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A presentation slide with a purple background and a blue geometric pattern on the left. It features logos for 'THE UNIVERSITY OF IOWA' and 'NYU Langone Health' in the top corners. The main title is 'Supporting Effective Patient-Provider Communication: Lessons Learned from the COVID-19 Pandemic'. Below the title are the names and affiliations of the speakers: Richard Hurtig, PhD from The University of Iowa, and Tami Altschuler, M.,A., CCC-SLP from NYU Langone Medical Center. The ASHA 2021 RISING UNITED logo is in the bottom right corner.

THE UNIVERSITY OF IOWA

NYU Langone Health

Supporting Effective Patient-Provider Communication: Lessons Learned from the COVID-19 Pandemic

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The University of Iowa

Tami Altschuler, M.,A., CCC-SLP
NYU Langone Medical Center

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Speaker Disclosures

- **Richard Hurtig** is an unsalaried employee of The University of Iowa and Voxello, Inc. He is the Chief Scientific Officer of Voxello and the inventor of the patented Noddle smart switch.
- **Tami Altschuler** is a full-time salaried employee at NYU Langone Medical Center. She is a board member of USSAAC and member of the Patient-Provider Communication Forum.

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Overview of Patient-Provider Communication Benefits & Outcomes

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A Problem for Patients and the Healthcare System



Of the **35.1M** hospitalized patients in the U.S., **3.6M** can't summon help or communicate with caregivers.

- These patients are **three** times more likely to experience a preventable adverse event (**AE**)
- Treating patients who experience these AEs costs hospitals in excess of **\$28 Billion/Year**

*The Cost of Not Addressing the Communication Barriers Faced by Hospitalized Patients., Hurtig et al. 2018

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Current State of Affairs

- The Joint Commission's hospital accreditation standards mandate that hospitals address communication barriers.
- Of the communication protocols that are in place, most leave patients, who have limited use of their hands and who cannot speak, facing barriers to communication.
- Communication barriers are associated with higher risk of experiencing preventable AE's. **That costs hospitals money!**
- Communication barriers also impact patient satisfaction. **That can influence hospital reimbursement rates!**

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For Effective Care, Every Patient Needs To Communicate.

Percentage of ICU patients unable to access nurse call	Percentage of ICU patients unable to use speech
33	33

Zubow & Hurtig (2013)

Percentage of Ventilated ICU patients meeting communication criteria
50

Happ, et al. (2015)

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Elements of Patient-Provider Communication

Patient	Provider
<ul style="list-style-type: none"> • Summon help • Communicate needs • Participate in care & decision making • Maintain personal identity & personality 	<ul style="list-style-type: none"> • Respond to summon for help • Understand patient needs • Engage patient in care & decision making • Treat patient, not only the disease

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Communication Vulnerable Populations

Individuals With Complex Communication Needs (CCN)

- Acute and Temporary conditions
 - due to trauma, acute disease or surgery
- Pre-existing conditions
 - due to developmental disorders (CP, MD)
 - due to acquired disorders (ALS, PD)
 - due to dementia (AD, AD/RD)
- Individuals With Limited English Proficiency

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Preventable Adverse Events Pose A Significant Ethical And Financial Burden On The United States Health Care System.

*The Cost of Not Addressing the Communication Barriers Faced by Hospitalized Patients., Hurtig et al. 2018

Adverse Event	Number	Average Cost	Total Cost
Adverse Drug Reaction	1,427,266	\$5,000	\$7.1 Billion
Falls	254, 995	\$7,234	\$1.8 Billion
Pressure Ulcer	1,151,021	\$17,000	\$19.5 Billion
Ventilator Associated Pneumonia	38,958	\$21,000	\$818 Million

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Impact of Communication Barriers

Patient Experience

- Frustration/Stress
- Inability to maintain autonomy and personality
- Risk of Adverse Events
- Risk of Delirium
- Increased LOS
- Perceived Value of Care
- Family Perception of Care

Nurse/Caregiver Experience

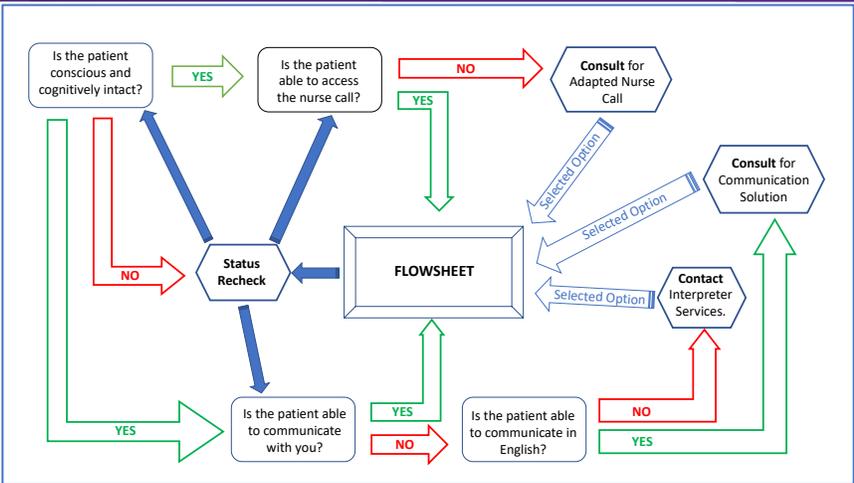
- Frustration/Stress
- Inability to see the patient and understand the patient's needs
- Potential for Errors in Cares
- Wasted time
- Extra cares
- Burnout

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Evaluating a Patient's Ability to Summon Help and to Effectively Communicate



```

    graph TD
      SR{{Status Recheck}} -- YES --> Q1{Is the patient conscious and cognitively intact?}
      SR -- YES --> Q2{Is the patient able to access the nurse call?}
      SR -- YES --> Q3{Is the patient able to communicate with you?}
      SR -- NO --> Q1
      SR -- NO --> Q2
      SR -- NO --> Q3
      Q1 -- YES --> Q2
      Q1 -- NO --> C1{{Consult for Adapted Nurse Call}}
      Q2 -- YES --> FS[Flowsheet]
      Q2 -- NO --> C1
      Q3 -- YES --> FS
      Q3 -- NO --> C2{{Contact Interpreter Services}}
      FS --> Q4{Is the patient able to communicate in English?}
      Q4 -- YES --> C3{{Consult for Communication Solution}}
      Q4 -- NO --> C2
      C1 -- Selected Option --> FS
      C2 -- Selected Option --> FS
      C3 -- Selected Option --> FS
  
```

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Medical Decision Making and End-of-Life Communication Needs

- The problem of thinking “short-term” rather than “long-term.”
- Avoid thinking about “difficult conversations” until it may be too late.
- Avoid failing to appreciate the progression of a disease and an unpredictable time course.
- Anticipate:
 - Decline in the ability to speak or write
 - Cognitive decline

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Elements Of Medical Decision Making

- Competence to make decisions
- Problem of reliance on yes/no responses
- Need for Patient-Provider Communication supports

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Support Medical Decision Making

- Have a range of communication templates that would enable non-speaking individuals to
 - indicate their preferences
 - solicit information about the consequences of both making or not making a particular decision
- Make it easy for individuals to demonstrate an understanding of the consequences of certain decisions about their care.
- Ensure that their wishes on medical and spiritual issues are as unambiguous as possible and clearly grounded in their current situation.

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Supporting Psychological & Spiritual Needs

- Providing the means to initiate “difficult conversations”
 - Confronting likelihood of death
- Providing the means to express a wide range of emotions
 - Anger and humor are what make us human
- Providing the ability to control interactions
 - start, continue, postpone, end & cutoff
- Provide the means of discussing beliefs related to
 - Mortality & Afterlife
 - Prayer and intercession of a higher power
 - Wishes related to funeral/ memorial service rituals
 - Burial, Cremation, Organ donation...

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Supporting Patients in End of Life: Summary

- The decision to accept or terminate life-sustaining treatment is always a painful one.
- Allow the patients to have a significant role in those decisions
- The approach to empowerment of individuals who may be unable to speak and who may only be able to generate a single intentional gesture has enabled individuals:
 - To remain engaged with their caregivers.
 - To actively participate in medical decision making even in terminal end-of-life scenarios.

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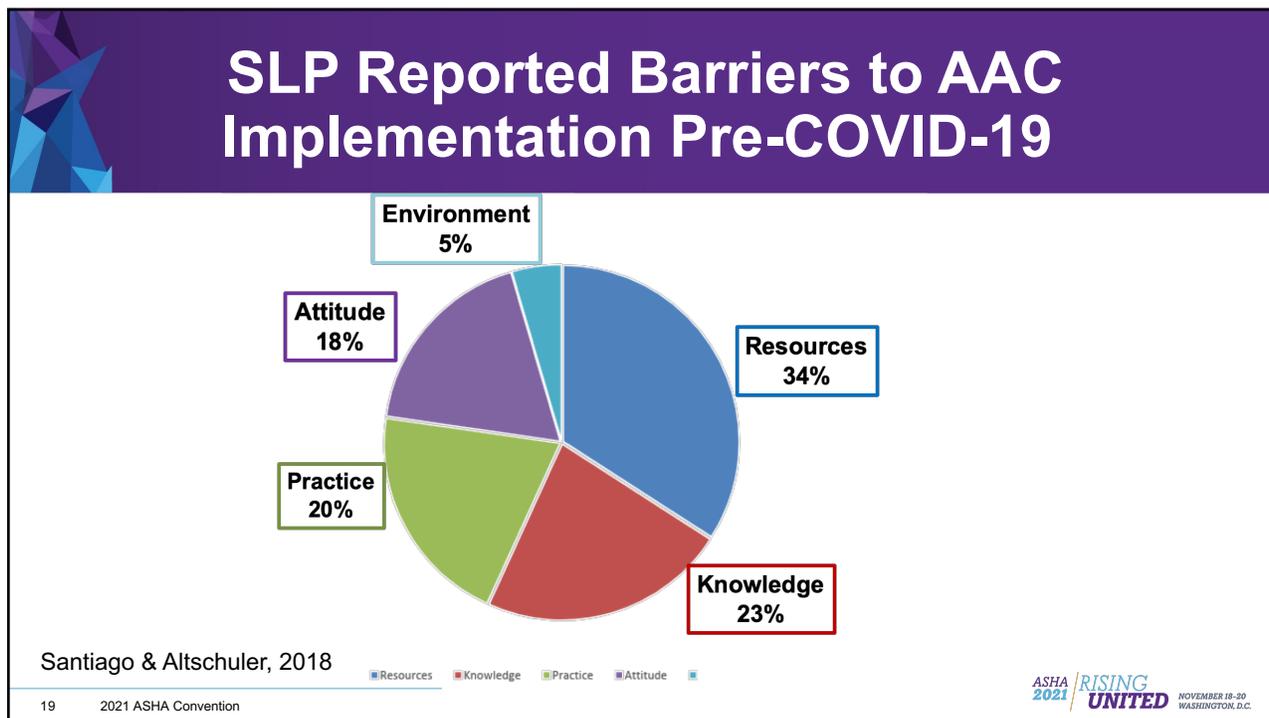
State Of Affairs

- Limited communication protocols for patients who have limited communication abilities
- Communication barriers associated with higher risks for preventable AE's, which cost hospitals money
- Communication barriers impact patient satisfaction, which influence reimbursement rates for hospitals
- Joint Commission standards mandate that hospitals address communication barriers

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Barriers to AAC Implementation During the Pandemic

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Use of PPE and Suggested Solutions

- Minimize additional noise in environment
- Wear clear masks when able
- Personal voice amplification
- Consider virtual visits as an alternative when able



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Infection Control Practices

- Limited equipment allowed in rooms
- Need communication supports to be (a) disposable, (b) for single-patient use, and/or (c) easily sanitized



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Visitor Restrictions

- Hospitals change visitor policies dependent upon COVID19 cases for that area.
- Often limited to “FaceTime” connections with loved ones.
- At the beginning of the pandemic, many care partners were not allowed at the bedside



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Staffing and Workflow Changes

- Less frequent visits from nurses between cares.
- Reduced access to in-person language interpreters.
- Increased challenges with set-up or adjustment of communication materials.



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Best Practice Recommendations

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Communication Partner Training

- “On the spot” training with bedside staff
- Bedside signage
- Virtual training with family/loved ones
- Handouts with QR codes which may direct providers to video demos



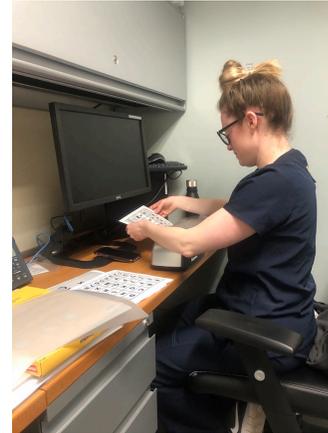
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Emergency Preparedness

- Create “ready made” communication tools
- Identify patient-provider communication champions (RNs, MDs, RTs, etc.)
- Ongoing education/training with staff on communication access



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Review Needs of Hospital/Patient/Provider

(Altschuler, Santiago, & Gormley, 2021)

- **Hospital policies**
 - Available tools and supports
 - Infection control
 - Security and safety of equipment
- **Patients' needs and communication strategies**
 - Sensory aids
 - Communication partners
 - Positioning and mounting of equipment
- **Providers' needs, roles, and responsibilities**
 - Communication partner training
 - Designated roles for setup and monitoring

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Patient Story



[YouTube Link to Yudi's Story:](#)



PPC Resources

PPC COVID-19 Taskforce

Team Members:

Tami Altschuler, Sarah Blackstone, Sarah Gendreau, Jessica Gormley, Mary Beth Happ, Richard Hurtig, Sarah Marshall, Harvey Pressman, Rachel Santiago, Stephanie Scibilia, Rachel Tobin

Goals:

To create free tools that can be quickly customized to fit busy, face-paced health care settings

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Communication Topic Boards

- Pain scales
- Yes/no
- Letter Boards
- General Needs - Adults
- General Needs - Pediatrics
- Medical Decision Making
- Serious Illness
- Create Your Own
- Instructions

QR Code to
patientprovidercommunication.org



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Bilingual Communication Boards

- Arabic/English
- Bulgarian/English
- Chinese/English
- French/English
- German/English
- Haitian-Creole/English
- Hebrew/English
- Italian/English
- Karen-Burmese/English
- Portuguese/English
- Russian/English
- Spanish/English
- Portuguese/English
- Tagalog/English
- Vietnamese/English

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

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“Create Your Own” Boards

Template to assist with the personalization of communication supports



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Medical Decision-Making Boards

WHAT DO YOU WANT TO DISCUSS?
MAIN PAGE 1

MEDICAL DECISION MAKING		MEDICAL STATUS QUESTIONS		
EMOTIONS		RELIGION / SPIRITUALITY		
YES	I DON'T KNOW/ UNDERSTAND	LATER	LETTER BOARD/ OTHER	NO

MY DECISIONS	BREATHING TUBES & MACHINES	CPR / RESUSCITATION	DIALYSIS	FEEDING TUBES
HEALTH CARE PROXY	COMFORT CARE	ALLOW NATURAL DEATH	FUNERAL PLANS	ORGAN DONATION
YES	I DON'T KNOW/ UNDERSTAND	LATER	LETTER BOARD/ OTHER	NO

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Medical Decision-Making Main Menu

Questions about Condition	General Questions	General Conversation	Emotions
Discuss Prognosis	Reaction to Prognosis	Discuss Advanced Directives	Questions about Advanced Directives
Ventilation	Dialysis	Nutrition and Hydration	Religion and Spirituality
YES	NO	Maybe	Later
			Keyboard

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Comprehension Supports for Patients

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Partner Assisted Scanning Instructions

If it's hard for patient to point, please use "partner-assisted scanning"
This is how:

Ask patient to focus on the communication board and find the message they want to communicate.
Establish patient's "yes" (i.e. nodding, blinking, thumbs up, etc.)

1. Proceed row by row. Point to each row and ask if the desired message is in that row (e.g. point to 1st row and ask, "Is it in this row?" followed by 2nd row, and so on)
2. Patient will select a row using the established YES response. Verify the choice out loud.
3. Point to each message within the selected row ("Is it suction?" "Trouble breathing," etc.).
4. Patient will signal that you are pointing to the desired message using established YES response.
5. Confirm the selection & repeat.

Additional Considerations:

- Hold this tool ~12 inches (~30 cm) from the patient's face.
- Ensure good lighting, head positioning, and vision.
- Speak **loudly** and **clearly** using **simple language**.
- Wearing masks and other PPE may make it difficult to understand speech. Consider using communication tools when speaking to the patient as well.
- If the patient can't use this tool effectively now, that does not mean the patient won't be able to use it later today, tomorrow, or this week. Continue to provide opportunities to support communication.

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Tips for Bedside Communication







Communication is the joint establishment of meaning

Language ▾

HOME
ABOUT PPC
TOOLS & RESOURCES
PATIENT STORIES
RESEARCH AND PRESENTATIONS
THE PPC FORUM
COVID-19
POLICY
CONTACT US

Tips for Bedside Communication & Materials Preparation



COVID-19 patients may have difficulty understanding you when you are speaking through the protective masks. Here are some tips to remember and use:

- 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)
- Post a sign so all providers know the YES-NO signal
- Speak in simple phrases – like a television announcer. Repeat important words.
- Use visuals while you talk:

Supporting Communication with Patients who have COVID-19

- [FREE English Tools](#)
- [FREE Bilingual Tools](#)
- [Case Examples](#)
- Tips for Bedside Communication & Materials Preparation**
- [Additional Resources](#)
- [The PPC Taskforce](#)

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Voices From the Frontlines

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Lessons Learned

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Create a Culture of Communication

- Establish a process that enables ICU staff to identify patients who face access and communication barriers (triage flowchart & triggered consults)
- Ongoing PPC education/training/support with hospital staff
- "Preparedness, when properly pursued, is a way of life, not a sudden, spectacular program." - Spencer W. Kimball

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Interprofessional Practice Leads to Standard Practice

- Identify “communication champions” in RNs, MDs, RTs, PT/OT, anyone with direct patient contact
- Get involved with hospital-wide initiatives: Palliative Care, Delirium, Early Mobility, Tracheostomy Care, etc.
- Establish a workflow that includes SLP as a key role but does not require your direct presence always

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Providers Prioritize Communication

- Communication can be prioritized while saving lives and during a time of crisis
- AAC goes beyond expressing basic needs and wants
- Communication access is a legal and moral obligation



Retrieved from Twitter, 4/8/20

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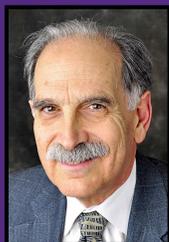
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Thank You!



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