



## PPCN Implementation Instructions

Patients who are in an ICU, and especially those who are on mechanical ventilators or who have limited English proficiency, face significant barriers to communicating with their caregivers. These barriers are known to increase the patients' risk of experiencing a preventable adverse event which can negatively impact the patients' recovery. Communication barriers limit the patients' ability to effectively participate in medical decision making, and make the ICU stay more stressful for both the patients and their caregivers.

Both low- and high-tech tools have been effectively deployed at several hospitals across the US to address the communication barriers of patients in acute care settings. The Patient Provider Communication Network has pulled together a set of freely downloadable low-tech communication tools that can be quickly deployed by hospitals as they confront the surge in patients with Covid-19. The following is a quick guide on how to implement the tools.

### Common sense strategies:

Don't assume that there are no barriers to communication. If a patient can't understand what you are saying, what they say or do may not accurately reflect their status or their needs. Given that you will be wearing PPE at the bedside, hearing and understanding you will be a challenge for all patients, but even more so for a patient who may have a sensory loss. Speak clearly and slowly and directly to the patient. If the patient needs glasses or uses a hearing aid, make sure, if possible, that they are available. It is equally important to know whether your patient is able to communicate in English. If they can't identify how you can overcome that linguistic barrier. Masks, other PPE and equipment at the bedside may make it difficult for the patient to hear you. Use visual cues to support your communication with the patient. It is equally important that you can understand what your patient is trying to communicate. Mechanical ventilation will make it difficult if not impossible for a patient to speak. Even mouthing words can be difficult and lip reading has been shown to be highly error prone.

### Some tips to remember and use:

- Get the patient's attention by touching shoulder or arm and locking eyes.
- Speak loudly, slowly and distinctly.
- Establish a clear YES-NO signal that the patient can produce (ex: head nod/shake; thumb up/closed fist; eye blink/eye shut; look up/eyes shut)
- Post a sign at the bedside so all providers know what YES-NO signal the patient uses.

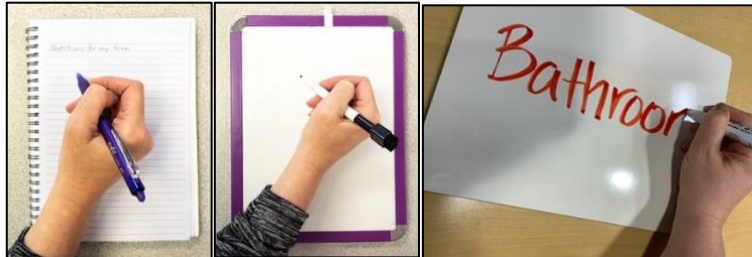
<p>This patient communicates by:</p> <p><b>Yes:</b> _____</p> <p><b>No:</b> _____</p> <p><b>Other:</b> _____</p> <p><small>© 2014 Patient Provider Communication Network. All rights reserved. This document is for informational purposes only and does not constitute a medical device or any other medical product. It is not intended to be used in place of a medical device or any other medical product. For more information, please contact the Patient Provider Communication Network at <a href="http://www.ppcn.org">www.ppcn.org</a>.</small></p>
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- Speak in simple phrases – like a television announcer. Repeat important words.
- Use visuals while you talk:
  - Point and gesture.
  - Write key words or phrases with bullet points on a paper.
  - Point to pictures or phrases on a communication board while asking questions about needs or symptoms.
- Whatever method you use to support the patient’s ability to communicate, always ask the patient to confirm what you think they were trying to say using their yes/no response.

### Low tech communication strategies:

#### 1) Writing

For patients who can read and write. Have either paper and pencil or a white board with dry erase markers at the bedside. A laminated piece of paper can work as a white board.

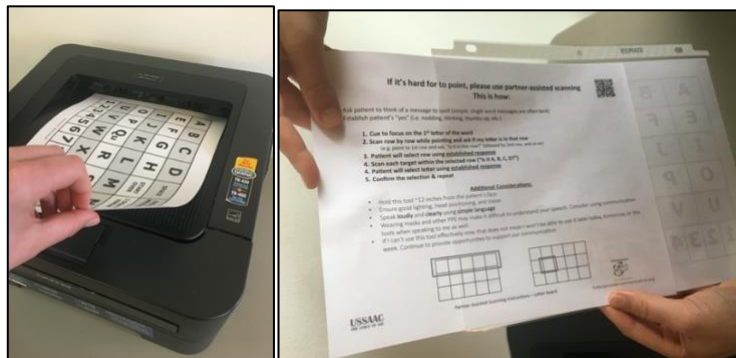


Do your best to write legibly when communicating with your patient and position the writing materials to make it easy for the patient to see what you have written and to make it easy for them to write.

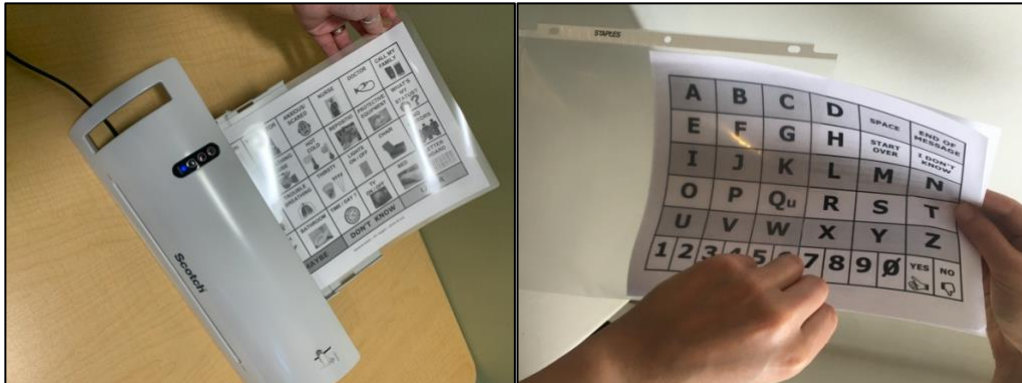
#### 2) Message Boards

Preprinted message boards can allow patients to quickly identify needs or to respond to questions. The PPC has made a number of boards available for download and printing (include link to Free downloads page).

Each board is designed to be printed on two sides of the paper with the reverse side including instructions on how to use the board with the patient.

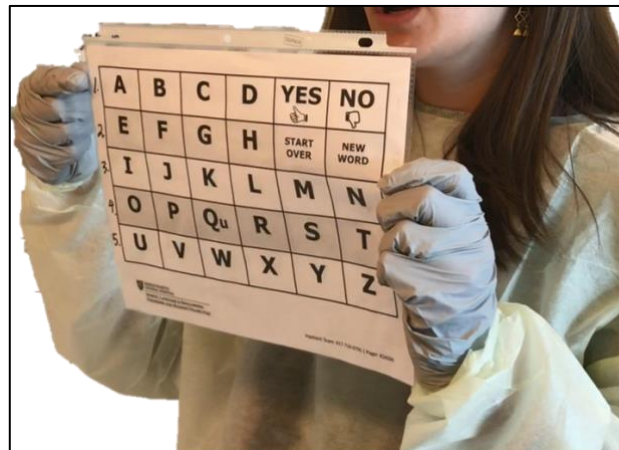


To address infection control issues these boards should be considered single-patient use only. To extend the use of the boards with a patient, you can either print the boards on waterproof printer paper or laminate them or place them in a plastic sleeve.



When using the boards with patients, make sure they are positioned where the patient can see them and if they have use of their hands can point to the desired message.

If the patient cannot point, you can use what is called **partner assisted scanning**. Hold up the board so that the patient can clearly see the board. Hold this board ~12 inches (~30 cm) from the patient’s face. Ensure good lighting, head positioning, and vision.















Ask patient to focus on the communication board and find the message they want to communicate. Use the patient’s established “yes” (i.e. nodding, blinking, thumbs up, etc.). Proceed row by row. Point to each row and ask if the desired message is in that row. Speak loudly and clearly using simple language. (e.g. point to 1st row and ask, “Is it in this row?” followed by 2nd row, and so on). When the patient select a row using the established YES response. Verify the choice out loud. Then Point to each message within the selected row (“Is it

suction?” “Trouble breathing,” etc.). The patient will signal that you are pointing to the desired message using established YES response. Finally, confirm that the patient wanted that message before continuing.

**Remember** that 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.

### Boards for patients with limited English proficiency

While it would be ideal to have interpreters available at the bedside 24/7, that is not always going to be possible. To that end it may be useful to have bilingual communication boards that can be used at the bedside so that patients can make their needs known and participate in their care. The PPCN has developed bilingual boards and instructions that can be downloaded for use.

<p>SUCTION</p>  <p>شفط</p>	<p>WHAT'S MY STATUS?</p>  <p>ما هو وضعي؟</p>	<p>CALL MY FAMILY</p>  <p>تصباح لعائلي</p>	<p>LIGHTS ON/OFF</p>  <p>تشغيل / إطفاء الاضواء</p>
<p>TROUBLE BREATHING</p>  <p>صعوبة في التنفس</p>	<p>PAIN</p>  <p>ألم</p>	<p>MEDICINE</p>  <p>دواء</p>	<p>HOT COLD</p>  <p>حار/بارد</p>
<p>BATHROOM</p>  <p>الحمام (المرحاض)</p>	<p>REPOSITION</p>  <p>تغيير موضع</p>	<p>MOUTH CARE</p>  <p>لعناية بالفم</p>	<p>LETTER BOARD</p>  <p>لوحة لرسول</p>
<p>MAYBE- يظن</p>		<p>DON'T KNOW- لا اعرف</p>	<p>LATER- في وقت لاحق</p>

General needs – 12+ target – photos & text

It is **important to remember** that where patient consent is involved interpreters should be provided. If infection control protocols preclude having an interpreter at the bedside, remote interpreter services should be use.