

Part II: Communicating Effectively with Patients who are Blind, have Speech Limitations, or have Cognitive Limitations in Health Care Settings

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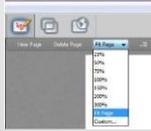
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Communicating Effectively with Patients who are Blind, have Speech Limitations, or have Cognitive Limitations in Health Care Settings

May 24, 2016



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Illinois Disability and Health Program Accessibility Webinar Series

1. **Create Accessible Mammography Services for Women With Disabilities** (aired June 24, 2014, archive available)
2. **Accessible Healthcare for People with Mobility Disabilities** (Aired May 6, 2015, archive available)
3. **Communicating Effectively with Patients who are Deaf in Healthcare Settings** (aired May 16, 2016, archive available)
4. **Communicating Effective with Patients who are Blind, have Speech Limitations** (today's Webinar)

View archived recordings at www.adaconferences.org/Health/Archives



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IDPH Overview

- **Vision**
 - Communities of Illinois will achieve and maintain optimal health and safety
- **Mission**
 - Protect the health and wellness of the people in Illinois through the prevention, health promotion, regulation, and the control of disease and injury.



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Illinois Disability and Health Program

Overarching Goal:

- To promote and maximize health, prevent chronic disease, improve emergency preparedness and increase quality of life among people with disabilities.



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Today's Speakers

- **Susan Magasi, Ph.D.**
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University of Illinois at Chicago
- **Andrés J. Gallegos, Esq.**
Robbins, Salomon and Patt, Ltd.
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University of Illinois at Chicago
- **Judy Panko Reis, M.A., M.S.**
Access Living
- **Sarah Ailey, Ph.D., R.N., C.D.D.N., A.P.H.N.-B.C.**
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Effective Communications: What's Legally Required

Andrés J. Gallegos, Esq.



ROBBINS, SALOMON & PATT, LTD.
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PROVIDERS' RESPONSIBILITIES

Americans with Disabilities Act
28 C.F.R. § 35.160-164;
28 C.F.R. §§ 36.201, 36.302 & 36.303

Section 504 of the Rehabilitation Act
45 C.F.R. § 84.52

Section 1557, Affordable Care Act
45 C.F.R. §§ 92.202 & 92.204

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PROVIDERS' RESPONSIBILITIES

Americans with Disabilities Act
28 C.F.R. § 35.160-164

- Must ensure communications are as effective as with others
- Primary consideration of patient's and/or companion's preference
- Information and Signage

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PROVIDERS' RESPONSIBILITIES

Americans with Disabilities Act
28 C.F.R. § 36.201

- General Obligation:
 - Shall not discriminate on the basis of disability in the full and equal enjoyment of its goods, services, facilities, privileges, advantages, or accommodations.
 - Website Accessibility

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PROVIDERS' RESPONSIBILITIES

Americans with Disabilities Act
28 C.F.R. § 36.302

- Modify Policies, Practices & Procedures
 - Provide escort services
 - Have treatment, prescription & other written materials in alternate formats
 - Allow service animals

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PROVIDERS' RESPONSIBILITIES

Americans with Disabilities Act
28 C.F.R. § 36.303

- Effective Communications
 - Furnish appropriate auxiliary aids and services where necessary to ensure effective communication with individuals with disabilities
 - Obligation extends to “companions”

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PROVIDERS' RESPONSIBILITIES

Section 504 of the Rehabilitation Act
45 C.F.R. § 84.52

- Effective Communications
 - Written materials explaining benefits, services, waiver of rights and treatment consent must be effective
 - Providers with 15 or more employees required to provide auxiliary aids and services to provide equal opportunity to benefit from service

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PROVIDERS' RESPONSIBILITIES

Section 1557, Affordable Care Act
45 C.F.R. § 92.202 & 92.204

- Effective Communication as required by 28 C.F.R. §§ 35.160-164
- Accessibility of Electronic and Information Technology

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PROVIDERS' RESPONSIBILITIES

–Selection Criteria

- Method of preferred communication
- Nature, length and complexity of communication
- Context in which communication takes place

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PROVIDERS' RESPONSIBILITIES

–Auxiliary Aids & Services, Examples:

- Qualified readers
- Taped texts
- Audio recordings
- Brailled materials and displays
- Screen reader software
- Magnification software
- Optical readers
- Large print materials
- Accessible electronic and information technology

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EFFECTIVE COMMUNICATION BEST PRACTICES

- Have available a variety of auxiliary aids and services.
- Avoid adopting a “one solution” policy.
- Identify patient’s communication needs at earliest encounter.
- Document those communication needs in medical records.
- Communicate those needs to the various departments where patient will be treated.
- Ask if same auxiliary aid or service will be required; don’t assume.

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RESOURCES

- Title II, Americans with Disabilities Act, 28 C.F.R. § 35.101 - § 35.178; See §§ 28 C.F.R. § 35.160-164
- Title III, Americans with Disabilities Act, 28 C.F.R. § 36.101 - § 36.607; See §§ 36.201, 36.302 & 36.303
- Section 504 of the Rehabilitation Act of 1973, 45 C.F.R. § 84.1 - § 84.61; See §§ 84.51 - 84.55, Applicable to Health Programs or Activities
- ACA § 1557, Nondiscrimination in Health Programs and Activities, 45 C.F.R. § 92.202 & 92.204

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**PROGRAM FOR HEALTHCARE JUSTICE
FOR PEOPLE WITH DISABILITIES**



Interacting with Patients Who are Blind or Low Vision



Peter Berg

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Consider This Situation:



- A hospital employee, without identifying herself or the reason for her visit, enters the room of a patient who is blind and noisily places an object on the patient's bedside table.
- Is it the patient's lunch or is it a procedure tray?

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Solution:



- The employee should identify herself and her purpose for entering the room:
- "Good afternoon, I'm Carla Smith, a dietary aide. I've placed your lunch tray on your bedside table. It's a cold roast beef sandwich today with a green salad, cake, and coffee. Do you need any other information about your tray?"

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One of the Most Powerful Compliance Tools:



- The simple question: "How can I be of assistance to you, Mr. Berg?"

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Three Assumptions about Someone who is Blind:



1. That the person will be totally blind,
2. That the person will use braille, and
3. That the person will travel with a cane or dog.

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Don't Make Assumptions about Your Patient's Visual Acuity



- Respond to your patient's needs on an individual basis
- Be guided by his or her request for assistance

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What Do You Need to Do?



- Identifying personnel
- Using basic sighted guide and mobility techniques
- Verbalizing directions
- Using disability-sensitive language and etiquette
- Speaking directly to patient in a conversational manner and not through companion

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What Do You Need to Do? (Continued...)



- Orienting patient to layout of room, restroom facilities, convenience items, location and operation of call button, telephone, television, and environmental controls
- Orienting patient to treatment room and supplies, e.g., location of gowns and specimen cups
- Verbalizing or demonstrating procedures before they are performed
- Orienting patient to lounges, recreation rooms, and nursing station in relationship to patient's room
- Communicating evacuation/rescue plans; orientation to fire alarm pull boxes, fire extinguisher, and emergency exits

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What Do You Need to Do? (Continued...)



- Reading and completing forms and consents
- Communicating contents of in-room documents, e.g., patient information brochures and hospital services directory
- Reviewing bill/charges
- Counting and identifying currency

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What Do You Need to Know? (Continued...)



- Handing credit card to patient after imprint
- Using signature guide or template
- Communicating written information (e.g., home care instructions, medication names and dosages, follow-up appointments, etc.)
- Reviewing policy concerning admission of service animals

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People With Speech Disabilities

Speak Out on How to Reduce Healthcare Barriers

By Judy Panko Reis MA MS
Access Living



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Thanks to:

- Ms. Susan Aarup
- Ms. Shelly Berry
- Mr. Michael Grice
- Mr. Vince Smith

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Who are we?

As people with speech disabilities, we may be living with the effects of various conditions:

- Aphasia/stroke/traumatic brain injury
- Cerebral palsy
- Autism/developmental disabilities
- Ventilator dependence
- Respiratory/throat issues
- Multiple sclerosis/muscular dystrophy

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Provider ground rules

- Remember that:
 - Every person is entitled to communicate in her or his own style.
 - Nonverbal communication is unique to every person. It may include:
eye blinking, nodding, thumbs up/down, facial gestures, grunts, assistive technology.

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Providers, please

- Allow extra appointment time, and be patient with me.
- Listen carefully, make eye contact with me, and speak slowly, clearly, and simply.
- Ask me if I have questions or understand you.
- Never talk down to or over me.
- Never make assumptions about my intelligence or sanity.
- Never walk out on or neglect me when I'm speaking with you.
- Never hang up on me.

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Tips for clinicians

- Unless I say otherwise, direct all remarks and questions to me and not to my caregiver or others.
- Repeat the questions or comments I offer so that I can determine if you understand me.
- Whenever possible, ask me yes and no questions.
- If you cannot understand me, please tell me and offer me options.
- Ask my permission to enlist the help of others if necessary.

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Accommodations level barriers

- Become comfortable with assistive communication technology and devices.
 - Video relay.
 - Computerized speech devices and language apps or alphabet boards.
- Honor my request for a sign language interpreter or video relay even if you think I don't need it.

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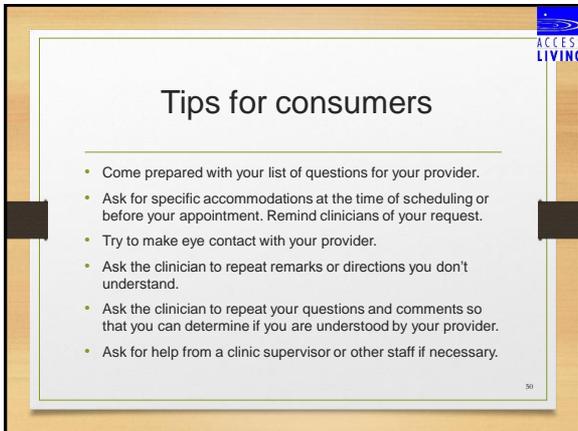
ACCESS LIVING

Consumer ground rules

Know that you are always entitled to be treated with dignity. You deserve:

- Time to communicate in your preferred style.
- Eye contact from your clinician.
- To be addressed personally in simple, noncondescending language.
- To be listened and responded to.
- To ask questions.
- To be given your requested accommodations.

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ACCESS LIVING

Tips for consumers

- Come prepared with your list of questions for your provider.
- Ask for specific accommodations at the time of scheduling or before your appointment. Remind clinicians of your request.
- Try to make eye contact with your provider.
- Ask the clinician to repeat remarks or directions you don't understand.
- Ask the clinician to repeat your questions and comments so that you can determine if you are understood by your provider.
- Ask for help from a clinic supervisor or other staff if necessary.

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ACCESS LIVING

Accommodation tips for consumers

- When needed, reach out to trusted advocates to assist you in navigating your emergency care as well as routine healthcare before, during, and after your visits. Carry their contact information with you at all times.
- Learn about communication accommodations, devices, and technologies, such as video relay, that may help you communicate more effectively with your provider in person and by phone.
- Don't isolate yourself. Report all experiences of neglect or disrespect to your local Americans with Disabilities Act advocates and to clinic senior staff.

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Health Care Professionals and Communication with Persons with Cognitive Disabilities

May 24, 2016
Sarah Ailey, PH.D., RN APHN-BC

Purpose

Discuss communication strategies for health care professionals with persons with cognitive disabilities

Background

The Joint Commission on Hospital Accreditation (2010) *Advancing Effective Communication, Cultural Competence, and Patient-and Family-Centered Care: A Roadmap for Hospitals*¹

- Patient-centered standards
- Clear patient-practitioner communication

This is a sea change:
Communicate with (not talk to)
Patient- centered not Provider-centered communication and care

Persons with Cognitive Disabilities Accessing Health Care

- Fear unfamiliar people/procedures^{2,3}
- Difficulty communicating needs^{2,3}
- Survey of nurses working with persons with cognitive disabilities in community – 51% think that in health care -understanding communication pattern is a major problem.

Healthcare professionals ready?

- Lack of medical and nursing staff training^{2,4}
- Despite lack of training or expertise expected to know how to care for them⁴
- Nurses and other staff feel “fearful” and “vulnerable” that despite best intentions, may fall short of providing optimal care.⁴

Disparities in health care

- Mencap *Death by Indifference*^{5,6} report
 - Followed by *Confidential Inquiry*⁷ - reviewed 247 deaths people with ID
 - 37% likely preventable with good quality health care
 - Contributing factors
 - individual factors
 - service provision
- High rates of ED use and hospitalization for ambulatory sensitive conditions^{8,9,10}

Case Study

Harriet is a 30 year-old woman with intellectual disabilities and hearing loss being treated for non-small cell carcinoma. Attempts at treatment at one institution did not go well due to fearful reactions and poor communication – the providers had no assessment of how best to approach treatment with Harriet and no strategies for communication.

How can health care providers (HCPs) provide the best quality care for Harriett?

Enhancing Communication

Appropriate interventions are:

- Assess receptive communication abilities (e.g. attention span, ability to listen, visual/hearing impairment).
- Assess expressive communication abilities (e.g. accurate yes/no response, ability to describe pain, ability to express needs [hunger, toileting], ability to express simple concepts).
- Collaborate with caregivers to determine communication patterns.
- Utilize alternative communication methods (e.g. communication boards, pictures, gestures, sign language, facial expressions).

Enhancing Communication

- Promote patient-centered communication -speak directly to patient & refer to caregiver as needed.
- Be aware of indicators of communicative intent (e.g. alternating eye gaze, waiting for response, predictable changes in facial expressions & behaviors in response to communication).
- Tailor verbal communication to patient's abilities (short sentences, 1-2 ideas, step by step explanations).
- Maintain appropriate level in relation to patient (e.g. sit next to, kneel, or crouch with patient).
- Involve caregiver for interpretation of communications.

Enhancing Communication

How can we communicate with Harriett?

- A. Assess how Harriett best receives communication.
- B. Discuss communication strategies with her caregiver.
- C. Use alternate means of communication (e.g. communication board).
- D. Use a loud voice to overcome Harriett's hearing loss.
- E. Speak directly to the caregiver who does not have a hearing loss.
- F. Speak directly to Harriett using simple language and allowing time for her to process and respond.
- G. A, B, C, and F.

Enhance Communication with Harriett

Harriett's caregiver advised:

- Simple communications.
- Communication board and positive facial expressions.

Response by staff

- Used short sentences with simple words.
- Velcro communication board with pictures to augment verbal explanations of treatments.
- Gestures during explanation and smiles and praise at expressed understanding were helpful.

Enhancing Communication

Goal is to maximize and enhance communication methods to facilitate effective health management and health care treatment.

Communication strategies need to be individualized to the person. Part of patient/person-centered care.

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