



# BEDSIDE AAC SERVICE DELIVERY IN ACUTE CARE: INTERACTIVE CASE STUDIES ACROSS THE AGE SPAN

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Communication*

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# DISCLOSURES

## Financial Disclosures:

- Rachel Santiago is a salaried employee at Boston Children's Hospital
- Jessica Gormley is a salaried employee at University of Nebraska Medical Center
- Tami Altschuler is a salaried employee at NYU Langone Medical Center
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## Nonfinancial Disclosures :

- Authors are co-organizers of the Patient Provider Communication Network

# LEARNER OBJECTIVES

1. Describe the bedside feature matched assessment and intervention considerations as they relate to the ICU or acute care hospital setting.
2. Perform elements of a pediatric bedside feature-matched assessment and make intervention recommendations to promote communication enhancement and patient care.
3. Perform elements of an adult bedside feature-matched assessment and make intervention recommendations to promote communication enhancement and patient care.

# AGENDA

1. Discuss the state of AAC in medical settings
2. Review bedside feature-matched assessments
3. Describe intervention considerations for patients in ICU and acute care settings
4. Interactive patient cases
  - a. Break into groups or work together
5. Share patient cases, assessment considerations, and outcomes
6. Overview and conclusions
7. Questions



# THE STATE OF AAC IN MEDICAL SETTINGS

*WE'VE COME A LONG  
WAY...*

# DISCLAIMER

*We are SLPs currently providing bedside AAC evaluation and supporting communication access and AAC implementation in medical settings.*

*As technology, practices, and the healthcare landscape evolve, so will our practice. Culture shifts take time. There is no cookiecutter manual for “how to do it”*

*BUT, you can get started NOW to amplify your patients’ voices and promote communication accessibility. Work together WITH people who use AAC and listen to THEIR needs and perspectives.*



# WHAT DO WE ALREADY KNOW?

AAC assessment and implementation in health care settings is:

- helpful
- feasible
- cost-effective
- well-documented
- expected by laws in many countries

*But, uptake and implementation can be slow and inconsistent*



## People who use AAC are at increased risk for:

Preventable adverse events

(Bartlett et al., 2008; Dithole et al., 2016; Happ et al., 2011; Hurtig, Alper, & Berkowitz, 2018).

Serious medical events

(Cohen, et al., 2009)

Poor medication compliance

(Andrulis, et al., 2002)

Increased risk of leaving against medical advice

(Flores, 2003)

Increased fear, stress, and sleep disturbance

(Burns, et al, 2015; Fox & Pring, 2005; Garret, et al., 2007; Hemsley, et al, 2008; Law, et al, 2005; Morris, et al, 2013; Murphy, 2006).

Limited opportunities to participate in own care

Limited autonomy during hospitalizations

## Benefits of AAC:

Better patient care and increased patient satisfaction

(ElSoussi et al., 2015)

Increased satisfaction of the person receiving care

(ElSoussi et al., 2015)

Less sedation

(The Joint Commission, 2010)

A quicker transition to lower levels of care

(Balas et al., 2014; Happ, et al., 2004; Patak et al., 2009; Wieczorek et al., 2015)

Reduces anxiety

(Hosseini, et al., 2018)

Increased participation in care



*What makes  
healthcare  
settings  
DIFFERENT?*



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# Factors that may impact AAC use in hospital settings

Etiology of  
communication  
challenges

Sedation

Delirium

Medication –  
e.g., timing,  
dialysis,  
absorption  
issues

Surgical needs  
– e.g., incision  
sites, bracing

Lines and tubes

Position  
restrictions &  
mobility

Respiratory  
interventions

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# INPATIENT ENVIRONMENT CONSIDERATIONS

- Packed with machines and equipment
- Frequent presence of PPE
- Communication tools may:
  - Take up space
  - Require mounting
  - Easily get “hidden” within the room
  - Interfere with mobile technology
- Detailed cleaning protocols
- Equipment storage and management

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# OUTPATIENT AND EMERGENCY ENVIRONMENT CONSIDERATIONS

- Exam procedures and symptom management
- Familiarity with providers
- Wait times
- Number of communication partners
- Presence of caregivers
- Presence of baseline equipment (wheelchair, AAC systems, sensory materials)
- Rigid procedures and processes

## ADDITIONAL CONSIDERATIONS

Funding

Availability of equipment, tools, and strategies

Staffing

Reason for encounter

Medical interventions

Health literacy

Partner training

Language barriers

Patient preferences and participation

# BARRIERS TO AAC IN HOSPITALS

## Gormley & Light (2019)

*AAC service delivery is logistically complicated*

Barriers to AAC delivery:

Time constraints

- Assessment
- Intervention
- Partner training
- Set up

Patient turnover & length of stay

Funding

- While inpatient
- Upon discharge

Limited procedures and policies

Collaboration/cotreatment is key, but difficult to do

Lack of training for SLPs

## Santiago et al. (2017)

*Surveyed 116 SLPs in U.S. hospitals*

Low perception of hospital support

Confidence in AAC service delivery:

- No-tech: Very confident
- Low-tech: Very confident
- High-tech: Not confident

Significant barriers to AAC delivery:

- Financial support
- Productivity demands
- Availability of tools/materials
- Staff education

## Jansson et al. (2019)

*Surveyed patients and staff in a Swedish ICU*

Awareness re: AAC availability in the ICU

- Lower among physicians vs. RN/RN assistants
- Higher awareness re: modified nurse-call systems
- Lower awareness re: observational screenings

Administration of sedative drugs

- Higher among staff with <10 yrs. Experience

## Morris, Greenblatt, and Saini, 2019

*Healthcare provider experiences with ASD*

Found key themes:

1. Complexity beyond usual role
2. Lack of knowledge and resources
3. Training and Prior Experience
4. Communication and Collaboration
5. Need for information and training
6. Need for care coordination and systemic changes

# BARRIERS TO AAC SERVICE PROVISION

(GORMLEY & LIGHT, 2019; SANTIAGO, ET AL., 2018, BLACKSTONE ET AL., 2015)



Practice

Attitude

Knowledge and Skills

Resources and Funding

Environment

## ACTIONABLE WAYS TO OVERCOME BARRIERS

What have you done to try and overcome these barriers?



## Before we even get to do assessment.....

Regardless of what role we play on the team, we cannot ensure that all people have appropriate communication access alone!

- Make sure:
  - you are visible within the team
  - there is a way that people can get ahold of you to perform the assessment
  - there is a sustainable plan for people to integrate AAC in their workflow



# BEDSIDE ASSESSMENTS



# ASSESSMENT PROCESS

- Chart review
- Information gathering
  - Family
  - Bedside Staff
  - Multidisciplinary providers
- Direct observation
- Feature-matched assessment
- Trial of strategies
- Formulate recommendations + disseminate recommendations
- Follow up

# CHART REVIEW

- Medical history, diagnoses, reason for admission, interval events
- Developmental history, diagnoses
- Baseline communication information
- Interval and/or acute communication changes
  - Respiratory status
  - Interventions affecting communication
- Anticipated communication challenges (e.g., trach, ALS)
- Physical status
- Relevant social history
  - e.g. Who is at bedside? Who is *not* at bedside (children? Parents? Etc.)?
- Documentation from other disciplines
- Other relevant information

# GATHER INFORMATION

- Take note of chart review information
- First call:
  - Referring provider
  - Bedside RN
- Speak to bedside caregivers, family, and providers

# DIRECT OBSERVATION

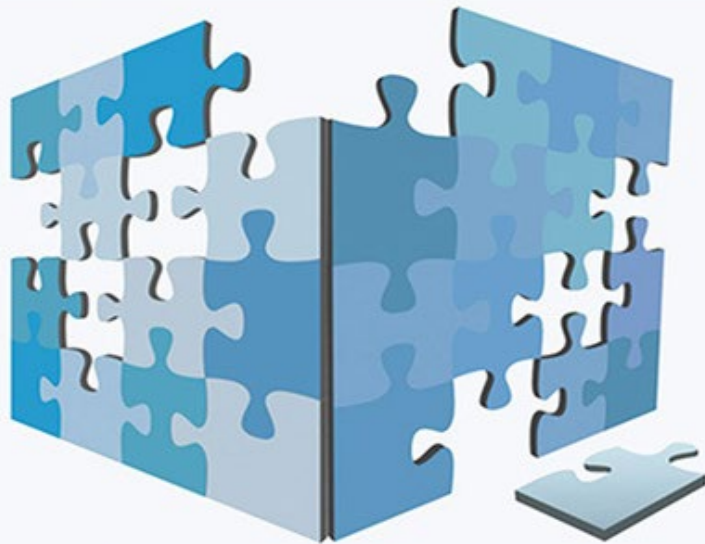
## ABCS TO APPROACHING THE BEDSIDE

(COSTELLO, SANTIAGO, & BLACKSTONE, 2015)

- Assure; Acknowledge
- Bring
- Control
- Direct
- Emotion and Personality
- Fun; Functional

# PATIENT-PROVIDER COMMUNICATION

*Roles for Speech-Language Pathologists  
and Other Health Care Professionals*



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## DOMAINS OF BEDSIDE FEATURE MATCHED ASSESSMENT

*Adapted from Patient-Provider Communication: Roles for  
Speech-Language Pathologists and Other Health Care  
Professionals, Chapter 7*

Costello, J., Santiago, R., and Blackstone, S. (2015). Pediatric Acute and Intensive Care in Hospitals. Patient-provider communication: roles for speech-language pathologists and other health care professionals. S. Blackstone. San Diego, CA, Plural Publishing.

# DOMAINS OF BEDSIDE FEATURE MATCHED ASSESSMENT

Assessment Domain	Example considerations	Assessment Domain	Example considerations
<b>Cognition</b>	Sedation/wakefulness Attention Premorbid status	<b>Sensory profile</b>	Vision Hearing Swelling, incisions, etc.
<b>Physical access</b>	Fine/gross motor skills Strength/coordination Use of physical communication behaviors (gestures, eye movement, facial expressions, etc.) Position restrictions Medical interventions	<b>Vocabulary selection</b>	Needs, desires, personality, interests, etc. Participation in: medical discussions, play, social interactions, and more Ask/answer questions Opt in/out Mobile communication
<b>Respiratory status/ventilation needs</b>	Invasive vs. Noninvasive Breath support Trach: cuffed, uncuffed, speaking valve	<b>Bedside environment</b>	Lighting, noise Impact of equipment Storage of tools at bedside Access to tools within room Infection control
<b>Expressive-receptive communication skills</b>	Primary language Pre-/post-morbid skills (speech and language) Vocal cord function	<b>Communication partners</b>	Primary language Caregivers and staff present (or not present) Partner training
<b>Literacy</b>	Reading Writing/typing	<b>Health literacy</b>	Level of health literacy Prior hospital experiences Understanding of illness and associated information

(Costello, Santiago, and Blackstone, 2015)



Assessment Domain	Example considerations	Example Solutions
<b>Cognition</b>	Sedation/wakefulness Attention, executive functioning Premorbid status	<ul style="list-style-type: none"> <li>• Consider assessment across &gt;1 visit</li> <li>• Determine complexity of instructional language</li> <li>• Determine types of supports at different times of day</li> <li>• Consider memory book, visual supports, visual schedule, attention strategies, etc.</li> <li>• Consider smart home assistant (e.g. Alexa, Siri) *if allowed</li> </ul>
<b>Physical access</b>	Fine/gross motor skills Strength/coordination Use of physical communication behaviors (gestures, eye movement, facial expressions, etc.) Position restrictions Medical interventions	<p>Consider use of:</p> <ul style="list-style-type: none"> <li>• Natural gestures, physical communication behaviors</li> <li>• Unaided ways to convey yes/no/I don't know</li> </ul> <p>Consider method of selection:</p> <ul style="list-style-type: none"> <li>• Direct selection (hand, eye, other)</li> <li>• Indirect selection (partner assisted scanning, technology supported scanning)</li> </ul> <p>Consider mounting needs Consider keyguards</p>
<b>Respiratory status &amp;/or ventilation needs</b>	Invasive vs. Noninvasive Breath support Trach: cuffed, uncuffed, speaking valve	<ul style="list-style-type: none"> <li>• Voice amplification for reduced volume, breath support</li> <li>• Use of electrolarynx</li> <li>• Optimized breath support strategies</li> <li>• Speaking valve readiness trials, when indicated</li> </ul>
<b>Literacy</b>	Reading Writing/typing	<p>Intact literacy skills:</p> <ul style="list-style-type: none"> <li>• Keyboard (e.g. text-to-speech)</li> <li>• Letter board; text-based message board (or combination)</li> <li>• Writing tools</li> <li>• Speech-to-text for improved comprehension</li> </ul>

(Costello, Santiago, and Blackstone, 2015)

Assessment Domain	Example considerations	Example Solutions
<b>Expressive-receptive communication skills</b>	Primary language Pre-/post-morbid skills (speech and language) Vocal cord function	<ul style="list-style-type: none"> <li>• Create communication tools/strategies in a bilingual format</li> <li>• Consider use of picture-based displays</li> <li>• Consider digitally recording messages in both languages for patient-provider and provider-patient communication</li> <li>• Disseminate information regarding medical interpreter needs</li> </ul>
	<u>Speech</u> <ul style="list-style-type: none"> <li>• Reduced volume; dysphonia</li> <li>• Moderately reduced intelligibility</li> <li>• Severely reduced intelligibility</li> <li>• Ability to gain attention</li> </ul>	Consider use of: <ul style="list-style-type: none"> <li>• Letter and/or topic cuing</li> <li>• Writing/typing</li> <li>• Letter/alphabet board</li> <li>• Word or symbol-based communication boards</li> <li>• Speech-generating device</li> <li>• Voice and message banking if indicated</li> <li>• Voice-output device to gain attention</li> </ul> Consider frequency, contextual implications of use, multiple strategies/modalities
	<u>Expressive language</u> <ul style="list-style-type: none"> <li>• Word recall, naming, paraphasias</li> <li>• Production of multiword utterances</li> <li>• Ability to express wants, needs, thoughts, comments, cessation, rejection, etc.</li> <li>• Ability to gain attention</li> </ul>	Consider use of: <ul style="list-style-type: none"> <li>• Letter and/or topic cuing</li> <li>• Writing/typing</li> <li>• Letter/alphabet board</li> <li>• Word or symbol-based communication boards</li> <li>• Speech-generating device</li> </ul>
	<u>Receptive language</u> <ul style="list-style-type: none"> <li>• Ability to follow directions</li> <li>• Answer yes/no questions</li> <li>• Answer open ended questions</li> <li>• Follow routines</li> <li>• Understand language of the environment</li> </ul>	Consider: <ul style="list-style-type: none"> <li>• Adapt language, vocabulary, and representation of language to the current level of comprehension</li> <li>• Augmented input (via writing, pre-stored messages, symbols, etc.)</li> <li>• Creation of social stories, visual schedules, visual reminders, etc.</li> </ul>

(Costello, Santiago, and Blackstone, 2015)

Assessment Domain	Example considerations	Example Solutions
<b>Sensory profile</b>	Vision Hearing Swelling, incisions, etc.	<u>Vision</u> <ul style="list-style-type: none"> <li>• Ability to see text, symbols, and overall layout</li> <li>• Consider characteristics of text and symbol representation (e.g. size, contrast, color, orientation)</li> <li>• Presence of acute vision changes and needed modifications</li> <li>• Consider use of auditory scanning</li> </ul> <u>Hearing</u> <ul style="list-style-type: none"> <li>• Voice amplification</li> <li>• Need for hearing device from inpatient audiology</li> <li>• Consider ability to wear glasses, CI processor or hearing aids</li> <li>• Auditory vs. Visual vs. Auditory-visual scanning</li> <li>• Consider sign language, interpreter needs (e.g. ASL, CDI), and input modality (e.g. virtual vs. In person interpretation)</li> <li>• Consider environmental accommodations</li> </ul>
<b>Vocabulary selection</b>	Needs, desires, personality, interests, etc. Participation in: medical discussions, play, social interactions, and more Ask/answer questions Opt in/out Mobile communication	<ul style="list-style-type: none"> <li>• Pre-made communication boards or page sets</li> <li>• Custom communication boards or page sets</li> <li>• Gather personally relevant input from patient, family, and providers</li> <li>• Consider generative spelling and text based solutions</li> </ul>
<b>Bedside environment</b>	Lighting, noise Impact of equipment Storage of tools at bedside Access to tools within room Infection control	<ul style="list-style-type: none"> <li>• Address how environment impacts features and availability of a system(s)</li> <li>• Consider infection control policies</li> <li>• Post signage at bedside with instructions for set up and use</li> <li>• Consider medical equipment and placement of aided strategies</li> </ul>



<b>Assessment Domain</b>	<b>Example considerations</b>	<b>Example Solutions</b>
<b>Communication partners</b>	Primary language Caregivers and staff present (or not present) Partner training	<ul style="list-style-type: none"><li>• Consider and accommodate for caregiver/family primary language, interpreter, and health literacy needs</li><li>• Provide partner training (just in time, modelling, handouts, signage)</li><li>• Consider access to and use of mobile technologies</li></ul>
<b>Health literacy</b>	Level of health literacy Prior hospital experiences Understanding of illness and associated information	<ul style="list-style-type: none"><li>• Consider patient's baseline medical knowledge</li><li>• Consider patient and family's understanding of the healthcare system</li><li>• Use language that meets patient's health literacy level</li><li>• Provide supplemental strategies to promote comprehension of medical jargon, procedures, expectations, and plans</li><li>• Consider use of social stories, journey maps, video modelling</li><li>• Collaborate with multidisciplinary team members to support health literacy needs</li></ul>

**(Costello, Santiago, and Blackstone, 2015)**

# DOMAINS OF BEDSIDE FEATURE MATCHED ASSESSMENT

<b>Assessment Domain</b>	<b>Patient Outcomes:</b>	<b>Assessment Domain</b>	<b>Patient Outcomes:</b>
<b>Cognition</b>		<b>Sensory profile</b>	
<b>Physical access</b>		<b>Vocabulary selection</b>	
<b>Respiratory status/ventilation needs</b>		<b>Bedside environment</b>	
<b>Expressive-receptive communication skills</b>		<b>Communication partners</b>	
<b>Literacy</b>		<b>Health literacy</b>	
	<b>(Costello, Santiago, and Blackstone, 2015)</b>		

# SEDATION SCALES

## Richmond Agitation-Sedation Scale (RASS)

### Score Description

- +4 Combative, violent, danger to staff
- +3 Pulls or removes tube(s), aggressive
- +2 Frequent non-purposeful movement, fights ventilator
- +1 Anxious, apprehensive, not aggressive
- 0 Alert, calm
- -1 Awakens to voice >10 seconds
- -2 Light sedation; briefly awakens to voice
- -3 Moderate sedation, movement or eye opening, no eye contact
- -4 Deep sedation; no response to voice, but movement or eye opening to physical stimulation
- -5 Unarousable, no response to voice or physical stimulation

## State Behavioral Scale (SBS)

### Score Description

- +2 Agitated
- +1 Restless and difficult to calm
- 0 Awake and able to calm
- -1 Responsive to gentle touch
- -2 Responsive to noxious stimuli
- -3 Unresponsive

# PHASES OF COMMUNICATION NEEDS: PATIENT PRESENTATION

(Costello, Patak, & Pritchard, 2010)

## Phase 0: Pre-op or Pre-wakeful

- Prior to anticipated communication challenges
- May be awake pre-op or deeply sedated
- Information gathering
- Communication planning
- Materials preparation

## Phase 1: Emerging from Sedation

- Intermittent wakefulness
- Fluctuating attention
- Sedation may cause vision changes
- Weakness
- Delirium?

## Phase 2: Increased Wakefulness

- More time awake
- More time alert
- Attention may fluctuate
- Weaning sedation = ?improved vision and strength
- Increased participation in care

## Phase 3: Broad Communication Access

- Awake and alert
- More interactive
- Greater potential for participation in conversation and care
- ?Access to mobile communications

# PHASES OF COMMUNICATION NEEDS: POTENTIAL STRATEGIES

## Phase 1: Emerging from sedation

- Yes, no, I don't know
- Adapted nurse-call system
- Simple voice-output communication aid (VOCA)
  - Gain attention + environment and leisure control

## Phase 2: Increased wakefulness:

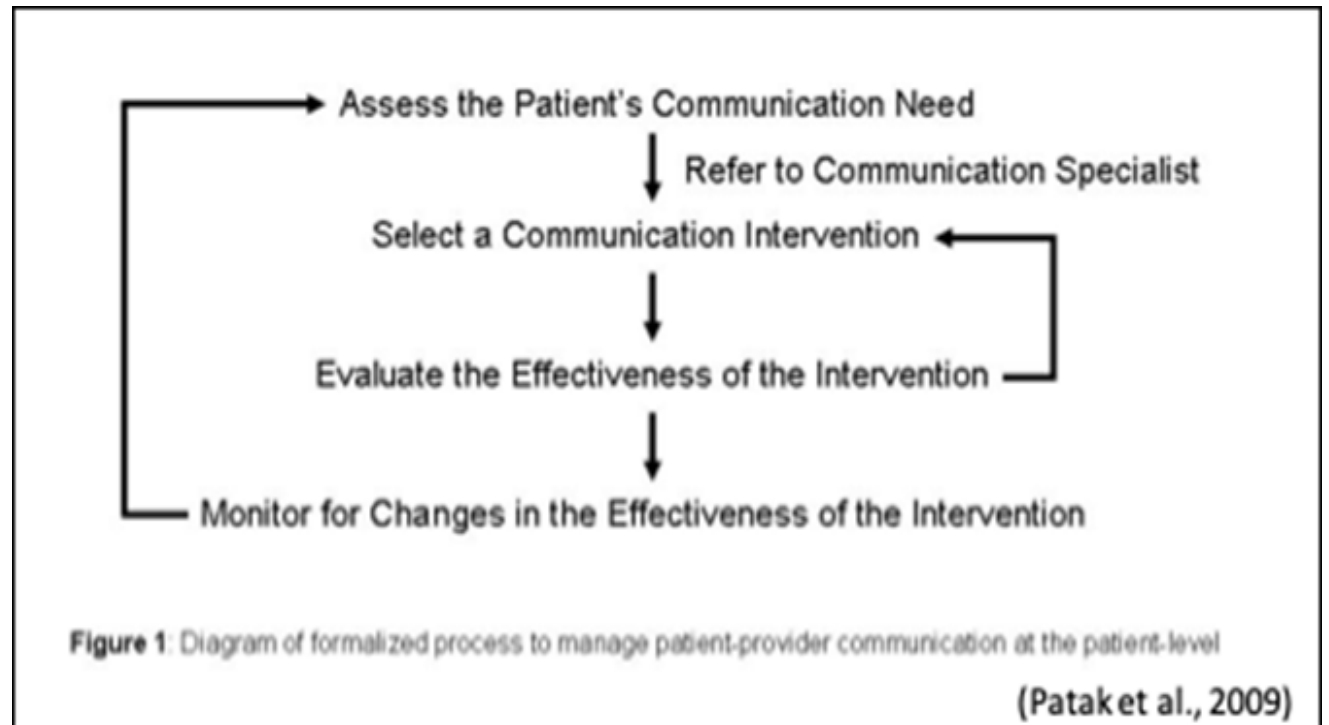
- Simple communication boards:
  - Letter boards
    - Qwerty
    - AEIOU
    - Other
  - Body/positioning
  - Comfort
  - Customized
- Voice amplification
- Multi-message VOCA
- Simple SGD

## Phase 3: Broad Communication Access:

- Broader range of vocabulary
- More sophisticated page sets
- Generative communication; text-to-speech
- Word/sentence prediction
- Mobile tech access; video, text, phone calls
- Internet access



# FOLLOWING A BEDSIDE ASSESSMENT



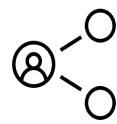
# FOLLOWING A BEDSIDE ASSESSMENT



Trial strategies



Formulate recommendations



Disseminate recommendations; partner training



Follow up; reassess; repeat

# NEEDS ASSESSMENT: HOSPITAL POLICIES AND AVAILABLE SUPPORTS

(ALTSCHULER, ET AL., 2021)

Hospital Policies and Available Supports	
<input type="checkbox"/>	<p>Personal protective equipment (PPE) required when interacting with the patient:</p> <p>_____</p> <p>Recommended communication supports to ensure patient-provider communication (e.g., dry erase boards, assisted listening devices):</p> <p>_____</p>
<input type="checkbox"/>	<p>Available communication tools and equipment in the hospital/unit:</p> <ul style="list-style-type: none"><li>• No-tech/low-tech tools: _____</li><li>• High-tech equipment: _____</li><li>• Nurse call bells: _____</li></ul>
<input type="checkbox"/>	<p>Hospital policies on bringing communication equipment to the patient's bedside:</p> <p>_____</p>
<input type="checkbox"/>	<p>Hospital policies on infection control that may impact use of patient-provider communication supports:</p> <p>_____</p>

# NEEDS ASSESSMENT: PATIENT NEEDS AND COMMUNICATION STRATEGIES

(ALTSCHULER, ET AL., 2021)

Patient Needs and Communication Strategies	
<input type="checkbox"/>	Communication supports to assist patient with hearing and/or vision: _____
<input type="checkbox"/>	(ALTSCHULER, ET AL., 2021) Communication supports (e.g., AAC device, communication boards) the patient used prior to the hospitalization:
<input type="checkbox"/>	Technology is available for virtual communication with staff and loved ones: ○ Patient-owned: Type: _____ Able to access <u>WiFi</u> /Data: _____ ○ Hospital-issued: Type: _____ Able to access <u>WiFi</u> /Data: _____
<input type="checkbox"/>	Important communication partners for this patient: (e.g. family, social worker, chaplain, etc.)

# NEEDS ASSESSMENT: PATIENT NEEDS & COMMUNICATION STRATEGIES (CONTINUED)

(ALTSCHULER, ET AL., 2021)

	Contact information and schedule: _____
<input type="checkbox"/>	Patient communicates “yes”, “no”, and “I don’t know” using these methods: Yes: _____ No: _____ I don’t know: _____
<input type="checkbox"/>	Patient gains attention from others using these methods (e.g., nurse call): _____
<input type="checkbox"/>	Patient needs/likes to communicate about: (e.g., topics, interests, family, friends, etc.) _____ _____
<input type="checkbox"/>	Recommended tools and strategies to support the patient’s comprehension: (e.g. speak slowly, use simple language, provide supplemental visuals and text, etc.): _____ _____
<input type="checkbox"/>	Recommended tools and strategies to support the patient’s expression: (e.g. use communication board, provide phone for typing, use voice amplifier, etc.): _____ _____

# NEEDS ASSESSMENT: PROVIDER NEEDS, ROLES, & RESPONSIBILITIES (ALTSCHULER, ET AL., 2021)

Provider Needs, Roles, and Responsibilities	
<input type="checkbox"/>	Information that providers need/want to communicate about with the patient: _____
<input type="checkbox"/>	The location where providers can access communication tools (e.g., shared computer drive to print boards, physical space on unit, space in the room): _____

<input type="checkbox"/>	Where/how providers can learn about the patient's communication needs and recommended communication strategies: <ul style="list-style-type: none"> <li>• In person training: _____</li> <li>• Video training: _____</li> <li>• Written instructions: _____</li> <li>• Provider-to-provider handoffs: _____</li> <li>• Bedside signage in patient room: _____</li> <li>• Electronic medical record: _____</li> <li>• Notifications using secure in-network hospital phone or text systems: _____</li> </ul>
<input type="checkbox"/>	Person/people responsible for setting up the patient's communication system: _____ Person/people responsible for monitoring for new patient communication needs: _____ Person/people responsible for teaching the patient how to use communication supports: + contact: _____
<input type="checkbox"/>	How often the patient be monitored for changes in communication function: _____



# INTERVENTION CONSIDERATIONS



# DEVELOP TANGIBLE RESOURCES

Generic communication tools

Available in many locations

Prepared ahead of time

*Always aim to customize for individual needs*

Communication toolkits

Low-tech tools

Make materials ahead of time

Template communication boards

Off-the-shelf



# COMMUNICATION TOOLKIT EXAMPLES

- **Communication boards:** Alphabet, phrase, picture/text
- **Speech-generating devices:** Single message, multi-message
- **Writing tools:** Dry erase boards, clipboards, adaptive pens
- **Sensory aids:** Assistive listening devices, hearing aid batteries, reading glasses, magnifying glasses
- **Voice amplifiers**
- **Bilingual communication tools**
- **Adaptive call bells**



# DESIGNATE COMMUNICATION CHAMPIONS

Identify individuals who show interest in communication access AND who intend to sustain any project or program changes:

- Nurses and nursing assistants
- Physicians
- LIPs (Nurse Practitioners, Physician Assistants)
- Social Workers
- PT/OT
- Child Life Specialists



# COMMUNICATION PARTNER TRAINING

- Real time, just-in-time, on-the-spot
- Bedside signage
- Online modules (e.g., SPEACS-2)
- Staff orientations
- Pre-service education for medical students
- In-service education



# GET REFERRALS

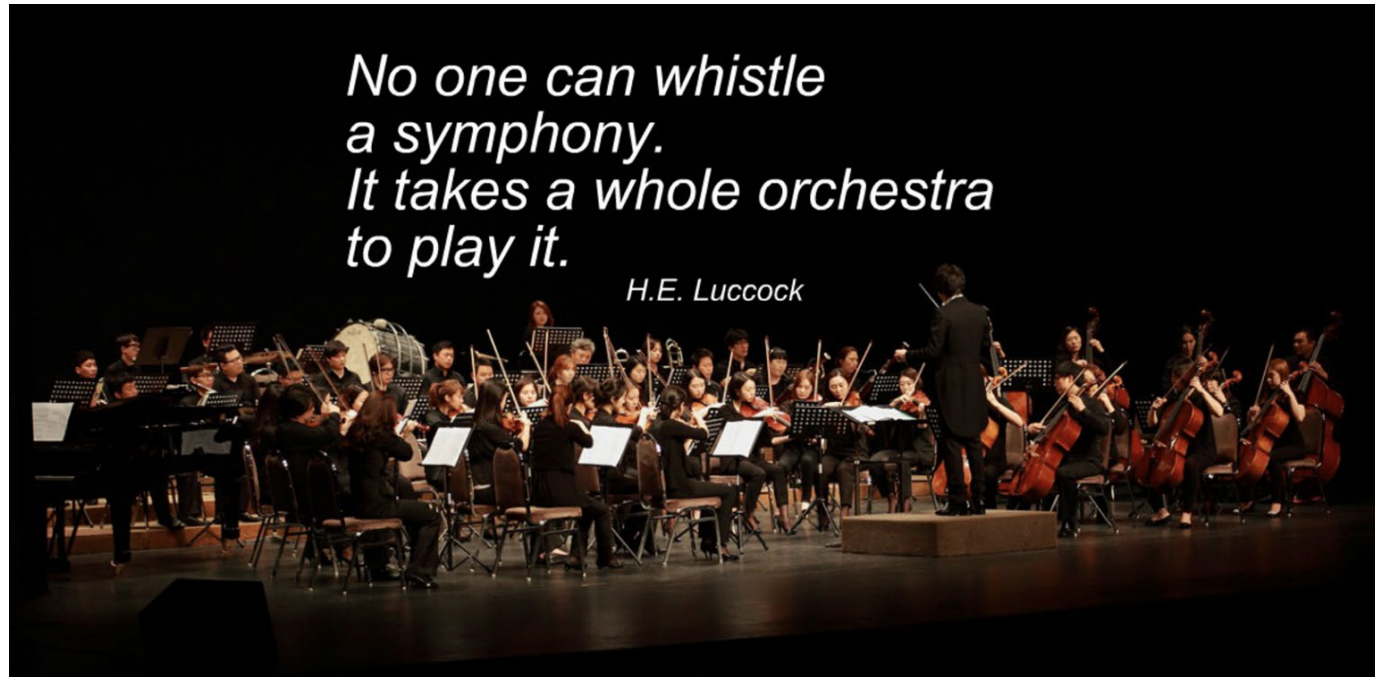
- Connect with your **EMR (electronic medical record) team** and learn how other services get consulted
- Develop **screening protocols** that flag patients who may have communication vulnerabilities
- **SLP visibility** – be present on units, form relationships with staff
- **Highlight successes** and **recognize** those who utilize bedside AAC

# INTERPROFESSIONAL PRACTICE LEADS TO STANDARD PRACTICE

Establish a workflow that includes SLP as a key role but does not require your direct presence always.

*No one can whistle  
a symphony.  
It takes a whole orchestra  
to play it.*

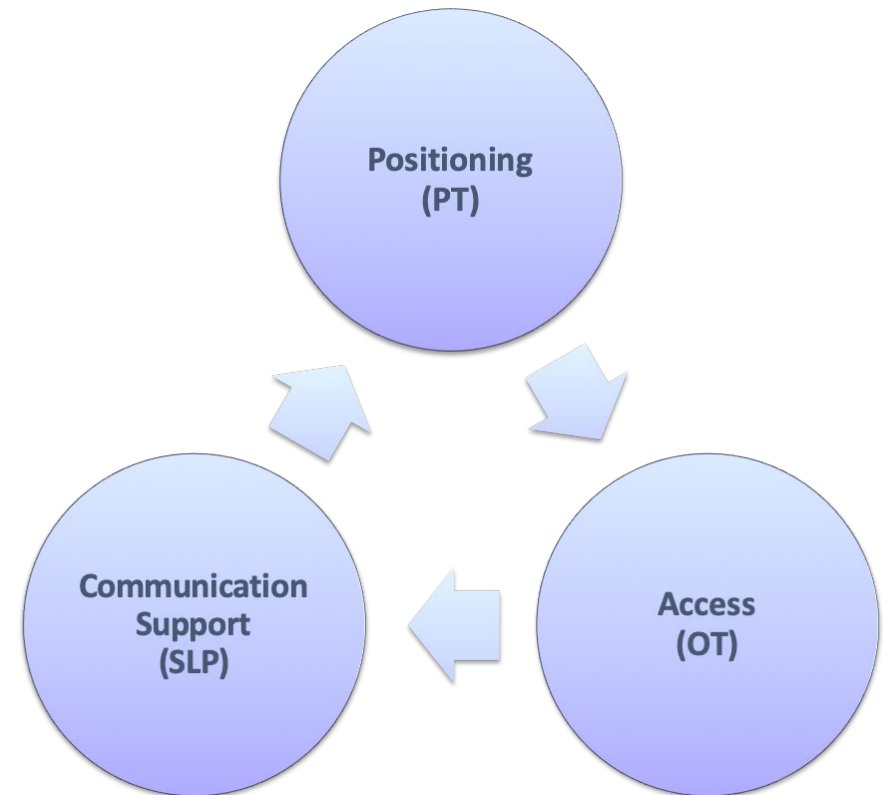
*H.E. Luccock*



# PARTNERSHIP EXAMPLE: EARLY MOBILITY

- PT & OT are typically consulted earlier than SLP
- Functional assessments of positioning and access
- Co-treat benefits:
  - Sedation vacations
  - Clustered care
  - Increased wakefulness
  - Interprofessional practice

(Altschuler et al., 2018)



# ESTABLISH TEAM PARTNERSHIPS

There are many interprofessional initiatives which would benefit from including communication access for better patient outcomes:

- Delirium
- Early Mobility
- Palliative Care
- Developmental Care
- Tracheostomy Care
- Other Care Pathways (e.g., Autism)



# INFUSE PRACTICE INTO WORKFLOW

## Get referrals

- Connect with your medical records team
- Develop screening protocols
- Be visible
- Highlight success

## Attend rounds

- Multidisciplinary rounds
- Bedside rounds
- Walking rounds
- Interdepartmental meetings
- And more






# COMMUNICATION TOOLS & STRATEGIES





# JUST REMEMBER...

- AAC is not one size fits all
  - AAC does not only = high tech, expensive equipment
  - Low-tech communication boards are the highest recommended strategies early on in the dynamic assessment process in acute care! (Santiago & Howard, 2018)
- 

# EXAMPLES OF NO TECH



Sign Language



Gestures

## Eye Signals

1 blink = yes

2 blinks = no

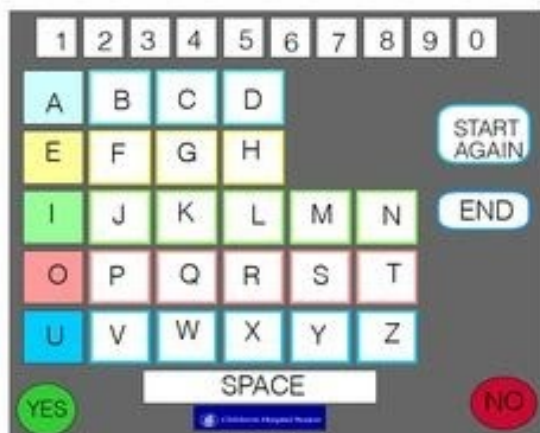
Raise eyebrows = I don't know

## Things I Say

When I click my tongue = get my letter board

When I say "ah ah" = I want water

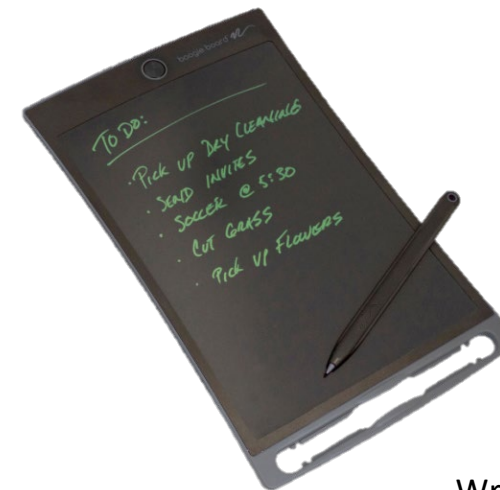
# EXAMPLES OF LOW TECH TOOLS



Letter Boards



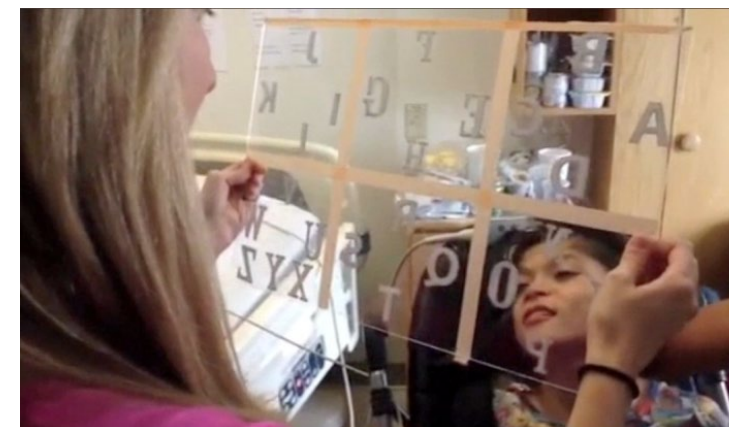
Pre-typed messages



Writing tools



Picture-communication boards

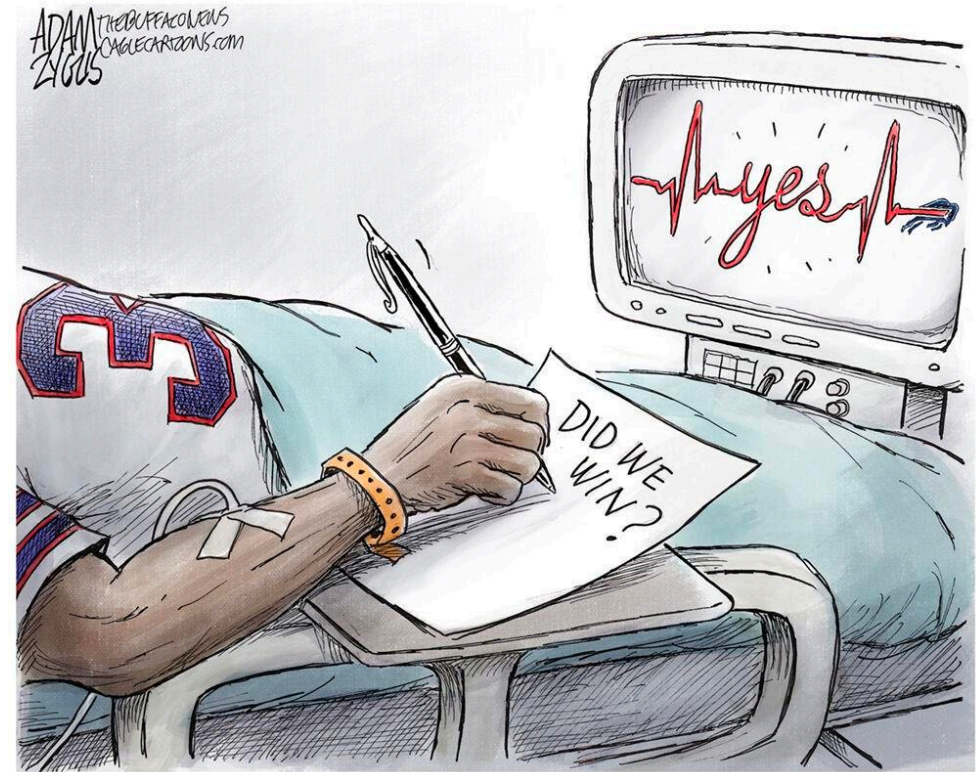


Eye gaze boards





We all have different communication priorities...  
its important to go beyond “basic needs”!



# ENSURE CULTURAL DIVERSITY/INCLUSION

- Picture symbols must represent different cultures, skin tones, genders, family structures
- Communication tools should reflect the individual's culture (e.g., food)

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



# ALTERNATIVE ACCESS CONSIDERATIONS

- **Direct selection with adaptations**
  - Elbow support (e.g., propped pillow)
  - Pointer (stylus, laser, pen with cap on)
  - Using one's own body (does not have to be index finger)
- **Partner-assisted scanning**
- **Eye gaze**
- **Mounting support**
  - Tablet holders
  - Device mounts
  - Pillows, wedges, tables
- **Switches**
  - Adapted nurse-call switch
  - Environmental control



# EXAMPLES OF MOUNTING



# EXAMPLES OF SCANNING

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

This is how:

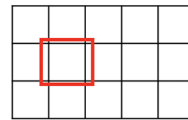


Ask patient to focus on the communication board and find the message they want to communicate.  
Establish patient's "yes" (i.e. nodding, blinking, thumbs up, etc.)

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.



Partner-Assisted Scanning Instructions – message board



[Patientprovidercommunication.org](http://Patientprovidercommunication.org)



# ADAPTED CALL BELLS

- #1 communication priority is ensuring patients can access their call bell when they need help
- Decreased motor skills impact access
- Sometimes provided by OT, Nursing, Engineering, SLP



# AUGMENTED INPUT

Ari will have surgery at NYU Hospital

- Visual schedules
- Social stories
- 2D/3D models
- Care plans with pictures
- Checklists





# INTERACTIVE EXAMPLES





Patient 1:

S

Patient 2:

A

Patient 3:

T

# Discussion Questions

1. Describe an example first visit with this patient
  - a. Information gathering
  - b. Interview/intake
  - c. How would you approach the bedside assessment?
  - d. Describe potential findings
  - e. Describe tools and strategies you might trial with the patient
  - f. Discuss partner training needs and methods
  - g. Identify next steps

# DOMAINS OF BEDSIDE FEATURE MATCHED ASSESSMENT

<b>Assessment Domain</b>	<b>Patient Outcomes:</b>	<b>Assessment Domain</b>	<b>Patient Outcomes:</b>
<b>Cognition</b>		<b>Sensory profile</b>	
<b>Physical access</b>		<b>Vocabulary selection</b>	
<b>Respiratory status/ventilation needs</b>		<b>Bedside environment</b>	
<b>Expressive-receptive communication skills</b>		<b>Communication partners</b>	
<b>Literacy</b>		<b>Health literacy</b>	
	<b>(Costello, Santiago, and Blackstone, 2015)</b>		



# Patient 1:S

What do we know?

- 3 year old, female
- Medical dx:
  - heterotaxy/polysplenia, bilateral SVCs, RV-dominant AV canal, parachute mitral valve, LVOTO, and aortic arch hypoplasia
- Admission reason:
  - Palliation to 2 ventricle etiology
  - Complicated post-operative course
  - Cardiac surgery: redo sternotomy and repair of tricuspid valve; Required catheterization
  - Post cath: Bilateral upper extremity weakness → complete paralysis of all extremities
- Day of consultation:
  - Endotracheal intubation
  - Already working with PT, OT, and child life specialists
  - Patient has been awake and alert

# Discussion Questions

1. Describe an example first visit with this patient
  - a. Information gathering
  - b. Interview/intake
2. What might you prepare to trial, if anything, based on the information you have?

# DOMAINS OF BEDSIDE FEATURE MATCHED ASSESSMENT

Assessment Domain	Patient BASELINE:	Assessment Domain	Patient BASELINE:
<b>Cognition</b>	Age appropriate	<b>Sensory profile</b>	<ul style="list-style-type: none"> <li>- No hearing concerns</li> <li>- No vision concerns</li> <li>- No baseline sensory issues</li> <li>- Known incisions due to surgeries</li> </ul>
<b>Physical access</b>	<ul style="list-style-type: none"> <li>-Walks independently</li> <li>-Plays independently (e.g. manipulates toys, stacks blocks, etc.)</li> <li>-Uses utensils + hands for self-feeding</li> <li>-Dresses self w/ min assist</li> <li>-PT/OT services through early intervention</li> </ul>	<b>Vocabulary selection</b>	TBD
<b>Respiratory status/ventilation needs</b>	None	<b>Bedside environment</b>	<ul style="list-style-type: none"> <li>- Cardiac ICU</li> <li>- Crib</li> </ul>
<b>Expressive-receptive communication skills</b>	<ul style="list-style-type: none"> <li>-Cleft lip/palate - repaired</li> <li>-Expressive language delay; sign language/speech (yes, no, all done, more, momma, baby)</li> <li>-Receptive language: age appropriate</li> <li>-School initiated discussion re: AAC trial prior to admission</li> </ul>	<b>Communication partners</b>	<ul style="list-style-type: none"> <li>Mom</li> <li>Dad</li> <li>Brother</li> <li>Grandparents</li> <li>Community providers and friends</li> <li>School</li> </ul>
<b>Literacy</b>	Early literacy (due to age)	<b>Health literacy</b>	<ul style="list-style-type: none"> <li>Highly familiar with hospital environment</li> <li>Past medical experiences</li> <li>Exposure to medical vocabulary</li> </ul>

(Costello, Santiago, and Blackstone, 2015)

<b>Assessment Domain</b>	<b>Current:</b>	<b>Assessment Domain</b>	<b>Current:</b>
<b>Cognition</b>	-Weaning sedation (dexmedetomidine) -Awake, alert, responsive, interactive -Near baseline attention	<b>Sensory profile</b>	-Acute quadriplegia; sensory status unclear -No vision concerns -No hearing concerns
<b>Physical access</b>	-Acute quadriplegia -Good eye contact, fix, follow	<b>Vocabulary selection</b>	-Current: only able to indicate yes/no and mouth baseline words (momma, bye bye) -Parents identified a variety of relevant vocabulary
<b>Respiratory status/ventilation needs</b>	-Endotracheally intubated	<b>Bedside environment</b>	-CICU room: high risk for auditory, visual disturbances (e.g. hallway lights and sounds) -Crib -Ventilator on left side of bed -All nursing cares on right side of bed
<b>Expressive-receptive communication skills</b>	-Nodding head YES -Shaking head NO -Occasional mouthing around ETT	<b>Communication partners</b>	Parents Nurses Respiratory therapists Varied therapy providers Varied medical providers Frequent provider visits
<b>Literacy</b>	n/a	<b>Health literacy</b>	Highly familiar with hospital environment Past medical experiences Exposure to medical vocabulary +Acute changes and unfamiliar circumstances

# What would you try next?

## Notable outcomes:

- Quadriplegia + effective use of eye gaze
- Varied vocabulary and message needs across topics, contextually based due to age and baseline abilities
- Presence of endotracheal tube
- Many providers, frequent visits throughout the day

## Communicative Functions:

- Control
- Gain attention
- Request or deny
- Play
- Socialization and affection
- Direct cares, simple
- Understand medical cares, simple
- Other

# What we tried....

## ■ Low-tech communication book

- Eye gaze communication book
  - Sustained gaze
  - Partner-assisted scanning
- Picture-symbols
  - Photographs when indicated
- Categorically based
  - Tabbed pages
  - Quick access messages
- Hung on IV pole next to bed for quick access

## ■ Yes/No responses:

- Established: head nods/shakes

## ■ Speech:

- Honor intermittent mouthing of simple baseline words

## ■ Switch access

- Explore switch activation to gain attention and promote playful participation
- Mounted jellybean switch by side of head
- VOCA (Step by Step communicator with levels)

## ■ Partner -assisted scanning

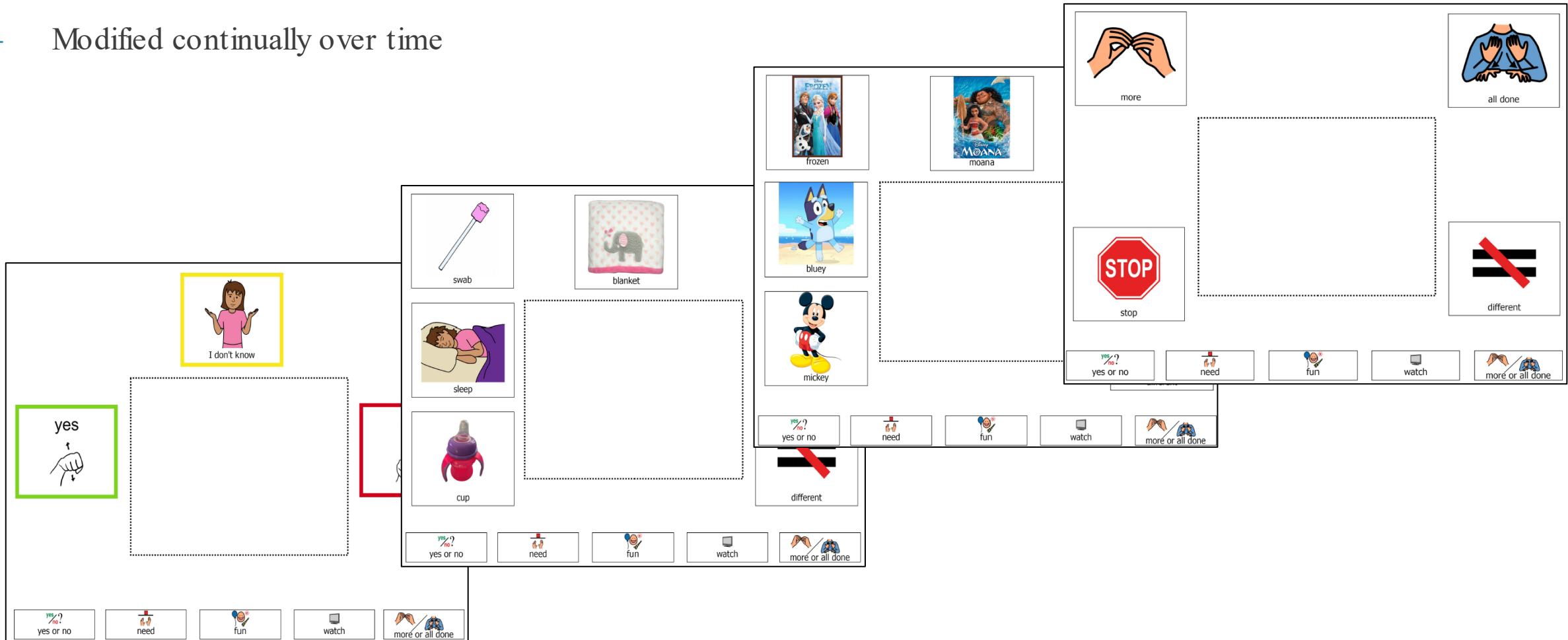
## ■ Object choices

## ★ Partner training

- Posted signage
- Direct modelling for family and staff

# Communication book

- Modified continually over time



# Discussion Questions

1. Describe an example follow up visit with this patient
  - a. Information gathering
  - b. Interview/intake
  - c. How would you approach the bedside assessment?
  - d. Describe potential findings
  - e. Describe tools and strategies you might trial with the patient
  - f. Discuss partner training needs and methods
  - g. Identify next steps



Assessment Domain	Current (2 weeks later):	Assessment Domain	Current:
Cognition	<ul style="list-style-type: none"> <li>-<b>OFF sedation</b></li> <li>-Even more awake, alert, responsive, interactive</li> <li>-Baseline attention</li> </ul>	Sensory profile	<ul style="list-style-type: none"> <li>-<b>Endorsing diaper change needs</b></li> <li>-<b>Endorsing hot/cold</b></li> <li>-<b>Enjoying some assisted water play</b></li> </ul>
Physical access	<ul style="list-style-type: none"> <li>-Acute quadriplegia; <b>minimal return of slight movement to hands and hips (?reduced blood flow to spinal cord)</b></li> <li>-Good eye contact, fix, follow</li> <li>-<b>Activating switch via head mount</b></li> </ul>	Vocabulary selection	<ul style="list-style-type: none"> <li>-Functional use of communication book</li> <li>-<b>Need for increased language access</b></li> <li>-<b>Varied topics, functions, contexts</b></li> </ul>
Respiratory status/ventilation needs	<ul style="list-style-type: none"> <li>-Endotracheally intubated</li> <li>-<b>Plan for tracheostomy placement</b></li> </ul>	Bedside environment	<ul style="list-style-type: none"> <li>-CICU room: high risk for auditory, visual disturbances (e.g. hallway lights and sounds)</li> <li>-Crib</li> <li>-Ventilator on left side of bed</li> <li>-All nursing cares on right side of bed</li> <li>-<b>Many toys, pictures, decorations</b></li> </ul>
Expressive-receptive communication skills	<ul style="list-style-type: none"> <li>-Nodding head YES</li> <li>-Shaking head NO</li> <li>-Continued mouthing around ETT</li> <li>-<b>Functional use of communication book</b></li> <li>-<b>Increased language access needs</b></li> </ul>	Communication partners	<ul style="list-style-type: none"> <li>-Parents</li> <li>-Nurses</li> <li>-Respiratory therapists</li> <li>-Varied therapy providers</li> <li>-Varied medical providers</li> <li>-Frequent provider visits</li> <li>-<b>More video calls with family</b></li> </ul>
Literacy	<ul style="list-style-type: none"> <li>-<b>Participating in shared book reading</b></li> <li>-<b>Answering yes/no questions</b></li> <li>-<b>Eye gaze toward pictures</b></li> <li>-<b>Choosing books via eye gaze/head nods</b></li> </ul>	Health literacy	<ul style="list-style-type: none"> <li>-<b>Upcoming tracheostomy placement is unfamiliar</b></li> </ul>

## ■ **Speech-generating device:**

- *Tobii I-16; TD Snap with customized page set (built off modifiedVocoChattemplate)*
  - Eye tracking technology
  - Access to context based language and formulation of novel utterances
- Rolling floor mount with floating arm
  - Need for careful mounting and positioning in bed and within room

## ■ **Yes/No responses:**

- Established: head nods/shakes
- More nuanced vocabulary in SGD

## ■ **Speech:**

- Honor intermittent mouthing of simple baseline words

## ■ **Switch access:**

- Ongoing access

## ■ **Partner -assisted scanning:**

- Ongoing implementation as indicated

## ■ **Object choices:**

- Ongoing as indicated

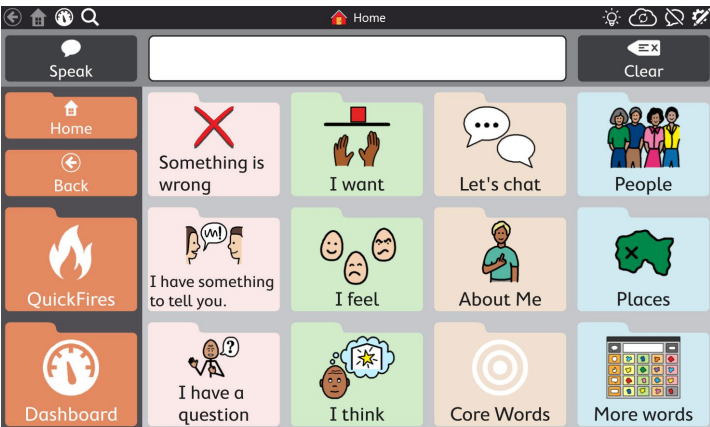
## ■ **Social stories:**

- Created with Child Life Specialist
- Topics: Hospitalization, New Tracheostomy

## ★ **Partner training:**

- Additional, ongoing training of Tobii I-16 set up and implementation
- Posted signage (in room, on device, on door)
- Direct modelling for family and staff

- Cotreat with physical therapist, nurse, mom, and SLP



## Patient 2:A

- 67 year old male; husband, father of 1 son, lawyer; loves old movies and Elvis, from Hungary
- History of quadriplegia after a diving accident in the 1970s
- Admitted after choking on food at home and was in respiratory distress
- Intubated and emerging from sedation at time of evaluation

## Discussion Questions

1. Describe an example first visit with this patient
  - a. Information gathering
  - b. Interview/intake
2. What might you prepare to trial, if anything, based on the information you have?

<b>Assessment Domain</b>	<b>Current:</b>	<b>Assessment Domain</b>	<b>Current:</b>
<b>Cognition</b>	-Weaning sedation -Awake, alert, responsive, interactive	<b>Sensory profile</b>	- Vision and hearing intact
<b>Physical access</b>	- Quadriplegia since a diving accident in the 1970s	<b>Vocabulary selection</b>	-Current: only able to indicate yes/no reliably with head nodding
<b>Respiratory status/ventilation needs</b>	-Endotracheally intubated at first and then trach to vent	<b>Bedside environment</b>	- ICU room: high risk for auditory, visual disturbances (e.g. hallway lights and sounds) -Ventilator on left side of bed -All nursing cares on right side of bed
<b>Expressive-receptive communication skills</b>	-Nodding head YES -Shaking head NO -Occasional mouthing around ETT	<b>Communication partners</b>	- Spouse and son (fluent Hungarian) - Home caregiver (bilingual) - Bedside providers (English)
<b>Literacy</b>	- In English and Hungarian	<b>Health literacy</b>	- Highly familiar with hospital environment - Past medical experiences - New vocabulary for intubation, trach, suctioning, feeding tube



**What would you try next?**

What we tried....



<b>SUCTION</b> fájdalom	<b>ITCHY NOSE</b> viszkető orr	<b>EYE DROPS</b> szemcsepp	<b>CLEAN EYES</b> tisztá szemek	<b>REPOSITION</b> újrapozícionálás	<b>PAIN</b> fájdalom
<b>TROUBLE BREATHING</b> légzési nehézség	<b>MEDICINE</b> gyógyszer	<b>HOT / COLD</b> forró / hideg	<b>BOWEL MOVEMENT</b> bélmozgás	<b>URINATE</b> vizel	<b>MOUTH CARE</b> szájápolás
<b>THIRSTY</b> szomjas	<b>CHAIR</b> szék	<b>BED</b> ágy	<b>CALL MY FAMILY</b> hívd fel a családomat	<b>WHAT'S MY STATUS?</b> mi az állapotom	<b>TIME / DAY?</b> Idő / nap
<b>THANK YOU</b> köszönöm	<b>I'M TIRED</b> fáradt vagyok	<b>HOW ARE YOU?</b> Hogy vagy?	<b>LIGHT ON / OFF</b> fény tovább / ki	<b>TV ON/OFF</b> televízió tovább / ki	<b>MUSIC</b> Zene
<b>MAYBE</b> talán		<b>DON'T KNOW</b> nem tudom		<b>LATER</b> a későbbiekben	

A Á B C Cs D Dz Dzs E É F  
 G Gy H I Í J K L Ly M N  
 Ny O Ó Ö Ö P Q R S Sz T  
 Ty U Ú Ü Ü V W X Y Z Zs

<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>	SPACE	END OF MESSAGE
<b>E</b>	<b>F</b>	<b>G</b>	<b>H</b>	START OVER	I DON'T KNOW
<b>I</b>	<b>J</b>	<b>K</b>	<b>L</b>	<b>M</b>	<b>N</b>
<b>O</b>	<b>P</b>	<b>Q<sub>u</sub></b>	<b>R</b>	<b>S</b>	<b>T</b>
<b>U</b>	<b>V</b>	<b>W</b>	<b>X</b>	<b>Y</b>	<b>Z</b>
<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>
<b>7</b>	<b>8</b>	<b>9</b>	<b>∅</b>	YES 	NO 

## Patient 2:T

- 21-year old
- Diagnosis: Down syndrome and Autism
- Reason for Hospitalization: respiratory distress related to COVID-19
- Was previously intubated (6 weeks prior to AAC evaluation)
- Referred to SLP services from Physical Therapist who reported having difficulty supporting Tasha
- Lives at home with her mother
- Is in an isolation room due to skin infection precautions

## Discussion Questions

1. Describe an example first visit with this patient
  - a. Information gathering
  - b. Interview/intake
2. What might you prepare to trial, if anything, based on the information you have?

<b>Assessment Domain</b>	<b>Current:</b>	<b>Assessment Domain</b>	<b>Current:</b>
<b>Cognition</b>	<ul style="list-style-type: none"> <li>-Awake, alert, interactive</li> <li>- Moderate intellectual developmental disability</li> </ul>	<b>Sensory profile</b>	<ul style="list-style-type: none"> <li>- Can see and hear without</li> <li>- Sensitive to loud noises, certain smells, and food/temperature</li> </ul>
<b>Physical access</b>	<ul style="list-style-type: none"> <li>- Requires 2-people to assist with walking in room (important goal to discharge = able to walk independently)</li> <li>- Able to to point, write, and complete cares with assistance</li> </ul>	<b>Vocabulary selection</b>	-Current: no symbols or text in room beyond room signs
<b>Respiratory status/ventilation needs</b>	<ul style="list-style-type: none"> <li>- On room air</li> </ul>	<b>Bedside environment</b>	<ul style="list-style-type: none"> <li>- All staff wears PPE head to toe – Tasha does not know who is doing what and is fearful that everyone will have her do a needlestick</li> <li>- Signs in room for PT</li> <li>- Sad that she needed to have her head shaved</li> </ul>
<b>Expressive-receptive communication skills</b>	<ul style="list-style-type: none"> <li>- Able to speak sometimes in single words but hesitant to do so with new people</li> <li>- Can communicate via: pointing to objects, head movements, body movements (e.g., pushing items away, turning from staff)</li> </ul>	<b>Communication partners</b>	<ul style="list-style-type: none"> <li>- Mom</li> <li>- Nursing staff</li> <li>- Physicians</li> <li>- Therapists: OT, PT, SLP</li> </ul>
<b>Literacy</b>	<ul style="list-style-type: none"> <li>- Can read simple sentences</li> <li>- Is highly motivated to interact with text</li> </ul>	<b>Health literacy</b>	- Difficulty to understand hospital routines or trust hospital staff leading to reluctance to participate in care routines

**What would you try next?**

# What we tried....

It helps if you encourage me!

I like to work towards the “yellow” and “green!”

Fall Prevention Nebraska Medicine

Does not walk:	<input type="checkbox"/>
Bedrest	<input type="checkbox"/>
Agility with assistance:	<input checked="" type="checkbox"/>
2 Assist Max/min	<input checked="" type="checkbox"/>
Walks with assistance:	<input type="checkbox"/>
SBA / 1 Assist	<input type="checkbox"/>
Independent	<input type="checkbox"/>
Walks without assistance/devices	<input type="checkbox"/>

Fall risk factors:  prior fall  elimination  confusion/delirious  
Fall interventions:  bathroom alarm  supervision in bathroom  
Patient initials: g Date: 1/12

Everybody looks the same with PPE!

Please tell me who you are and what we will do together! Doing this helps me be prepared!





Nurse



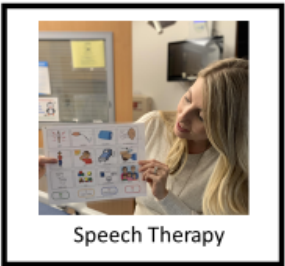
Doctor



Occupational Therapy



Physical Therapy



Speech Therapy



Eat



Drink



TV



Socks on



Gait belt on



Sit up in bed



Walk

**Fall Prevention** 

<input type="checkbox"/>	Does not walk:	<input type="checkbox"/>
	Bedrest	
<input type="checkbox"/>	Activity with assistance:	<input type="checkbox"/>
	2 Assist Men	
<input type="checkbox"/>	Walks with assistance:	<input type="checkbox"/>
	SBA / 1 Assist	
<input type="checkbox"/>	Walks without assistance/device	<input type="checkbox"/>
	Independent	

Fall risk factors:  prior fall  elimination  confusion/delirious  
 Fall interventions:  bed/chair alarm  suspension system  
 Patient initials: GR Date: 1/12

Working towards "yellow" and "green"!!





Eat or drink



IV



Bathroom



Sit in chair



Labs




Cream



Vitals




Medications

- 
1. Tell me who you are and what we will be doing together. Everyone looks the same with PPE and knowing this information helps me feel prepared.
  2. Whenever possible, give me choices. This helps me feel in control and independent.
  3. Tell me what we are doing before it happens. This helps me feel prepared.
  4. Encourage me! I like being reminded that I am working towards “yellow” (walking with less assistance) so I can go home faster.
  5. Sometimes I get overstimulated. When this happens, it helps if things are quiet and directions are simple and clear.



## Things I Like:

1. Crunchy Cheetos in Fun Sized Bag
  2. Music on the ipad: Veggie Tales, The Wiggles
  3. Watching TV: Ask me what channel I like (e.g., Disney Junior, PBS Kids, etc.)
  4. Chocolate milk, root beer (no ice), chocolate boost
  5. Breakfast: scrambled eggs, pancakes
  6. Lunch: 2 peanut butter sandwiches + root beer
  7. Grilled cheese sandwich
- 

wheelchair + sheet

fresh gown on

get in wheelchair

fresh sheet on top

go to new room 26

put stuff in bags

transfer into bed  
chair



# IMPLEMENTATION & SUSTAINABILITY CONSIDERATIONS



# IMPLEMENTATION CONSIDERATIONS

Change is not immediate or guaranteed

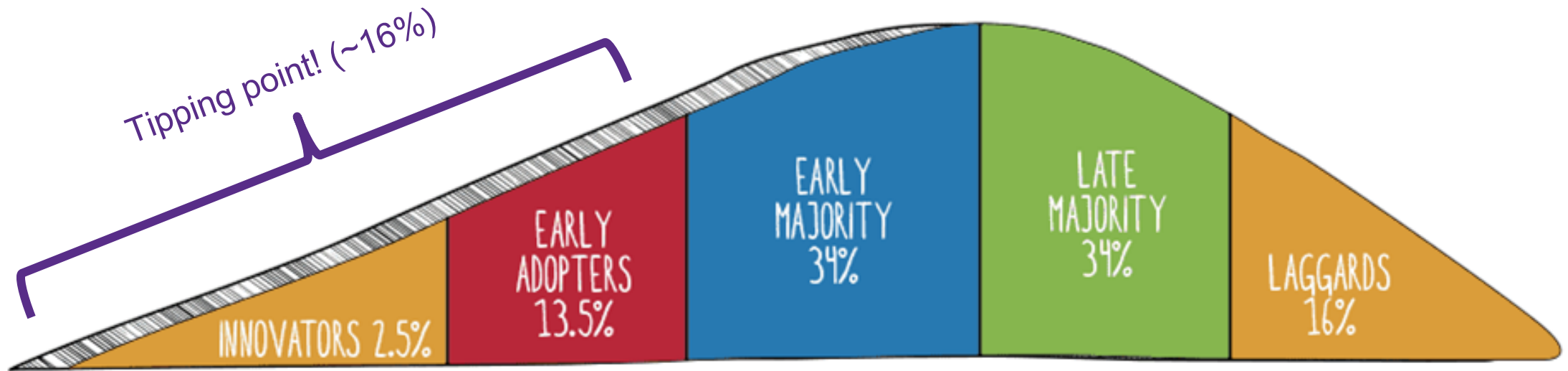
- On average, it takes ~17 years for 14% of new discoveries to be “adopted” into daily clinical practice (Westfall et al., 2007)
- 1/3 or less of guidelines are routinely adhered to in clinical practice (Mickan et al., 2011)



SO HOW CAN WE SPEED UP “ADOPTION”?

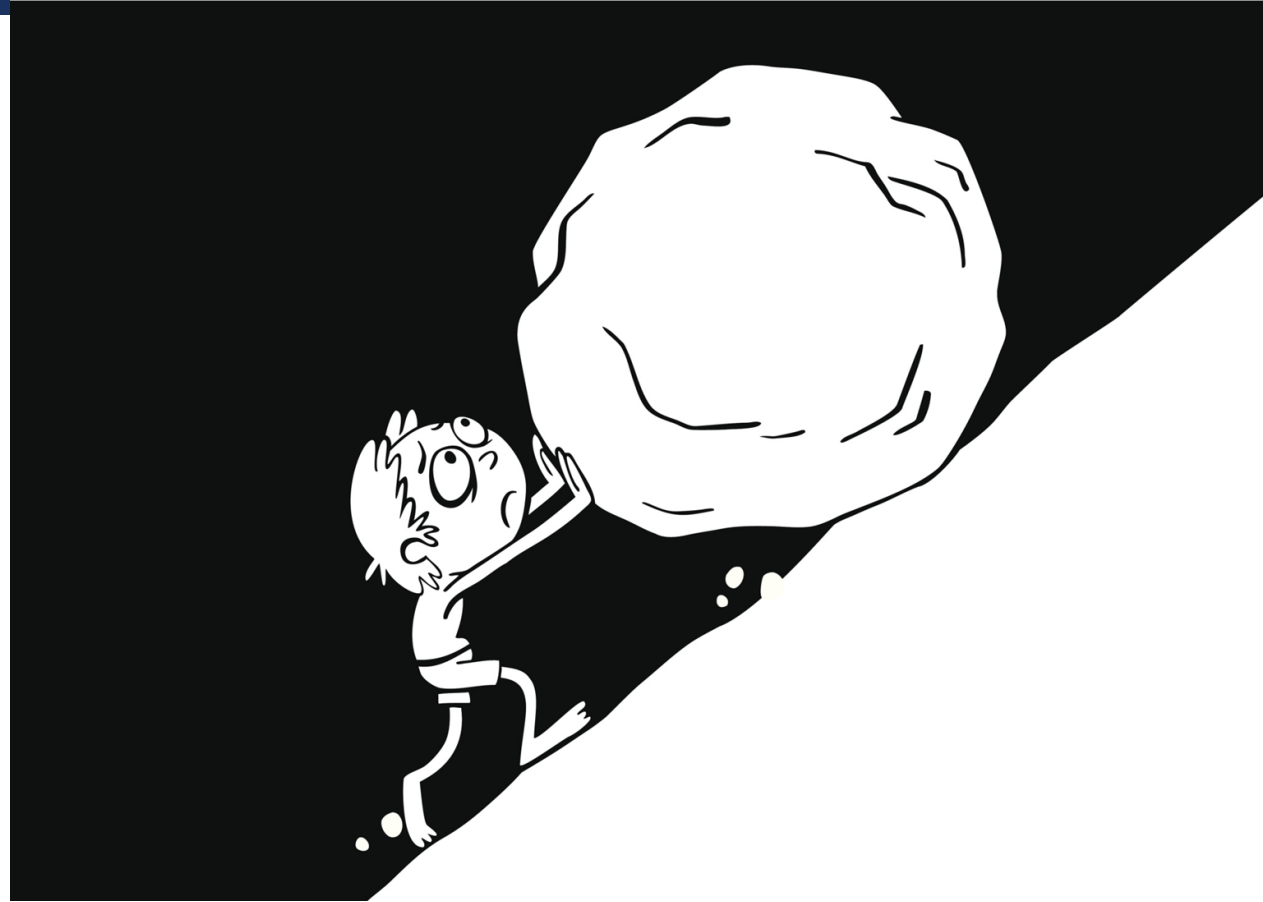


YOU ARE A CHANGE AGENT!!!  
WHERE ARE YOU ON THIS CURVE?  
WHERE ARE YOUR CO-WORKERS, ETC.?





SOMETIMES WHAT IT FEELS LIKE TO BE AN INNOVATOR OR EARLY  
ADOPTER....



# THE GOAL

AAC  
Strategies



Implementation  
Strategies



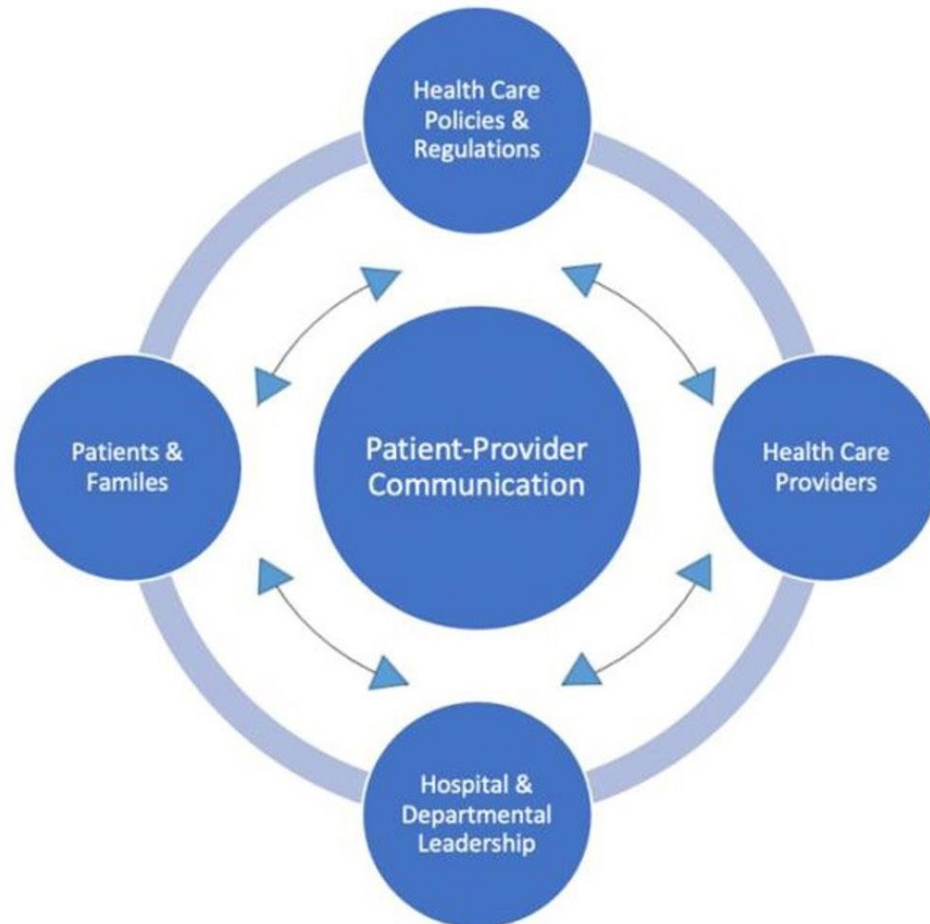
Accelerated  
Uptake

# EXAMPLE IMPLEMENTATION STRATEGIES

(POWELL ET AL. 2015)

- Access new funding
- Assess for readiness and identify barriers & facilitators
- Build a coalition
- Change physical structure & equipment
- Change record systems
- Conduct cyclical small tests of change
- Conduct ongoing training
- Develop educational materials
- Identify & prepare champions
- Identify early adopters
- Involve patients/consumers & family members
- Stage implementation scale up
- Tailor strategies

# REMEMBER THAT MULTIPLE SYSTEMS INTERACT WHICH MAY CHANGE STRATEGY EFFECTIVENESS



(Santiago et al., 2021)



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# GET INVOLVED



[www.patientprovidercommunication.org](http://www.patientprovidercommunication.org)

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# QUESTIONS



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