Enhancing Patient-Provider Communication

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Outline

• Quality of patient-provider communication key to better medical outcomes.
• New JC Standards on patient-provider communication.
• Survey of unmet communication needs at UIHC
• UI Assistive Devices Laboratory – Meeting the needs of patients with complex communication needs (CCN)
• What would an Assistive Tech Service do to insure effective communication and optimal care?

Patient-Provider Communication

• **Assumption:** Communication channels are intact
  – Patient understands care givers
  – Care givers understand the patient
• **Reality:**
  – Patient can have sensory deficits that may impact understanding care givers.
  – Patient’s medical condition may impact the patient’s ability to produce intelligible communicative behaviors (oral or written).
  – Patient may have limited proficiency in the language used by the caregivers (Limited English Proficiency).
  – There are Cognitive, Linguistic or Cultural factors which may impact Health Literacy.
• **Consequences:** Impacts on quality of care
Consequences of Poor Patient-Provider Communication

• Research supports that temporary or permanent language-communication barriers can result in the patient’s inability to:
  – Access healthcare,
  – Participate in treatment planning,
  – Participate in critical decision-making involving life or death or quality of life issues,
  – Inform medical providers of new or changing symptoms,
  – Express satisfaction/dissatisfaction with the care provided to them.

• When communication barriers are not addressed patients may be at risk for potential adverse effects: Pressure Ulcers, Inadequate Respiratory Care, Adverse Drug Reactions, Compliance Failures, Depression.

Communication is a Contributing Factor to Preventable Harms

• The quality of the communication plays a role in medical outcomes and in the measures of patient and caregiver satisfaction (Balandin et al., 2007; Happ et al., 2004; Hemley et al., 2007; Heimsley et al., 2011; Hoffman et al., 2005).

• Intensive care unit patients with a physical communication problem are 3 times more likely to experience an adverse medical event (Bartlett et al. 2008).

• Similar communication barriers have been associated with adverse events in the hospitalized pediatric population (Cohen et al., 2005).

Joint Commission Standards Patient-Provider Communication

• Assess patient’s communication status
• Determine the patient’s preferred mode of communication
• Address the patient’s communication needs
• Apply strategies throughout the patient encounter from admission through discharge

Institutional Readiness

Advancing Effective Communication: Critical Information, and Patient and Family-Centered Care
A Roadmap for Hospitals

Institutional Readiness

Assistive Devices Lab at The University of Iowa
Assessing the Scope of the Problem

- What percentage of the UIHC inpatient population’s communication needs are we failing to address?
  - How many patients have a sensory impairment that would restrict or impair communication?
  - How many patients have a medical condition that would restrict their ability to communicate?
    - To summon nurse
    - To speak with caregivers
  - How many patients have limited English proficiency (LEP) that would restrict their ability to effectively communicate with care providers?

UiHC Survey-Patient-Provider Communication

- Percent of conscious inpatients >3yrs who could not access the nurse call.
  - 14% of UIHC patients
  - 33% of UIHC-ICU patients
- Percent of conscious inpatients >3yrs on ventilatory support and unable to speak.
  - 7% of UIHC patients
  - 33% of UIHC-ICU patients
- Inpatients who have LEP.
  - Not yet tracked in Epic
  - However we know that UIHC Translation Services provided 11,772 services in 2010 in 37 languages (Spanish 74%; Sign Language 9%); this included clinic and inpatient services.

Meeting the Needs of Patients with Complex Communication Needs

One way to improve patient-provider communication is with **Alternative & Augmentative Communication (AAC)** systems that compensate,

- for the impairments,
- activity limitations, and
- participation restrictions of individuals who cannot use normal modes of communication.
AAC in an Acute Care Setting

- How AT/AAC can impact Acute Care
  - Meeting critical communication needs
  - Nurse call systems
  - PCA control
  - ECU options
- The challenges
  - Patient assessment
  - Technology deployment
  - Staff training

AAC System Deployment Device Mounting & Positioning

UI-ADL Communication Templates
Alternate Layout for Eye Gaze Control

Using AAC Devices for Environmental Control (ECU)

Case Study: Spinal Cord Injury AAC/ECU
Case Studies: Trauma/Medical

- Spinal Trauma
- Guillain Barre

Case Studies: Empowering Patients

- UI-ADL Tongue Switch and Auto-Suction System
- UI-ADL Charge Transfer Switch controls AAC device in Scan Mode

Case Studies: Pediatric

- Touch Screen Control of AAC/ECU System
- Trackball Control of AAC/ECU System

Maintaining Individuality: Humor is possible even on a vent
AAC & Pain Management

Communicating Pain Locus and Magnitude

UI-ADL PCA Adapter

UI-ADL Solutions for LEP Patients

Devices with voice output and embedded video playback can be used to support bedside communication between healthcare providers and patients.

N.B. Not a substitute for Interpreters.

UI-ADL Efforts at Transforming Care at the Bedside

• The UI AAC templates developed to enhance patient-nurse bedside interactions.
  – The templates cover a range of content from activities of daily living, pain management, bedside cares and treatment, to feelings and emotions. The content has been developed with input from patients, nurses and family members.
  • To meet the needs of the LEP population we have also developed a set of professionally translated bilingual templates that should allow nurses and patients to communicate directly.
  • To meet the needs of patients with motoric limitations we have developed a range of switches to allow all patients to use AAC devices.
  • To support high fidelity implementation we been developing a series of tutorials to help nurses implement effective AAC strategies with their patients.
Next Steps:
Proposed UIHC Assistive Tech Service

- Patient Assessment & Treatment
  - Clinic preoperative
  - Inpatient
  - Patient training
  - Discharge Planning
- Staff Education
  - Training
  - Referral systems
- AAC Strategy Implementation
  - Technology development and deployment
- Seamless Communication Plan
  - Transfers from unit to unit
    - From Encounter to Encounter

PILOT Project Team

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