



# Supporting Communication in Acute Care

Patients with communication challenges are

# 3X more likely

to experience a preventable adverse event  
in acute care.

(Bartlett et al., 2008)

Without  
communication:

- Frustration
- Isolation
- Helplessness
- Confusion
- PTSD



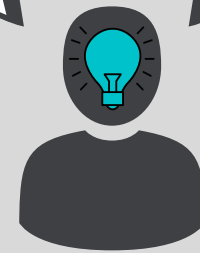
With  
communication:

- Clarity
- Participation
- Potential reduced stay
- Potential fewer health risks



Everyone has the  
potential to  
communicate

Everyone has  
the right to  
communicate

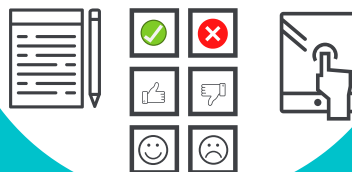


## Communication strategies to try

Establish a  
reliable yes/no  
signal

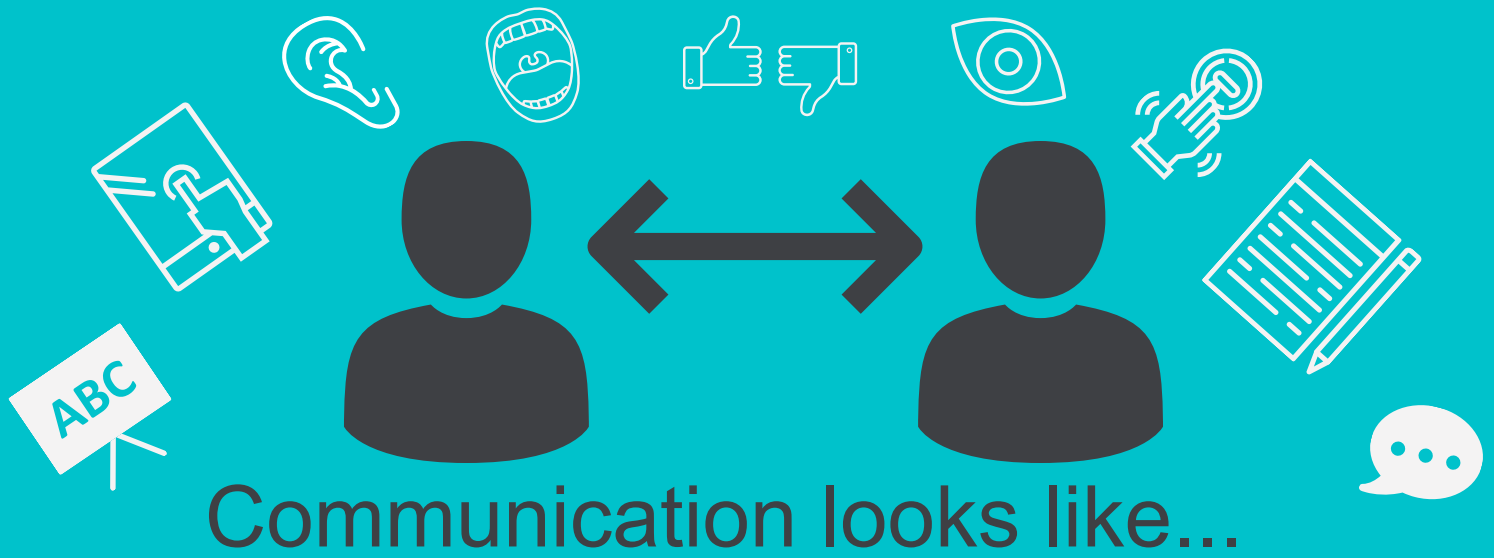


Provide multiple  
ways to  
communicate



Ensure  
call bell  
access





# Communication looks like...

## Consult an SLP or Audiologist for help with:

- Assessing communication/hearing
- Optimizing communication/hearing
- Educating team members
- Providing communication tools/hearing supports
- Follow-up care
- And more...



## Other key team members

- Individual Patients
- Family/Friends
- Medical Staff Nurses
- Rehabilitation Staff
- Support Staff



# Order a Communication Kit Today

### What does it include?

- Information about hearing and communication accessibility
- Pen and paper
- Plastic clip board & laminated paper
- White board marker & fishing line
- Hospital communication boards
- Letter boards & pain scales

### How to order:

- Consult the unit SLP
- [Practice.consultation@ahs.ca](mailto:Practice.consultation@ahs.ca) to request a pre-made Hospital Communication Kit for Patients.

**References:** **1)** Altschuler, T., Gormley, J., & Santiago, R. (2020). Patient-Provider Communication in the Time of COVID-19: Tips from the Frontlines. Webinar. **2)** Bartlett, G., Blais, R., Tamblin, R., Clermont, R. J., & MacGibbon, B. (2008). Impact of patient communication problems on the risk of preventable adverse events in acute care settings. *Cmaj*, 178(12), 1555-1562. **3)** Hurtig, R. R., Alper, R. M., & Berkowitz, B. (2018). The cost of not addressing the communication barriers faced by hospitalized patients. *Perspectives of the ASHA special interest groups*, 3(12), 99-112. **4)** Hurtig, R. R., Alper, R. M., Bryant, K. N., Davidson, K. R., & Bilskemper, C. (2019). Improving Patient Safety and Patient-Provider Communication. *Perspectives of the ASHA Special Interest Groups*, 4(5), 1017-1027. **5)** Grossbach, I., Stranberg, S., & Chlan, L. (2011). Promoting Effective Communication for Patients Receiving Mechanical Ventilation. *Critical Care Nurse*, 31(3), 46-61. **6)** Guttormson, J. L., Bremer, K. L., & Jones, R. M. (2015). "Not being able to talk was horrid": A descriptive, correlational study of communication during mechanical ventilation. *Intensive & Critical Care Nursing*, 31(3). doi: 10.1016/j.iccn.2014.10.007 **7)** Leung, C. C., Pun, J., Lock, G., Slade, D., Gomersall, C. D., Wong, W. T., & Joynt, G. M. (2018). Exploring the scope of communication content of mechanically ventilated patients. *Journal of Critical Care*, 44, 136-141. doi: 10.1016/j.jcrrc.2017.10.044 **8)** Marshall, S., & Hurtig, R. R. (2019a). Developing a culture of successful communication in acute care settings: Part I. Solving patient-specific issues. *Perspectives of the ASHA Special Interest Groups*, 4(5), 1028-1036. **9)** Modrykamien, A. M. (2019). Strategies for communicating with conscious mechanically ventilated critically ill patients. *Baylor University Medical Center Proceedings*, 32(4), 534-537. doi: 10.1080/08998280.2019.1635413