

Hearing Our Deaf Patients

AUTHORS: Deb Shriver, MSN, RN, CENP; Emily Larson BSN, RN; & Suzanne Foster BSN, RN



UnityPoint Health
Fort Dodge

Purpose

To deliver the best outcome for every patient every time, UnityPoint Health-Fort Dodge will provide effective communication across the continuum to patients who are deaf and hard of hearing (HOH).

Background

Under the American Disabilities Act (ADA), all healthcare providers and facilities are mandated to provide sign language interpreters, when caring for patients who are deaf/HOH.

To improve compliance with the ADA and to provide ideal patient care, UnityPoint Health-Fort Dodge has made several improvements to the deaf/HOH interpreter process and worked hard to get and keep all staff educated on this process.

Methods of Interpretation

- On-site sign language interpreters-best option!
- Video Remote Interpreters (VRI) – web based video conferencing equipment
- Text Telephone (TTY) – Allows the deaf patient to type a message to an interpreter who speaks the message to the hearing party on the telephone
- Video Relay Service (VRS) – Allows the deaf patient to sign to an interpreter who speaks the message to the hearing party on the telephone
- Pocketalker – A voice amplifier for hard of hearing patients

Tips for communicating with patients who are deaf/HOH:

- Flicker the lights when entering the room, instead of knocking
- Make eye contact with the patient
- Make sure the patient can see you as well as the interpreter
- Introduce one idea at a time
- A minor should never interpret for a patient in the hospital/clinic setting
- Use of sign language interpreter services should always be documented in the patient's medical record
- Attempts to reach an interpreter agency should be documented with the time of contact and number of times attempted
- **Writing notes** can be problematic for deaf/HOH patients who aren't fluent in spoken and written English
- **Lip reading** is not an effective form of communicating
 - Lip reading requires some guesswork
 - 40-60% of English sounds look alike when spoken
 - The best lip readers only understand 25% of what is said to them



Implementation

Implementing and sustaining this work took a dedicated interdisciplinary team to meet the needs of patients. Our team consisted of the Chief Nursing Executive, Clinic and Hospital Nursing Staff, Social Services, Information Technology Staff, Security Officers, Deaf Interpreters from the community, and a Performance Improvement Nurse. We learned about the deaf culture and developed a plan as to what we needed to do to disseminate education to staff. Web based education was created for all staff and is reviewed yearly. Hands on training of interpreter equipment is provided to staff during new employee orientation and at department meetings.

A process was specified and it was identified who would have a role in every deaf/HOH patient encounter and what that would look like.

Video Remote Interpreter (VRI) software was added on nearly 20 designated laptops throughout our hospital, clinic, and rehab facilities. This allows for deaf/HOH patient and staff to communicate quickly with a web based interpreter, when an on-site interpreter is not readily available.

There have been many changes and adjustments as opportunities for improvement have been identified. One major change was working with UnityPoint Corporate and the UnityPoint affiliates to evaluate and decide on a new VRI software company for UnityPoint.

References

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