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Practicing AAC in Acute Care Settings

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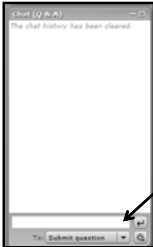
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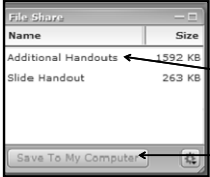
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Today's Presenter

- ↗ Debora A. Downey, M.A., CCC-SLP
- ↗ Doctoral candidate at the University of Iowa
- ↗ Facilitator of the AAC Service at the Center for Disabilities and Development
- ↗ Co-author of "Implementing AAC in Acute Care Settings"

Practicing AAC in Acute Care Settings

Practicing AAC In Acute Care Settings

Debora Downey, M.A., CCC-SLP

University of Iowa

Objectives

- Participants will be able to identify an individual's need for AAC in an acute care setting.
- Participants will have a working knowledge of strategies for integrating AAC into the acute care setting.
- Participants will demonstrate a working knowledge of message templates and environmental control options that assist acute care patients in management of their health care status.
- Participants will gain an understanding of the need to educate nurses with the necessary strategies they need to interact with patient with complex communication needs in acute care settings.

The Problem

- Most hospitalized nonverbal patients experience some level of:
  - Frustration
  - Anxiety
- These feelings can have adverse effects on the patient's relationship with their caregivers and family members

Understanding the Problems Associated With An Inability to Communicate

- An inability to communicate:
  - With family, friends, and health care staff
- This inability to communicate can occur at the most inopportune times:
  - End of life care
  - During periods of critical illness

Understanding The Problem And Its Pervasiveness is Key

It is estimated that as many as 1.5 million Americans experience some form of temporary or permanent ventilation annually.

The Importance of Addressing the Problem

- Analyzing and understanding these communication issues, and acquiring information on the use of Augmentative/Alternative Communication (AAC) in acute care settings, should enhance communicative efficacy and minimize negative feelings patients may experience and should be paramount for improving patient outcomes.

What We Know About Nurses' Interactions with Nonoral Patients

- Patients experience a sense of "powerlessness."
- The need to empower the critically ill patient is vital and may be a factor in their rate of improvement.
- There is a significant relationship between the patient's perceived state of responsiveness and the degree of positive communication by the patient's nurse.
- Nurses tend to have more positive communication encounters with patients they perceive as being more responsive.

What We Know About Nurses' Interactions with Nonoral Patients continued…

- The more alert a patient is perceived to be by the nurse, the greater the opportunity for communicative interaction.
- Intensive care nurses recognize the need to communicate with their patients as much as possibl,e but tend to minimize their communication with patients as a way to reduce their own anxiety.
- The quality of nurse-patient communication may be constrained by the nurse's level of experience in the intensive care units.
- More experienced nurses, nurses with more than 5 years of experience, are more familiar with the technical tasks involved in patient care and can easily absorb the gravity of the overall situation.

What Are the Most Common Communication Strategies Used By Nonoral Patients?

● The use of non-vocal behaviors (i.e., mouthing words, gestures, and head nods) are used as primary modes of communication by critical care patients.

However, patients tend to report that these non-vocal behaviors are ineffective, and the literature identifies these methods as being ineffective and contributing to the increased level of frustration experienced by the patient.

What We Know About The Common Strategies Used By UIHC Nurses

● A 2006 survey of UIHC nurses who work with nonoral patient suggested nurses use the following strategies with their patients:
  – Paper & Pencil 96%
  – Picture Boards 80%
  – Lip reading 70%
● All can cause frustration for the patient.

JC's Stance On Patients' Communication Status

● **JC Requirement for IM.6.20**
● ***Effective January 1, 2006***
● **Information Management**
● **Standard IM.6.20**
  Records contain patient-specific information, as appropriate to the care, treatment, and services provided.
● **Elements of Performance for IM.6.20**
  C 2. (Medical records) contain, as applicable, the following demographic information:
  – Patient's name, sex, address, date of birth, and authorized representative.
  – Legal status of patients receiving behavioral health care services
  – The patient's language and communication needs

Clearly, the communication needs of the patient are becoming central to their care and our need to address this communication issue is essential if we are to offer state of the art care for all our patients.

The Take Home Message

- The nurse's ability to communicate with his/her patient is an issue that is vital to the patient's recovery period.
- Understanding that nurses experience difficulty with nonoral patients, and improving their communication with such patients may improve overall patient outcomes.
- There is a JACHO requirement regarding the communication needs of all patients.

How Speech-Language Pathology Can Help Nurses Communicate With Nonoral Patients

- Speech-language pathology, as an ancillary service in the hospital, can affect significant change in the nurse's ability to communicate with his/her nonoral patients.
- The Speech-Language is a trained communication specialist and can provide strategies for both the nurse and the patient to improve their levels of communication, as well as improve the patient's ability to communicate with other pertinent communication partners.
- The goal of the Speech-Language Pathologist will be to assist the patient in achieving some form of functional communication and thereby reduce their level of frustration.

What is AAC?

- The American Speech and Hearing Association defines the term of AAC in relation to corresponding attempts to study and, when necessary, compensate for temporary or permanent restrictions of speech-language production and/or comprehension, including spoken as well as written modes of communication (ASHA, 2004, pp. 1).
- The term *Augmentative Communication* refers to the use of aids or techniques that augment or supplement existing vocal or verbal communication skills.
- *Alternative Communication* suggests the need for communication methods or strategies that replace vocal or verbal abilities.

Candidacy For AAC

- **Key components include**:
  - Functional yes/no response
  - The most **minimal amount of movement**
    - tongue to cheek movement
    - an eye blink/wink
    - Minimal movement of fingers, hand, arm, shoulder, toes, foot, leg or head.

The most important thing to remember is that the movement does not need to require significant force or displacement

Typical Yes/No Motor Responses

- Squeezing of the hand
- Using eye gaze
- Thumbs up/down
- Head gestures

The Importance Of A Reliable Yes/No Response

- The nurses can conduct a bedside assessment of the patient's ability to answer "yes/no" questions to begin to assess candidacy.
- All of the patient's communication partners should agree on this being the 'yes' response.
- The use of a yes/no response empowers the patient and allows them to communicate with family members, loved ones and health professionals.
- No equipment is necessary for success.

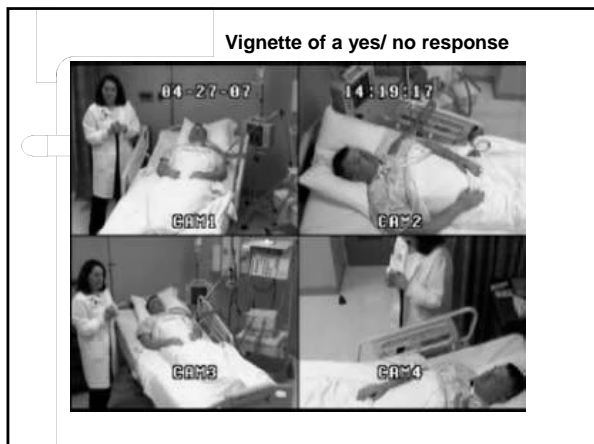**Vignette of a yes/ no response**

Strategies For Developing Reliable Yes/No Responses

- Attempt successful completion of two or more tasks involving attending behaviors, orientation questions or single step commands. An example of possible attending behaviors includes asking the patient to look at you or at an object in the room, and/or attending to a spoken name.

What Are Attending Behaviors?

- An example of possible attending behaviors includes:
  – Asking the patient to look at you
  – Asking the patient to look at an object in the room
  – Attending to a spoken name

What are orientation questions?

- Orientation questions may include, but are not limited to, the following:
  - "Is _____ your name?""
  - "Are your eyes blue?"
  - "Are you married?"

Examples of Single Step Commands

- Single Step commands can comprise items similar to completion of a relatively simple motor action
  - squeeze my hand,
  - blink,
  - stick out your tongue out, or
  - look at a particular item in the room.

Key Remember the rationale for asking these questions

- It is not to identify a strong motor response
- It is to assess the patient's ability to follow a single step command.
- Thus, commands may vary greatly from patient to patient depending on his/her physical limitations.
- If the patient is unable to complete at least two of these tasks, they should not be dismissed as possible candidates for AAC but, rather, they should be placed on a "monitor status" with scheduled daily re-screening.

Vignette of Strategies For Developing Reliable Yes/No Responses

Strategies To Promote The Use of Yes/No Responses

- Only ask yes/no questions
- Avoid open-ended questions
- Cue the patient to use his/her yes/no response
- Review/Remind the patient of the identified yes/no response to be used

Although the use of a yes/no response is important, sometimes the patient's communication need may not be met and the need for low to high level AAC equipment may be necessary.

Example of a communication exchange using the patient's Yes/No Responses

Equipment Used To Enhance Communication Options for Nonoral Patients In Critical Care Units

Common AAC Interventions

High-tech

Mid-tech

Low-tech

Low Tech Options

- Customized Picture/Word Boards
- Customized Alphabet Boards
- Pen and Paper
- All should be available on the unit

Customized boards can assure the patient that his/her immediate communication needs can be achieved.

Mid Tech Options

- Voice output devices with limited vocabulary options
- Often is digitized or recorded speech
- Often requires the use of a paper overlay

Mid Tech Options Can Be Used With Bilingual Patients

- The top row **(color coded in blue)** are messages to facilitate communication from the patient to the nurse.
  - labels are written in the patient's language
  - the messages are recorded in English
- The bottom row **(color coded in pink)** facilitate communication from the nurse to the patient.
  - labels are written English
  - messages are recorded in patient's language

High Tech Options

- Typically are computer generated devices
- Offer synthesized and recorded voice
- Allow for a great deal of flexibility at the bedside
- Offer various forms of response selection
- Appropriate for use with acute care patients

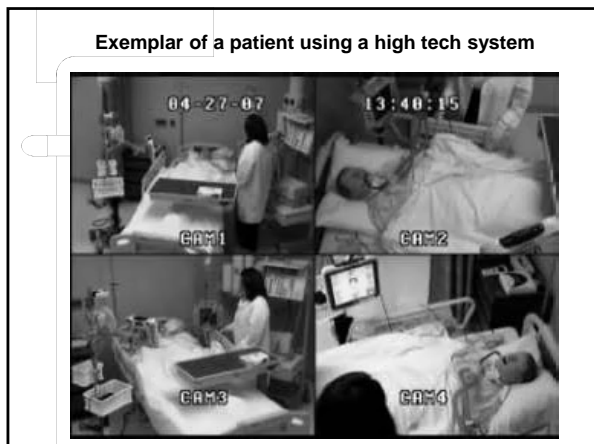**Exemplar of a patient using a high tech system**

Things To Remember

- Check the visual status of the patient.
- Verify that the patient can see the communication system based on the positioning of the system.
- Ensure the patient has access to the communication system.
- Make sure the patient can reach all messages on the communication board.
- Encourage the patient to use any identified yes/no responses as well as the communication board.

Access Methods For Patients

- There are several high tech devices that allow for various selection or access techniques.
- Access refers to the manner in which the patient makes his or her item/message selection.
- Access methods for patients can be either direct of indirect in nature.
- Direct Access refers to a patient's ability to access the device by using their hand, a hand-held mouse, a head mouse and/or a stylus. Typically, direct access is accomplished by the patient using his/her hand to touch the device. There are practical items in the patient's room which should be utilized regularly when deploying direct access for patients with limited range of motion due to motor dysfunction or being restrained.
- They include items such as a yankauer with a wash cloth wrapped and taped at the base to provide the patient with a stylus/pointer to access the device, or we can use more technologically advanced items such as a hand-held mouse.

Yankauer

Hand- held mouse

Exemplar of Direct Selection

Indirect Access Methods For Patients

- Indirect access is used when a patient is unable to directly choose an item/message from a selection set.
- Patients who benefit from switch use present with poor or inadequate motor control.
- During indirect selection, the items/messages in the selection set are displayed either by a facilitator (a trained communication partner) or by an electronic device that scans in a predetermined pattern.
- The individual must wait while the facilitator or the electronic device scans through undesired items before reaching the patient's desired item/message.
- The patient selects the desired item by producing a voluntary gesture that the facilitator can reliably detect or that can be sensed by some form of switch.
- For switch use, switch must be secured or mounted in some manner to the patient or near the patient.
- Often, to create a mounting platform for a switch, the switch may be pinned to a pillow and placed strategically where the patient can reliably reach it.

Example of Indirect Selection or Scanning

Items Available On The Unit To Assist In Adapting AAC Systems

Wash cloth

Pillows

Yaunkaur

Tape

Safety pins

Mounting Options For Devices And Switches –High Tech


IV-pole
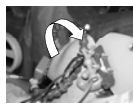
Lock-line

Trach ring mounting

Halo mounting

Troubleshooting

- Refer to the card hanging on the IV pole.
- Check to see that the device is plugged in sufficiently at both ends of the battery unit (the cord connection to the device itself and the cord connection to the wall outlet).
- Check to ensure that the power strip on the IV Pole is on
- Reset the device if the screen is frozen.
- Pager numbers are on the devices in the lower right hand of the device or card itself.
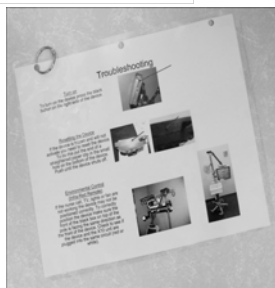
Summary

- AAC can be accomplished at the bedside
- AAC can reduce patient frustration
- AAC can range from low to high tech options

Questions

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Virtual Conference on AAC

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Tuesday 3/22	**Use of AAC Devices and Strategies for People with Aphasia** *Sarah Wallace, Ph.D.*
Wednesday 3/23	**Practicing AAC in Acute Care Settings** *Debora Downey, M.A., CCC-SLP*
Thursday 3/24	**AAC Funding and Report Writing for Medicare, Medicaid and Insurance** *Lewis Golinker, Esq.*
Friday 3/25	**AAC Funding and Report Writing for Special Education** *Lewis Golinker, Esq.*