**Hurtig- AAC publications,**

***Refereed articles***

Hurtig, R., Alper, R. M, & Berkowitz, B., (2018) The Cost of Not Addressing the Communication Barriers Faced by Hospitalized Patients, *Perspectives of the ASHA Special Interest Groups SIG 12*, Vol. 3(3), 99-112.

Abstract: Preventable adverse events (AEs) lead to poorer patient outcomes, added patient suffering and dissatisfaction, longer hospital stays, and billions in additional annual health care spending. Patients facing barriers to communication are 3 times more likely to experience a preventable AE than patients who faced no communication barriers. National data on hospital admissions, incidence and cost of preventable AEs, and the odds ratio regarding the risk of preventable AEs in people facing communication barriers were used to estimate potential benefits of improving patient communication. Reducing communication barriers could lead to an estimated reduction of 671,440 preventable AE cases and a cost savings of $6.8 billion annually. Facilitating patient–provider communication is an ethical and

financial imperative. A multipronged approach, including increased awareness of and support for speech-language pathology services, is essential to creating a communication friendly hospital culture, reducing patient suffering, and decreasing the financial cost of preventable AEs. Speech-language pathologists and allied health care professionals play a critical role in facilitating patient–provider communication and improving patient outcomes.

<https://pubs.asha.org/doi/10.1044/persp3.SIG12.99>

Zubow, L., & Hurtig, R. (2014). The Use of Rudimentary Vocalizations. *Perspectives on Augmentative and Alternative Communication*, *23*(3), 132-139.

Abstract: Children with Rett Syndrome (RS) are reported to use multiple modalities to communicate although their intentionality is often questioned (Bartolotta, Zipp, Simpkins, & Glazewski, 2011; Hetzroni & Rubin, 2006; Sigafoos et al., 2000; Sigafoos, Woodyatt, Tuckeer, Roberts-Pennell, & Pittendreigh, 2000). This paper will present results of a study analyzing the unconventional vocalizations of a child with RS. The primary research question addresses the ability of familiar and unfamiliar listeners to interpret unconventional vocalizations as “yes” or “no” responses. This paper will also address the acoustic analysis and perceptual judgments of these vocalizations. Pre-recorded isolated vocalizations of “yes” and “no” were presented to 5 listeners (mother, father, 1 unfamiliar, and 2 familiar clinicians) and the listeners were asked to rate the vocalizations as either “yes” or “no.” The ratings were compared to the original identification made by the child's mother during the face-to-face interaction from which the samples were drawn. Findings of this study suggest, in this case, the child's vocalizations were intentional and could be interpreted by familiar and unfamiliar listeners as either “yes” or “no” without contextual or visual cues. The results suggest that communication partners should be trained to attend to eye-gaze and vocalizations to ensure the child's intended choice is accurately understood.

<https://pubs.asha.org/doi/abs/10.1044/aac23.3.132>

Hurtig, R., Czerniejewski, E., Bohnenkamp, L., & Na, J. (2013). Meeting the Needs of Limited English Proficiency Patients. *Perspectives on Augmentative and Alternative Communication*, *22*(2), 91-101.

Abstract: The number of patients in U.S. hospitals with limited English proficiency (LEP) is growing. There is a body of evidence that suggests that inadequate patient-provider communication is responsible for a range of adverse events, including death. In recognition of this, the Joint Commission has set standards requiring hospitals to address the communication needs of the diverse hospitalized population. Although the optimal approach for LEP patients would involve having certified interpreters at the bedside around the clock, this is unfortunately not practically or economically feasible. Speech-generating devices (SGDs) can offer patients a means of communicating with their caregivers and an opportunity to participate more actively in their care. The University of Iowa Assistive Devices Lab has developed a series of bilingual communication templates suited for use in acute and critical care settings. They developed these templates for use by LEP patients who are speakers of diverse languages, as well as by Deaf patients who use a sign language as their primary means of communication.

<https://pubs.asha.org/doi/abs/10.1044/aac22.2.91>

Zubow, L., & Hurtig, R. (2013). A Demographic Study of AAC/AT Needs in Hospitalized Patients. *Perspectives on Augmentative and Alternative Communication*, *22*(2), 79-90.

Abstract: In 2012, the Joint Commission issued a mandate that accredited hospitals must take into consideration the needs of patients with complex communication needs. Stemming from this mandate came recommendations for hospitals to collect baseline data of the number of individuals in their care with complex communication needs. This is a demographic study in response to their recommendation. Researchers at the University of Iowa sampled the electronic medical records of patients across 7 days to determine the number of patients who met candidacy requirements for augmentative alternative communication or assistive technology. Our census data indicate there is a significant need for patients in acute care settings to have access to alternative communication and the nurse call systems. The need appears to be greater in the intensive care units,but is not limited to this patient population. Overall, patients had greater AT needs than AAC needs in all locations. We recommend future research to investigate service delivery models to improve communication barriers that may exist between hospital staff and patients.

<https://pubs.asha.org/doi/abs/10.1044/aac22.2.79>

Downey, D. & Hurtig, R. (2006). “Rethinking the use of AAC in Acute Care Settings.” *Perspectives on Augmentative and Alternative Communication*, 15(4) (3-8).

<https://pubs.asha.org/doi/full/10.1044/aac15.4.3>

Summary: Raising the possibility of adapting AAC strategies used with individuals facing long term communication barriers to patients in ICUs facing barriers to communicating with healthcare providers.

**Books & Chapters:**

Hurtig, R., Nilsen, M., Happ, E.B. & Blackstone, S. (2015) Acute Care/Hospital/ICU-Adults. In Patient Provider Communication in Healthcare Settings: Roles for Speech-Language Pathologists and Other Professionals. Blackstone, S., Beukelman, D. & Yorkston, K (Eds.) Plural Publishing Inc. San Diego, California.

<https://www.pluralpublishing.com/publication_ppc.htm>

Hurtig, R., Downey, D. & Zubow, L. (2014) Special Chapter: AAC for Adults in Acute Care. In Augmentative & Alternative Communication: An Interactive Clinical Case Book McCarthy, J.W. & Dietz, A (eds) Plural Publishing Inc., San Diego, California.

<https://www.pluralpublishing.com/cgi-bin/search.cgi>

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

<https://www.pluralpublishing.com/publication_aaaciacs.htm>