

RERC *on* AAC

You Can.®

Providing Communication Access for Patients:

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Disclosure

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Disclosures

1. Co-Author/Editor of book: Blackstone, S., Beukelman, D., & Yorkston, K., (2015). PPC in Medical Settings (Plural Publishing).
2. Partner in the Rehabilitation Engineering and Research Center for AAC
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PPC MATERIALS/TOOLS

PPC Materials and Tools discussed in the PPC Book are available on the following website:

www.patientprovidercommunication.org

Click on the [Communication Materials Link](#)



PPC Support for Communication Vulnerable Individuals for Medical Appointments/Evaluations

Now You Can.®

Preparing for Medical Encounters

1. Focusing on their (A) communication limitations and (B) their unique communication needs in medical settings.
2. What communication content is needed?
3. When does preparation occur?
4. Who prepares for medical encounters?



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Preparing people with CCN for Predictable and UnPredictable Medical Encounters

Predictable: Outpatient visit, annual medical evaluation, commonly occurring medical evaluations, recurrent medical conditions (pneumonia, upper respiratory illness)

Unpredictable: emergencies/disaster scenarios, unexpected medical conditions or injuries

Who Prepares Pre-existing Conditions: Family Schools, Agencies, Clinics, Private Practice



Office Visits: Targeting Both Sides

Preparing the Patient

Training the Provider



Communication Strategies for Medical Staff

1. Have the person's attention before you speak.

Eye contact

Make sure they can see your mouth and face

2. Minimize or eliminate background noise if possible (music, TV, radio, other people).

3. Keep your own voice at a normal level.

“I'm not deaf I have Aphasia!”

4. Keep communication simple, but adult.

Just the facts



5. Confirm that you are communicating successfully with “yes” and “no” questions.

6. Repeat statements or directions when necessary

Confirmation

Write down key words

7. Give them time to speak, resist the urge to finish sentences or offer words.

8. Support communicate with drawings, gestures, writing and facial expressions.

Whiteboard/paper and black marker large print

Boogie Board



Basic Training for MDs: Communication Skills

SEGUE Framework (Makoul, 2001)

Organizes important communication steps into checklist

Used in a variety of medical situations

Setting the stage

Eliciting information

Giving information

Understanding the patient's perspective

Ending the encounter



Medical Visits/Evaluations for Communication Vulnerable Individuals with Pre-existing Conditions

1. Personal Information & Medical information
2. Information/Instructions about Care Needs and Special Equipment
3. Prepare Communication Assistant or Intermediary (facilitator)
4. Prepare for Outpatient Appointments & Evaluations
5. Prepare for Transitions to Medical Stays



How should we prepare the **Patient**?

PACT

P - Prepare before the visit

A - Ask questions from a prepared list

C - Construct a plan with the provider

T - Take-away materials so the patient, caregivers, patients, family remain informed.

- <http://agerrtc.washington.edu/info/factsheets/visits/>

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Pre-existing and Recently Occurring Medical Conditions

Personalize PPC content and support materials.

Materials: patientprovidercommunication.org



Prepare Answers for Symptom Related Questions from **Medical Providers**

1. What are your symptoms?
2. When did they start?
3. How long do they last?
4. How often do they happen?
5. Does anything make them worse or better?
6. Do they prevent you from doing anything?



Questions to be Asked by Outpatient New York Care®

1. What is my diagnosis, cause?
2. How long will this last?
3. Under what conditions should I call/come back
4. What test are being done? When results? Call?
5. What treatment best for me? Side effects?
Alternatives?
6. Medications? Side effects? Will it work? When
take? How long? What if I don't take?



Medical Referral Options for PPC

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Support

How can Communication Supports be Ordered?

1. Specific Order
2. General Order
3. Standing Order
4. Care Map
5. Other Practices?



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Specific Order (Referral)

A **Specific Order** (Referral) specifies the transfer of care for a **specific patient** from one clinician to another or a request made for assistance or a specific action.

The act of sending a **specific patient** to another clinician(s) for a second opinion, ongoing management of a specific problem, or authorization to obtain care from a specialist or agency.



General Referral

A **General Referral** is filed for a specific patient prior to his admission to a medical setting and to be activated on admission to a medical facility. For example-- if a patient with a prior communication condition is living in long-term residential care facility or at home, a general referral could be filed to specify that an AAC device or material set would be incorporated into the health care management when patient is admitted into the local hospital, care facility, hospice, etc.



Standing Order

A **Standing Order** usually names the medical condition and prescribes the action(s) to be taken for patients with the procedures and strategies documented in an Order Set

Medical Conditions

TBI

SCI

Aphasia

Oral/Laryngeal Cancer
(communication)

Interventions

Tracheostomy

Intubation

Laryngectomy

Neuro Surgery



Order Set

The **Order Set** includes the specification of the procedures (including communication supports) that are included in a Standing Order



Care Maps

A **care map** describes the steps and decision points in the care providers' management of a condition. It is based on medical guidelines, recent evidence, and expert consensus. A **care map** is made up of one or more pages which together show the complete patient journey for a condition. (Quite common in rehabilitation situations)



When are Services Requested?

How You Can.®

1. Prior to Intervention—**Standing Order**
2. Immediately upon arrival – **Standing Order**
3. Upon arrival of **specific order**—when medical examination or consultation is completed
4. After **breakdowns** in communication occurs
5. Medical Stability - Time for recovery
Example: Post-extubation
6. During **decision-making**: medical care options, discharge plans, legal issues, end-of-life,



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Who are Responsible for Supporting Effective Communication? (Intermediaries)

1. **Communication Coordinator** for Facility or Medical Unit
2. **Daily Communication Facilitator** for Individual Patient
3. **Unique Communication Partners** Support & Training (Family, Medical or Care Provider, etc.)
4. **Legal Communication Intermediary** for individual patients in legal procedures (will, court, end of life, business, child custody, etc.)—Ethics Committee.
5. **Medical, health, language (cultural) interpreter** for patients with foreign primary language or minimal medical awareness or background.



Who (or What) Initiates PPC Support for a Specific Individual/Patient

_____ Physician or Physician Assistant (Hospitalist)

_____ Communication vulnerable individual

_____ Family member or personal advocate

_____ AAC specialist

_____ Communication or AT specialist

_____ Medical personnel

_____ Medical Situation

_____ General Referral (based on medical
condition or communication need)

_____ Medical Care Map



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Establishing and Maintaining a Communication Tools Center (Facility or Unit Based)

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Low Tech Communication Books & Boards
(Unit level)

High Tech Communication Tools with Expert
Support (Facility level)

In-patient—Child and adult

Out-patient—Child and adult



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Enter Communication Support Strategies for Specific Patient into Medical Records

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1. Document in Electronic or Paper Medical Records
2. Internal Document
Treatment Card
Sticky Note
3. Include a check-list of optional communication supports in medical records and Identify those options in use with a specific patient





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Display Communication Support Strategies Prominently

Display in patient room

Following facility guidelines

Encourage consistency in use

Patient: _____ Today's Day/Date: _____ Room/Bed#: _____ Physician: _____ Your Nurse/Caregivers: _____	Goal Date For Discharge: _____ Planned Discharge Time: _____ Ride Home Arranged? _____ Discharge Goals: <input type="checkbox"/> I can be safe in my home <input type="checkbox"/> Safety risks addressed <input type="checkbox"/> Learning needs met <input type="checkbox"/> My pain is controlled		
Goals For Today: _____ _____ _____	Patient/Family Questions or Issues: _____ _____ _____	Mobility: 1 2 3 4 <input type="checkbox"/> cane <input type="checkbox"/> walker <input type="checkbox"/> wheelchair <input type="checkbox"/> other: _____ special instructions: _____	Meals: Dial 6325 (MEAL) or 763.6325 (From the Outside) 



Access AAC Specialist Now You Can.® (When Needed)

1. Collaborating with AAC Specialist who has previously (or is currently) served an individual with pre-existing condition.
2. Referring to an AAC Specialist if PPC needs exceed the expertise of the unit staff.
3. Assisting recent onset patient to identify an AAC specialist if one is needed following discharge.



Providing Instruction & Training to Medical (and Care) Personnel

1. New Employee Training
2. Unit Orientation (Hospitalist, SLP, Head Nurse, or (at times) a Family Member
3. Annual Mandatories
4. Scheduled Updates
5. Other Training?



Inpatient Rehabilitation Communication Issues

Now You Can.®

Admission

Patients and legal guardian consent to treatment, specific procedures, medical confidentiality, & other legal documents

Familiarize with facility—digital images

Establish Overall & Specific Goals

Patient & Staff Getting to Know Each Other

Likes, dislikes, hobbies, favorite music, family member names, etc.



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Continued

Patient Input to Team

Expression of appreciation

Concern about lack of progress

Possibilities of Discharge

Problems with team or staff member

Request More Complete Explanations

Adjusting Participation Levels in Tx.



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Patient Input to Team

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Communication with Care Staff

Review Menu Options & Order Food

Communicate—medical conditions,

positioning, adapted access to electronics

Resolve Disagreements—TV use & choices,

problems with room-mate (?),

temperature in room,



Discharge Planning

Location:

Home (with or without home care or renovation),

Long-term residential (assisted living, nursing home option)



Outpatient Rehabilitation

Managing Medications

Financial Issues

Communicating with Circle of Support/
Friends: explaining to friends and family

Transition of (new) Life Roles

Work

Retirement—new social roles and activities



Evaluation: PPC Support for a Patient or a Medical Situation

Now You Can.[®]

Name: _____ Number _____ Room _____

Medical Situation (All that apply)

Medical (Doctor) Visit _____ Medical Evaluation _____ ICU _____
Acute Unit _____ IP-Rehab _____ OP-Rehab _____ Long-
term Residential _____ Hospice _____ Other _____

PPC Needs (All that apply)

Pre-existing _____ Recent-onset _____ Intervention-based _____
Language/ Cultural _____ Health Literacy _____ Legal _____

PPC Support

Absent or Occasional PPC Support: _____ Yes _____ No _____ %

Consistent PPC Support: _____ Yes _____ No _____ %

Managed by Family Member or Friend: _____ Yes _____ No _____ %

Managed by Employee Volunteer _____ Yes _____ No _____ %

Organizationally supported & managed: _____ Yes _____ No _____ %

Managed by Assignment of Staff: _____ Yes _____ No

Specific Patient Facilitator: _____ Yes _____ No

Unit PPC Coordinator: _____ Yes _____ No



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Evaluation: PPC Support for a Patient in a Medical Situations (Continued)

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Personalization of PPC Support

1. Are PPC supports personalized for individual access, language, cognition, & social communication needs?

Yes _____ No _____ N/A _____

2. Are PPC supports personalized for unique medical needs of this individual? _____ Yes _____ No

3. Are PPC supports personalized by unique legal, care, or decision making needs of individual? Yes ___ No ___ N/A

4. Are PPC supports personalized for the specific medical setting (situation)? Yes _____ No _____ N/A _____

5. Are PPC supports routinely available for this individual patient and medical/care staff? Yes _____ No _____



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PPC Checklist

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1. Is there a PPC unit/facility PPC coordinator? _____
2. Is a communication facilitator assigned to each patient with PPC needs to support their communication needs, materials, technology use?

3. Are PPC materials available on the unit? ____.
4. Are PPC materials selected for specific patients routinely accessible to them? _____
5. Are (new) staff trained to communicate effectively with these patients? _____



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PPC Checklist (Continued)

New You Can.®

6. Are appropriate PPC messages represented? _____
7. Are PPC options posted in patient's room? _____
8. PPC options posted in patient's medical chart? _____
9. When an electronic communication device is used by patient, is the device ? _____
 - A. Routinely accessible to patient _____
 - B. Electrically charged daily _____
 - C. Regularly cleaned _____
 - D. Appropriate staff trained _____
 - E. Appropriate PPC messages stored in device _____



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PPC Checklist (continued)

10. Do patients with PPC needs have
- A. a health history document? _____
 - B. a list of questions for physicians? _____
 - C. a list of response options for physician/
nurse health related questions? _____
 - D. a list of current medications? _____
 - E. a list of contact information? _____



Long-Term Residential Care

1. Communication intermediaries in this setting
2. Worry (fear) of the Future
3. Information Complexity—staff
4. Clarification of Participation Expectations
5. Identify policies that could potentially conflict with the use of communication support materials



Policies Regarding Communication Strategies

Now You Can?

1. Identifying PPC Needs that Require Support
2. Availability of Communication Support Materials & Technology
3. Communication Types—Needs, Caregiving, Narrative Communication
4. Communication with Social Network



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Take Home Message

1. Communication involves patients, providers, and support people
2. Health care providers want to do well, but they may not know how
3. Training them to use simple, consistent strategies may help



PPC Book Resources Now You Can.®

- 1. Patient Provider Communication: Roles for SLPs and Other Health Care Professionals,** Plural Publishing Co. (Blackstone, Beukelman, & Yorkston, (2015)
- 2. Augmentative and Alternative Communication in Acute and Critical Care Settings.** San Diego: Plural Publishing Inc. (Hurtig, R., & Downey, D. (2009).
- 3. Memory and Communication Aids for People with Dementia.** Baltimore, MD: Health Professionals Press. Bourgeois, M. (2014)

