

The Time is Now

BY KEVIN H. FRANCK

It's always been a good time to promote better hospital communication, and mechanisms should be in place to ensure it. But it doesn't happen. Picture this worst-case scenario:

After surgery, a doctor uses unfamiliar terminology in an unfamiliar accent to describe what to do next while looking at an electronic medical record. The doctor's voice competes with noisy machines and other nearby conversations. The patient doesn't understand most of the conversation but also doesn't seek clarification because it's clear everyone is in a hurry and due to the intimidating power differential of the white coat. If the patient recognizes hearing loss and if he or she had a device to help, it was intentionally left at home so it wouldn't be lost during the procedure.

Perhaps this is just a cartoon of a comically bad interaction, but surely some elements of this scenario may commonly ring true.

Now Add COVID-19

All faces are covered. Interpreters are on screens. Visitors and significant others who help understand and remember things must stay home. People are stressed. Care is sometimes remote, too, which brings in the competing sounds and distractions of home.

If *then* wasn't the time to address the problem of communication for people with hearing loss in a medical setting, *now* is.

Of course, people who work in hospitals and clinics don't want to communicate poorly. Quite the contrary! Rather, they are pushed to remember a myriad of both timeless and topical themes. The themes are often derived from the priorities of the Joint Commission—a private accreditor. This voluntary accreditation gives a grade to each hospital. The grade is based on adherence to standards of the Joint Commission's choosing. While the standards that relate to effective communication are clearly enunciated, in my experience working in the University of Michigan Health System, Children's Hospital of Philadelphia and Massachusetts Eye and Ear, they have never been included in the process of evaluating hospitals. HCAA hopes that effective communication standards will become part of the Joint Commission's evaluations in the future. As an "invisible" condition, hospital personnel can't see your communication needs coming. They can't exercise their empathy and understanding for something they can't see. Even in Audiology

departments and now at an ear specialty-care hospital, we strive to reach (and sometimes fall short) of our communication goals.

The good news is that there are things that we all (hospital administrators, providers and patients with hearing loss) can do. Many steps that can be taken:

Hospitals Can...

- Provide paper or links to communication cards that provide visual cues to commonly asked questions and appropriate replies.
- Provide links for patients to download automated captioning apps (often free) that transcribe and keep a record of conversations.
- Provide inexpensive personal sound amplifiers for patients who could use them.
- Ensure medical record systems highlight hearing loss and allow patients to identify needs so that accommodations can be provided reflexively.
- Integrate remote professional CART into remote care sessions. This is easily done across all remote care platforms such as Zoom, Microsoft Teams, Skype, etc. If professional CART is unavailable, then automated captioning is available.
- And especially during COVID, at the entrance to the hospital, greet patients with a clear face mask. Patients who find benefit from speechreading can be informed that clear masks can be made available in their clinical visits.

Providers Can...

- Presume patient populations likely to have hearing loss indeed do, rather than assume normal hearing.
- Use clear face masks when their patients rely on speechreading.
- Encourage patients with hearing devices to use them during clinical conversation to enhance communication needed to improve health care outcomes.
- Insist Communication Access Realtime Translation (CART) or American Sign Language (ASL) interpreters are available, as appropriate.
- Establish routines for using low-technology communication strategies including facing patient when talking to them, using a slow rate of speech, limiting background noises during conversations, and ensuring patient's attention before conversation.
- Provide paper handouts written in accessible language with instructions relevant to treatment.

The HCAA Health Care Task Force will be exploring ways to turn these critical practices into actions.

Patient Caregiver Story

BY KATHERINE BOUTON

HLAA will develop efforts to instruct hospitals and providers as to how to build pre-emptive systems that ensure patient-centered communication practices. HLAA will leverage its chapters and members to share their experiences of hospitals and providers who provide good communication access. While clear communication is the responsibility of the health care system to provide, HLAA will also empower its members with hearing loss to advocate for themselves by showing them how to prepare for and receive vital health care information. HLAA will highlight research that demonstrates the health economics and safety benefits of these actions, and will encourage research where information is not yet known.

HLAA has been posting guidelines like these to promote better communication in hospitals on their website for years. So the time is *now* to start finding new and better ways for people to incorporate best practices into every health care encounter. **HL**



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My husband was diagnosed with an aggressive cancer in the first week of January. Over the 10 months before his death in late October, I was exhausted not only by his illness but also by my inability to hear and understand medical personnel. This was worst in the chemotherapy suite, an open plan that allows sound to travel easily (a necessity for the nurses).

But even in my own home when we had hospice care, anxiety and masks obscured comprehension. I have Otter, a speech-to-text app, and used it constantly, but individual voices were often drowned out by other voices or noise. A good FDA-approved transparent mask might have helped—but I'd have had to supplement with Otter. Speechreading involves the whole face, not just the lips, and even clear masks obscure the face. They also muffle the speaker.

Otter was a godsend but it failed me in the most crucial moment. On a Sunday night when my husband had the crisis that was the beginning of the end, I couldn't get captions. It was 2:30 in the morning, and obviously not a time to go troubleshooting. (I suspect it was an internet problem.) I turned to my daughter, who in her clear young voice repeated every word spoken by the hospice nurse. My husband was sedated. If he spoke any last words, I didn't hear them.

Solutions? I can think of a few but they would include special treatment, like a separate, quiet room in the chemo suite.

HLAA's Health Care Task Force

HLAA's program "Communication Access in Health Care Settings" offers resources for patients and providers. Go to hearingloss.org/hearing-help/communities/patients/pmedicproviders for more information. In March 2020, an HLAA Health Care Task Force was created to address the critical issue of communication access for people with hearing loss in medical facilities.

The committee's goal is to establish best practices and strategies through engagement and collaboration with researchers, facility administrators, providers and patients with hearing loss. We hope to facilitate systemic change so that communication access is enabled through consistent and sustainable planning on the part of health care systems.

As part of our efforts, this column will be a regular feature of *Hearing Life*. Each issue will include an article written by a leader in the field of effective communication, a patient story, and an update on the work of the Task Force.

The current Health Care Task Force members are:

Peggy Ellertsen—former HLAA board member, speech-language pathologist
Toni Iacolucci—former HLAA board member, HLAA-NYC board member
Elaine McCaffrey—committee chair, HLAA board member; president, HLAA Chicago North Shore Chapter
Meg Wallhagen, Ph.D.—former HLAA board chair; director, UCSF Hartford Center of Gerontological Nursing Excellence

For more information on HLAA's program, Communication Access in Health Care, email hlaa.healthcare@gmail.com. HLAA is clearly poised to take the lead on effective communication. The time is *now*.