Improving Patient Safety by Decreasing Communication Barriers to Care- Tips, Tools & Techniques

DENISE MCCALL, PROGRAM DIRECTOR, SCALE @ THE LEAGUE
LISA THORNBURG, ASSISTANT DIRECTOR, SCALE @ THE LEAGUE
Agenda

- Review Learner Outcomes and Handout with References
- Define the Impact of Ineffective Patient-Provider Communication (PPC)
- Analyze JCAHO Standards and Definitions
- Discuss the State of PPC in Medical Settings
- Identify Barriers to Effective PPC
- Describe Training and Roadmap to Success
1. Describe the impact of ineffective patient-provider communication on patient safety.

2. Define the barriers to effective patient-provider communication.

3. Locate on-line communication tools, videos and training materials designed to reduce safety risks.

4. Learn supportive communication tools and techniques to improve effective communication in medical settings.
According to the **Joint Commission** (2010), **60-70%** of patient harm in hospitals is associated with lack of effective communication resulting in:

- Reduced patient safety
- Extended length of stay
- Unnecessary exacerbation of pain
- Serious physical or psychological injuries
- Drug treatment errors
- Problems understanding medical advice
- Avoidable deaths
Successful Patient-Provider Communication correlates positively with:

- Patient safety
- Patient satisfaction
- Positive health outcomes
- Adherence to recommended treatment
- Self-management of disease
- Lower costs

Positive Impacts

Blackstone, (2016)
The Joint Commission (2010) has deemed effective communication, cultural competence and patient-and-family-centered care vital components of safe, quality care and has made that part of their accreditation standards.
JCAHO Definition of Communication

- Patient-Provider Communication:
  - Is a two way process, receptive and expressive
  - Ensures both parties are understood
  - Includes messages that are accurate, timely, complete, unambiguous
  - Allows providers to understand and integrate information from Patients
  - Allows Patients to comprehend messages completely
  - Enables Patients to participate responsibly in their care across all settings
What is Communication Access?

- Having the means, supports and opportunities to communicate effectively, meaningfully, accurately and authentically in order to get equal uncompromised access to goods and services (Collier, et. al, 2012).
Communication Vulnerable” Individuals
Blackstone, (2015)

- Individuals who have difficulty “speaking, reading, remembering or writing”, are 6x more likely to experience adverse events, these include:
  - Communication disabilities (aphasia, deafness, dementia)
  - Cultural or religious differences
  - Limited health literacy
  - Limited proficiency in a native language
Who is “Communication Vulnerable”? 

200 Million People

- People with limited English proficiency (47 million)
- People with communication disabilities (22 to 36 million with deafness/hearing impairments; more than 46 million with disordered communication)
- People with limited health literacy (90 million)
- People with sexual, cultural, religious differences (unknown, but a substantial percent of the population)
State of Affairs in Inpatient Rehabilitation Facilities in North America (Simmons-Mackie, 2016)

- Only 15% of responding facilities:
  - Have a written policy regarding patient-provider communication
  - Include aspects of patient-provider communication in quality improvement programs

- 62% of the responding facilities reported that there is no mandatory staff training in methods of communicating with people with communication disorders

- Almost half of the respondents reported that their facilities have not adapted written materials for people with communication disorders
According to the Joint Commission (2010), 60-70% of patient harm in hospitals is associated with lack of effective communication resulting in:

- Reduced patient safety
- Extended length of stay
- Unnecessary exacerbation of pain
- Serious physical or psychological injuries
- Drug treatment errors
- Problems understanding medical advice
- Avoidable deaths

Adverse Events
Adverse Events Studied

- Pressure Ulcers
- Ventilator Associated Pneumonia
- Patient Falls
- Adverse Drug Reactions

Adverse Events: Risks and Costs

Hospitalized Patients
Alert
Communication Vulnerable

Reported Adverse Events

Rate of Adverse Events per Communication Vulnerable Patients

ANNUAL COST REDUCTION

Adverse Events

- Reduced number of cases annually: by 547,906 cases (or by 20%)
- Annual Cost Savings of $5.8 billion dollars
### Barriers to Successful PPC

#### Training
- Inadequate administrative support
- Lack of ownership/point person (group)

#### Time
- Staffing shortage, “too busy”
- “Rationing” care, “squeaky wheel”

#### Turnover
- New staff orientation/competency
- Annual orientation/competency

#### Temperament
- Frustration, dissatisfaction, helplessness
- Comfort, confidence, experience
“Today it is especially important for those responsible for hospital care and training to take a fresh look at the quality and extent of the training provided in the crucial area of communication.

The evidence keeps mounting that communication barriers, breakdowns, and problems are the root cause of more sentinel events, medical errors, unnecessary costs and inadequate treatments than any other single cause.

What we need now is energetic action by health care decision-makers to move forward and create real change.”

(The Joint Commission, 2010ab; Divi, Koss, Schmaltz & Loeb, 2007)
State of Affairs in Inpatient Rehabilitation Facilities in North America (Simmons-Mackie, 2016)

- Only 15% of responding facilities:
  - Have a written policy regarding patient-provider communication
  - Include aspects of patient-provider communication in quality improvement programs

- 62% of the responding facilities reported that there is no mandatory staff training in methods of communicating with people with communication disorders

- Almost half of the respondents reported that their facilities have not adapted written materials for people with communication disorders
Aphasia is an acquired language disorder affecting comprehension, speaking, reading and writing.

Aphasia is a prime example of a disorder that creates communication barriers.

People with aphasia “know more than they can say” and can reveal their thoughts or access information with a skilled communication partner or with appropriate communication supports and accommodations.

Many of the methods of improving communication for people with aphasia are generalizable to other communication vulnerable populations.
State-of-the-Art Communication Access Resources

Aphasia Access
www.aphasiaaccess.org

Aphasia Institute
www.aphasia.ca.org

Patient Provider Communication
www.patientprovidercommunication.org
What is Communication Support?

Anything that helps improve someone’s successful participation in communication such as:

- Material resources in the environment (photos, scales)
- Adaptations of the environment (changing procedures, physical setting, time allotted or scheduling)
- Training of those who interact with Communication Vulnerable Individuals
Supported Conversation Training

- Acknowledge Competence
  - A communication difficulty does not in and of itself indicate cognitive impairment

- Reveal and Access Competence
  - Tools and techniques enable the individual to comprehend messages, express their messages and more fully participate successfully in their medical care
Supported Conversation Training

- Tools and techniques to get and give accurate information:
  - Message In
  - Message Out
  - Verify
Getting The Message In

- Set the stage for each topic
- Use slower rate, more gestures, shorter sentences, facial expressions
- Draw or write key words
- Use repetition as necessary
- Use pictures
Getting the Message Out

- Establish context: a jumping off point
- Ask yes/no questions
- Ask one thing at a time
- Make sure they have a way to respond
- Encourage the use of gesture, pictures, drawing or writing
- Learn to be comfortable with silences
Verify

- Summarize slowly and clearly what you think the individual is trying to say
- “Let me see if I have this right…”
- Use gestures, pictures or key words to review the message
Communication Tool Box

Tools To Support Conversation: Your ‘Black Bag’

Keep talking naturally while you use these tools. Remember to sound like you are talking to an intelligent adult.
Communication Toolkit
(Pressman & Newman, 2009)

• Word Boards
• Picture Boards
• Call Bell “How To”
• Personal Amplifier
• Writing Boards
• Magnifying Glass
• English-Spanish
• (other languages)
Communication Passport

Nursing and medical staff please look at my passport before you do any interventions with me.

Things you must know about me

These things are important to me

My likes and dislikes

In The Joint Establishment Of Meaning
Patient Provider Communication

www.patientprovidercommunication.org

Communication

Is The Joint Establishment Of Meaning

www.patientprovidercommunication.org

Take a bath/shower  Wash hands  Go to the bathroom  Brush my teeth

Brush my hair  Change clothes  Go to bed  Change sheets

Fix pillow  Chapstick  Medicine  I need a tissue
Questions about DNR and Related Decisions

<table>
<thead>
<tr>
<th>What will you do if my heart stops?</th>
<th>What will you do if I stop breathing?</th>
<th>What is CPR?</th>
<th>What can happen if you do CPR?</th>
</tr>
</thead>
<tbody>
<tr>
<td>I want you to do everything possible to revive me.</td>
<td>I do not want you to do anything to revive me.</td>
<td>I do not want to be mechanically ventilated.</td>
<td>I understand that without the ventilator I would die.</td>
</tr>
<tr>
<td>I would like any procedure or device that will keep my heart going.</td>
<td>I do not want any invasive procedures done.</td>
<td>I do not want you to do chest compressions.</td>
<td>I do not want you to use a defibrillator on me.</td>
</tr>
<tr>
<td>If I change my mind how will I be able to let you know?</td>
<td>I do not want to talk about this.</td>
<td>When do I have to decide what should be done?</td>
<td>I do not understand.</td>
</tr>
</tbody>
</table>
JCAHO Road Map 2011

www.jointcommission.org

www.patientprovidercommunication.org

Advancing Effective Communication, Cultural Competence, and Patient- and Family-Centered Care

A Roadmap for Hospitals
Road Map Intersections

- **WHY?** Organizational Philosophy, Culture, Mindset (Universal Precautions)
- **HOW?** Administration Champions Communication via Policy
- **WHO?** Point Person or Group (Rapid Response Team)
- **WHAT?** Tools, Materials, Equipment
- **WHERE?** Identify Units, Locations, Areas of Service
- **WHEN?** Training: New/Annual Orientation/Competency
Appoint **Communication Point Person** from your facility who mediates JCAHO standards and is responsible for communication access.

**The Communication Point Person will:**

- Conduct a needs assessment at your facility
- Obtain ICP training on methods of facilitating communication for individuals who have difficulty communicating
- Obtain communication supports for your facility
- Make adaptations to the environment to provide needed supports
- Develop policies for keeping materials organized, stocked, up-to-date
- Develop and conduct annual competency trainings
- Solicit patient feedback, advocate for patient rights and communication
Attend the Aphasia Access Virtual Summit!

Date: June 15, 2018
Where?:
www.aphasiaaccess.org

A Virtual Conference - 10 am to 5 pm Eastern Time
MAXIMIZING COMMUNICATION ACCESS FOR PEOPLE WITH APHASIA: AN INTERPROFESSIONAL APPROACH ACROSS SETTINGS

What if SLPs, nurses, case managers and others who care for people with aphasia got the tools they deserve to help provide true patient-centered care? What if acute, rehabilitation and other care environments were exposed to practical solutions to actually meet communication access mandates? Recognizing that meaningful care and support of people with aphasia is truly an interprofessional effort, Aphasia Access is pleased to host this practical, educational event.

Friday, June 15, 2018
Live Event. Real-time networking. Archival Workshops Accessible for 90 days

Not only is the inability to communicate socially crippling and a leading cause of depression, according to the Joint Commission 60-70% of patient harm is associated with lack of effective communication.

Aphasia Access
Until Every Voice is Understood

CEUs **
One low fee for your entire healthcare team. (*)

$175 before 6/1
$200 after 6/1

Communication impairments present real obstacles to our entire team and SLPs care for everyone. THIS is the training we’ve ALL wished for...*

(*) cme for the entire care team, individual registration required for CEUs.
** applications pending for specific contacting, visit AphasiaAccess.org/virtual-conf

Register Online at
www.AphasiaAccess.org/virtual-conf
Questions?


Thank you!

CONTACT INFORMATION:
DENISE MCCALL (DMCCALL@SCALEBALTIMORE.ORG)
LISA THORNBURG (LTHORNBURG@SCALEBALTIMORE.ORG)
WWW.LEAGUEFORPEOPLE.ORG/SCALE