needs of urology as opposed to trauma patients).



SUMMARY

- SLPs working to implement bilingual AAC solutions with hospitalized LEP patients must adopt a dynamic assessment approach to insure that changes in the patients' medical status can be accommodated to insure optimal patientprovider communication.
- To accomplish this it is essential to work collaboratively with the nursing staff and the facility's interpreter service.

REFERENCES

- 1. American Hospital Association. 2011. AHA Hospital Statistics 2011 Edition. AHA Co. Chicago Illinois.
- Bartlett, G., Blais, R., Tamblyn, R., Clermont, R.J., & MacGibbon, B. (2008) Impact of patient communication problems on the risk of preventable adverse events in acute care settings. *Canadian Medical Association Journal.* 178 (2) 1555-1562.
- Blackstone, S.W., Garrett, K. & Hasselkus, A. (2011a). New Hospital Standards Will Improve Communication: Accreditation Guidelines Address Language, Culture, Vulnerability, Health Literacy. *The ASHA Leader* Jan 18, 2011.
- Blackstone, S. W., Ruschke, K., Wilson-Stronks, A. & Lee, C. (2011b). Converging Communication Vulnerabilities in Health care: An Emerging Role for Speech-Language Pathologists and Audiologists. *Perspectives on Culturally and Linguistically Diverse Populations.* March 2011, V.18, No. 1, 3-11.
- 5. Divi, C., Koss, R.G., Schmaltz, S.P., & Loeb, J.M. (2007) Language Proficiency and Adverse Events in US Hospitals: a Pilot Study. *International Journal for Quality in Health Care Advance Access. Pp.1-8.*



REFERENCES

- 6. Finke, E.H., Light, J., & Kitko, L. (2008) A systematic review of the effectiveness of nurse communication with patients with complex communication needs with a focus on the use of augmentative and alternative communication. *Journal of Clinical Nursing.* 17, 2102-2115.
- Flores, Glenn. 2005. The Impact of Medical Interpreter Services on the Quality of Health Care: A Systematic Review. *Med care Res Rev.* 62, 3, 255-299.
- Hurtig, R.R., & Downey, D.A. (2009). Augmentative and Alternative Communication in Acute and Critical Care Settings. San Diego: CA: Plural Publishing Inc.
- 9. Karliner, Leah S., Jacobs, Elizabeth A., Chen, Alice Hm, and Mutha, Sunita, 2006, Do Professional Interpreters Improve Clinical Care for Patients with Limited English Proficiency? A Systematic Review of the Literature. *Health Services Research* 42:2,727-754.
- Patak, L., Wilson-Stronks, A., Costello, J., Kleinpell, R., Henneman, E. A., Person, C., & Happ, M. B. (2009). Improving patient-provider communication: A call to action. *Journal of Nursing Administration, 39*(9), 372-376.



REFERENCES

- 8. Shin, Hyon B. and Kominski, Robert A. 2010. *Language Use in the United States: 2007*, American Community Survey Reports, ACS-12. U.S. Census Bureau, Washington, DC.
- 9. The Joint Commission: Advancing Effective Communication, Cultural Competence, and Patient-and Family-Centered Care: A Roadmap for Hospitals. (2010) Oakbrook Terrace, IL: The Joint Commission, 2010.
- 10. The Joint Commission: New & Revised Standards & EPs for Patient-Centered Communication. (2010) Pre-Publication Version. Oakbrook Terrace, IL: The Joint Commission.
- 11. The Joint Commission: Summary Data of Sentinel Events Reviewed by The Joint Commission (2011, September) Oakbrook Terrace, IL: The Joint Commission.
- 12. The University of Iowa Hospitals and Clinics. (2008). Annual report. Iowa City, IA. http://www.healthcare.uiowa.edu/AnnualReport/

CONTACT INFORMATION

Assistive Devices Laboratory Department of Communication Sciences & Disorders 318 WJSHC The University of Iowa Iowa City, IA 52242 richard-hurtig@uiowa.edu

http://www.uiowa.edu/~comsci/research/speechlab/assistive.html

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