Improving Patient-Provider Communication to Prevent HAIs in Hospitalized Patients

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Sepsis Alliance, December 2022

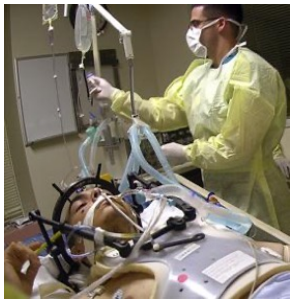
Disclosures

The presenter is a Professor Emeritus of the Department of Communication Sciences and Disorders at the University of Iowa and is an active participant of the Patient-Provider Communication Network. The presenter is a founder of Voxello, a University of Iowa medical device startup company. He is the unsalaried Chief Scientific Officer of Voxello.

Acknowledgements

Research reported in this presentation was supported in part by the National Institute of Nursing Research of the National Institutes of Health under Award R43NR016406 and R44NR016406.

A Problem for Patients and Healthcare Systems



Patients who face barriers to effective communication are **three** times more likely to experience a preventable hospital acquired condition (**HAC**).

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Communication Challenges in Acute Care

What/Who is missing?

Preventing Hospital Acquired Infections

- The focus on healthcare-acquired infections is now on prevention. In most cases, prevention is very basic: proper hand washing and good environmental hygiene.
- All people who enter a patient's room or touch a patient must wash their hands before and after, even if they wear gloves.
- Patient rooms, as well as common rooms and facilities need proper cleaning on a regular basis.
- Medical equipment also need proper washing and sterilization (when appropriate).
- Limit, as much as possible, invasive procedures for as short a period of time as possible.
- Healthcare providers must correctly observe sterile processes when performing procedures, such as changing wound dressings and inserting urinary catheters.
- Patients should have well-ventilated private rooms as often as possible.
- **Staff should monitor patients closely for any signs of infection.**
- Source: https://www.sepsis.org/sepsisand/healthcare-acquired-infections/

Effective Patient-Provider Communication in Acute Care

Patient	Provider
• Summon help • Communicate needs • Participate in care & decision making • Maintain personal identity & personality	• Respond to summons for help • Understand patient needs • Engage patient in care & decision making • Treat patient, not only the disease

Scope & Extent of the Problem

Of the **35.1M** hospitalized patients in the U.S., **3.6M** can't summon help or communicate with caregivers. Studies reveal that between **33%** and **50%** of conscious ICU patients face communication barriers.

Patients With

Complex Communication Needs

Acute and Emergent Conditions

Trauma or Disease (e.g., Covid-19, Guillain Barre, ALS)

Chronic Conditions

Cerebral Palsy, Muscular Dystrophy, Multiple Sclerosis, Para- and Quadriplegia, Parkinson's Disease

Limited proficiency in the caregivers' language

Barriers to Effective Patient-Provider Communication

Patient

- An inaccessible nurse call
- A lack or limitation to use oral speech production
- Sensory deficits (hearing)
- An inability to physically write
- Cognitive-linguistic issues that can impact comprehension and expression.
- Cultural-Linguistic differences
- Literacy Barriers-due to poor proficiency in reading or visual impairment
- Limited proficiency in the language used by the caregiver

Provider/Facility

- PPE (personal protective equipment)
- Inadequate staffing or protocols for the identification and treatment of patients' complex communication needs.
- The absence of a wide range of communication tools and proper mounting equipment.
- Inadequate staff training on patient-provider communication.
- Provider not conversant in the language spoken by the patient (Limited access to language interpreters).
- Other cultural-linguistic differences

Barriers to Patient-Provider Communication: Negative Impacts on the Patient and the Caregivers

Patient Experience

- Frustration/Stress
- Risk of Adverse Events (HAC)
- Risk of Delirium
- Increased LOS
- Inability to maintain autonomy and personality
- Perceived value of care

Nurse/Caregiver Experience

- Frustration/Stress
- Inability to see the patient and understand the patient's needs
- Potential for Errors in Cares (HAC)
- Need to provide extra cares
- Wasted time
- Burnout

The Role of Communication in Patient Bedside Care & Infection Control

- Pain Management
- Pulmonary Issues
- Adverse Drug or Blood Product Reactions
- Fall Prevention
- Delirium & Patient Stress
- Medical Decision Making

Incidence and Estimated Treatment Costs

Drug Reaction, Fall, Pressure Ulcer & Ventilator Associated Pneumonia

(U.S. Agency for Healthcare Research and Quality 2019)

Hospital-Acquired Condition Per 1000 Discharges	**2014 Measured Baseline**	**Preliminary 2017 Normalized Count**	**2019 Goal** (20% Reduction from Baseline)
Hospital Population	**64.7**	**55.8**	**51.7**
Avoidable Treatment Costs	**$21.9 Billion**	**$20.4 Billion**	**$17.5 Billion**
For Patients Facing Communication Barriers*	99.9	86.3	79.9
Additional Treatment Costs	**$12 Billion**	**$11 Billion**	**$9.6 Billion**

* Assumes 3X higher incidence, Bartlett et al. 2008

CDC 2021 National and State Healthcare-Associated Infections Progress Report

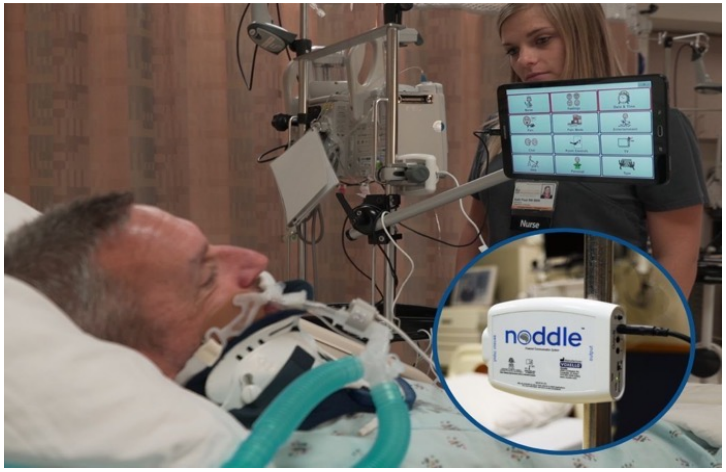
Ventilator Associated Events (VAE)

- Overall, there was a **12%** increase in VAE between 2020 and 2021
  - **12%** increase in ICUs
  - **16%** increase in non-ICUs

- Compared to the 2015 national acute care hospital baseline, **36 states reported poorer VAE rates**

Accessible Version: https://www.cdc.gov/hai/data/portal/progress-report.html

Providing Assistive Technology in Acute Care Reduces HACs

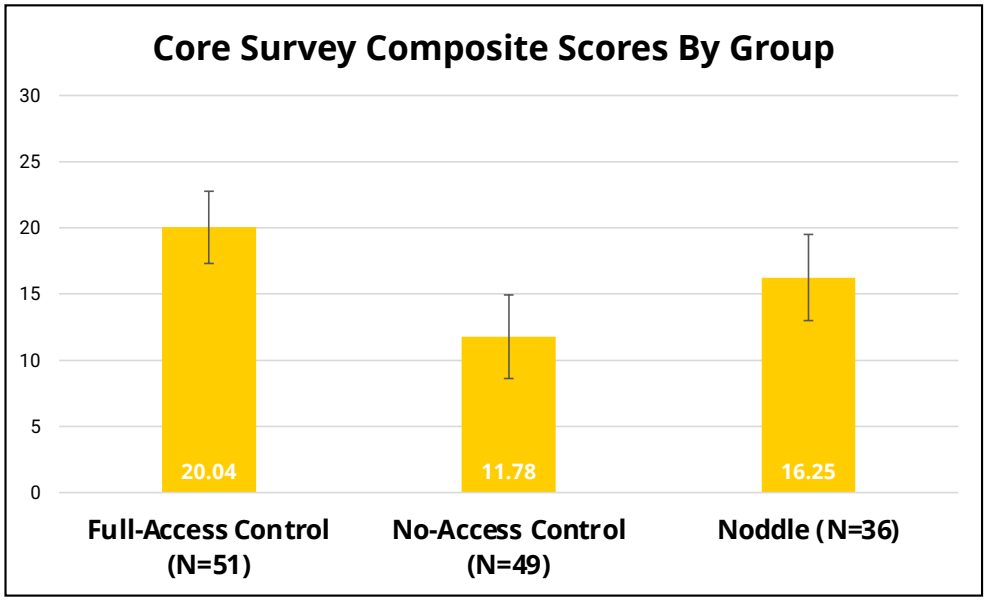


AHRQ Report Comparison	Chi-Squared	p value
2019 Goal	5.6154	<0.02
2019 Goal Higher Risk Estimate	8.9444	<0.03

Hurtig, R.R., Alper, R., Altschuler, T., Gendreau, S., Gormley, J., Marshall, S., Santiago, R. & Scibilia, S. (2020) Improving Outcomes for Hospitalized Patients Pre- and Post-COVID-19. Perspectives of the ASHA Special Interest Groups Vol.5, 1577-1586. https://doi.org/10.1044/2020_PERSP-20-00144

Using Assistive Technology in Acute Care Improves Patient Satisfaction

Patient Core Survey Items
I was able to independently summon help when I needed it.
I had a way to let others know if I needed help or was in pain.
I was able to independently get my nurse to assist me.
Having the ability to all my nurse made me feel more at ease.
Using the nurse call allowed me to help my nurse to take better care of me.
Having access to my nurse call did not increase my independence.



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JC Hospital Accreditation Standards Mandate Dynamic Assessment of Patients' Communication Needs

- 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.
  - Care Standards Mandate that patients must be able to summon help and effectively communicate with their caregivers. Hospitals must assess a patient's need throughout the hospitalization; from admission to discharge and provide whatever accommodation is needed.
- The National Joint Committee's Communication Bill of Rights (1992) identified communication as a basic right and declared that individuals with impaired communication have the right to functional assistive technology.

Americans With Disabilities Act Requires Hospitals to Address Patients' Communication Needs

The **Americans with Disabilities Act, Title III** specifies that hospitals, along with other places of public accommodation, address the communication needs of individuals with disabilities.

The Department of Justice Civil Rights Division's highlights for Title III emphasize the importance of addressing the needs of individuals with communication impairments.

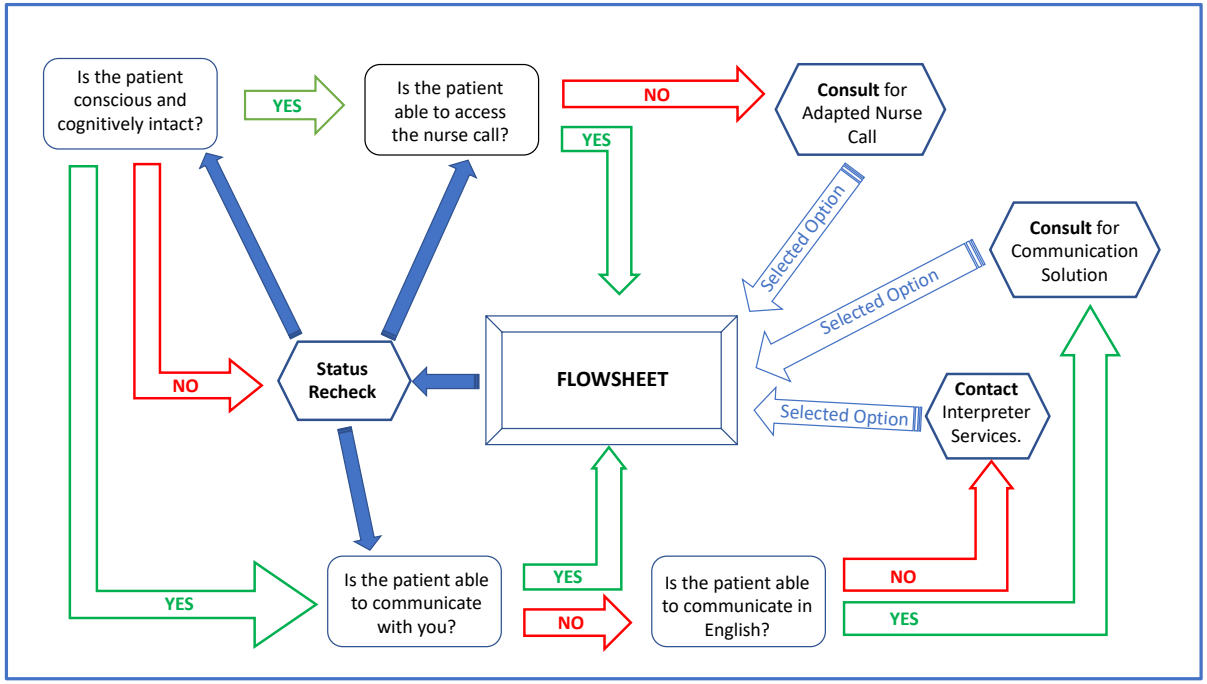
https://www.ada.gov/effective-comm.htm

Summary: Impacts of Communication Barriers

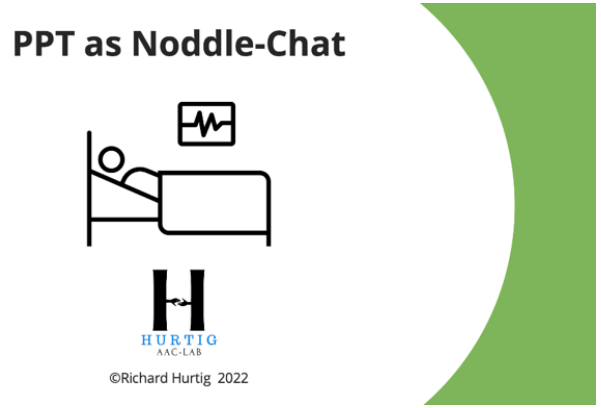
- Poorer medical outcomes and higher preventable adverse medical events (HAC/HAI)
- Significant isolation and a dramatic shrinkage in the individuals' social world.
- Loss of autonomy & exclusion from medical decision making.
- The inability to speak makes individuals susceptible to our society's paternalistic approach to dealing with individuals with a disability.
    - "Baby Talk" or "Elder Speak"

Formalize a “Culture of Communication”

- Make Patients’ Communication Needs Part of the EMR.
- Identify Communication Champion and Build Consult Team.
- Build Communication Toolkits.
- Build Inservice Training on Patient-Provider Communication.



Communication Tools (Low & High Tech) to Support Bedside Interactions



Have a range of communication templates that would enable non-speaking individuals to actively participate in bedside cares and indicate their needs & preferences and not be limited to making only binary yes/no response.

Problem with only a Yes/No Response Option

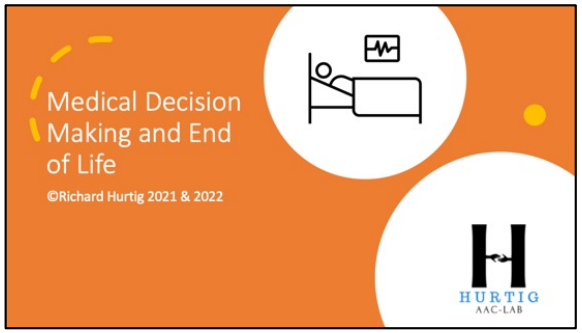
Suctioning-VAE
Mrs. Jackson

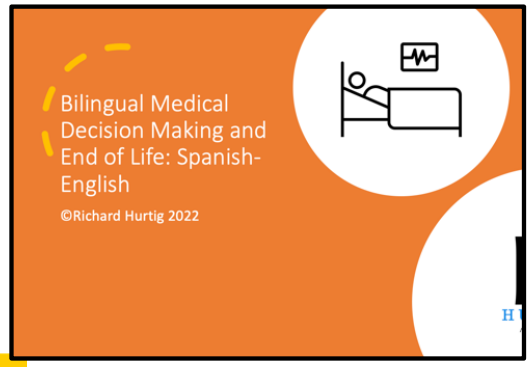
- 67 years old
- Admitted for Cardiac Surgery
- On Ventilatory Support Receiving Intermittent Sedation Protocol
- Instructed to use thumbs up/thumbs down for yes/no
  - Problem with using yes/no
  - Advantage of using low tech yes/no/maybe later communication strategy

Repositioning-Pressure Ulcer
Mr. Smith

- 57 years old
- Quadriplegic admitted due to UTI
- Trach to Vent
- Instructed to use eyes up and eyes down for yes/no
  - Problem with using yes/no
  - Advantage of using low tech yes/no/maybe later communication strategy

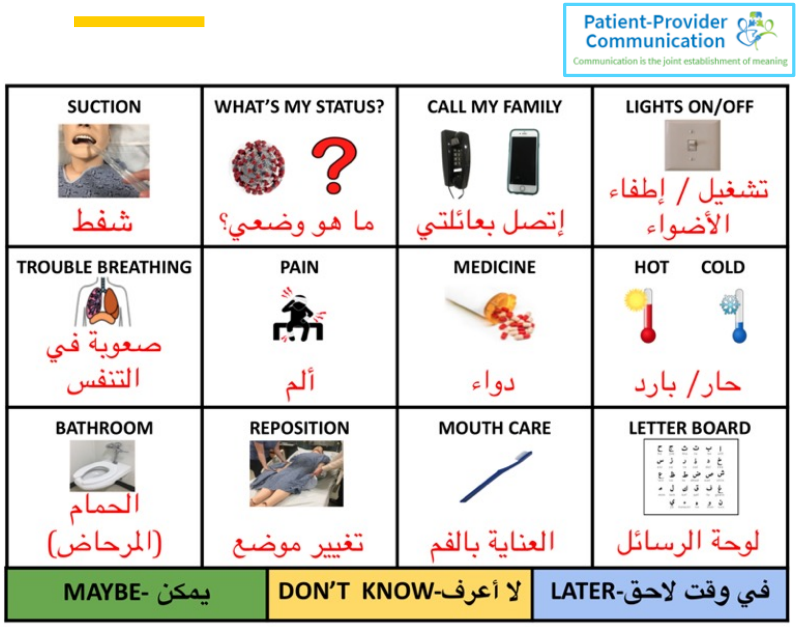
Communication Tools (Low & High Tech) to Support Medical Decision Making





- Have a range of communication templates that would enable non-speaking individuals to participate in medical decision making.
- 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.

Supporting Patients with Limited Proficiency in their Provider's Language



Caution:

Do not rely on translation apps to communicate with patients.

Bilingual-Bidirectional Tool

Free Downloadable Communication Tools

Patient-Provider Communication

Communication is the joint establishment of meaning

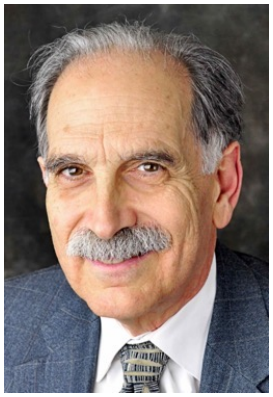
https://www.patientprovidercommunication.org/tools-and-resources/communication-tools-and-materials/

WidgitHealth

https://widgit-health.com/downloads/for-professionals.htm

HURTIG AAC-LAB

http://www.hurtig-aaclab.net/



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For more information on my work in AAC check out my website.
http://www.hurtig-aaclab.net

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