NHPCO Project ECHO 2023
Equity Where It Matters

Topic: Breaking Down Language Barriers to Build Connections with Patients

Date: June 15, 2023

Information for Project ECHO Faculty

- Please reference notes included throughout this template for guidance on developing a presentation aligned with the Project ECHO model. The NHPCO team may need to edit slides in order to maintain fidelity to the Project ECHO model.

- Faculty should develop content for Didactic Presentation, Case Study (Situation, Assessment, Background), Discussion and Recommendations, Key Takeaways, and References slides

- The following timeline will be utilized to guide the session, please be mindful of time allotted when developing slides. Project ECHO sessions are designed to allow ample time for facilitated discussion with participants.
    - 3:00-3:05pm EST – Announcements and Introductions (NHPCO staff)
    - 3:05-3:30pm EST – Didactic presentation and Case Study (Session Faculty)
    - 3:30-3:55pm EST – Facilitated Discussion with participants (Session Faculty and NHPCO staff)
    - 3:55-4:00pm EST – Closing Remarks (NHPCO staff)

NHPCO Project ECHO Team

Program Director

Aparna Gupta – Vice President, Quality

Program Lead

Sarah Simmons – Director, Quality

Program Coordinator

Karuna Tamrakar – Program Specialist, Quality

IT Support

Tej Chana – Data Analyst, Quality

Content Expert

India Harris-Jones – Manager, Health Equity and Diversity

Content Expert

Rory Farrand – Vice President, Palliative & Advanced Care

Curriculum Advisor

Nicole McCann-Davis – Communications Expert and Health Equity Advocate, External Consultant

Disclosures

Disclosure
The faculty and planners for this educational event have no relevant financial relationship(s) with ineligible companies to disclose.

Data Collection

In order to support the growth of the ECHO® movement, Project ECHO® collects participation data for each ECHO® program. Data allows Project ECHO® to measure, analyze, and report on the movement's reach. Data is used in reports, on maps and visualizations, for research, for communications and surveys, for data quality assurance activities, and for decision-making related to new initiatives.

Evaluation

You will be receiving an email with a link to complete a short survey about this session. Please complete the survey within 48 hours. We ask all participants to take the survey as it will help us to improve future sessions.

NHPCO

Ground Rules and Video Teleconferencing Etiquette

- This is an all share-all learn format; judging is not appropriate
- Respect one another – it is ok to disagree but please do so respectfully
- Participants – introduce yourself prior to speaking
- One person speaks at a time
- Disregard rank/status
- Remain on mute unless speaking and eliminate or reduce environmental distractions to improve sound/video quality
- Use video whenever possible; make eye contact with the camera when you are speaking
- **Do not disclose protected health information (PHI) or personally identifiable information (PII)**

Today's Agenda

- Introduction of Faculty – NHPCO Team

- Didactic Presentation – Faculty

- Case Study Presentation – Faculty

- Discussion – Session Participants, Faculty, and NHPCO Team

- Key Takeaways – Faculty and NHPCO Team

- Closing Remarks – NHPCO Team

Faculty Members

Tracey Gregory, RN,CHPN

Clinical Educator, Trellis Supportive Care, NC

Member, NHPCO Diversity Advisory Council and Quality Connections Advisory Council

Mei Kennedy, PHD, Instructional Design for Online Learning

Strategic Consultant in Integrating Technology to Improve the Learning Experience for Deaf students, TX
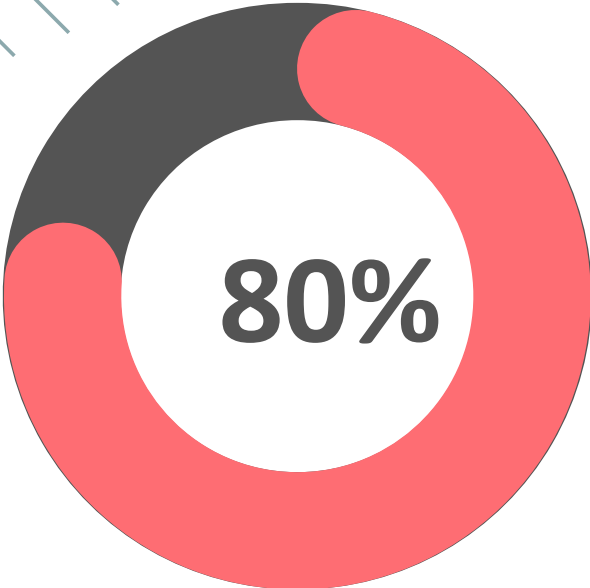
Didactic Presentation

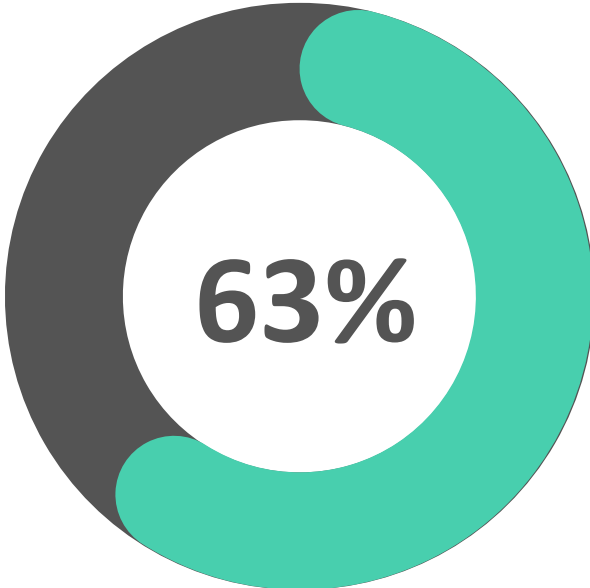# Cultural and Linguistic Barriers to Quality Care

88% of palliative care providers recalled a situation where hearing loss created a communication problem with a patient
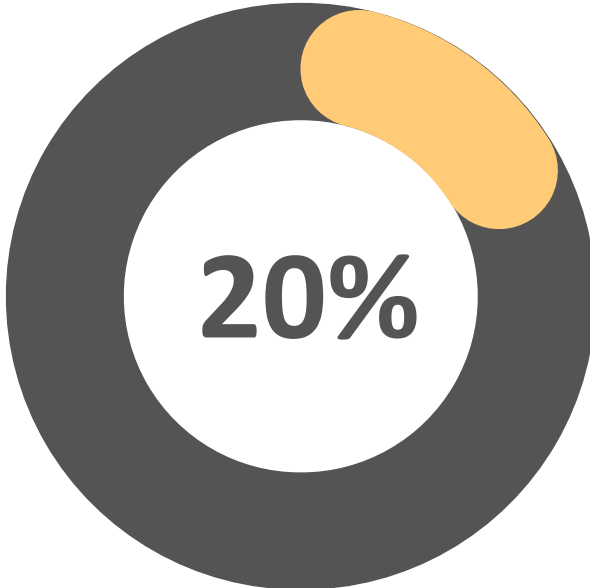
56% a communication problem with a caregiver.
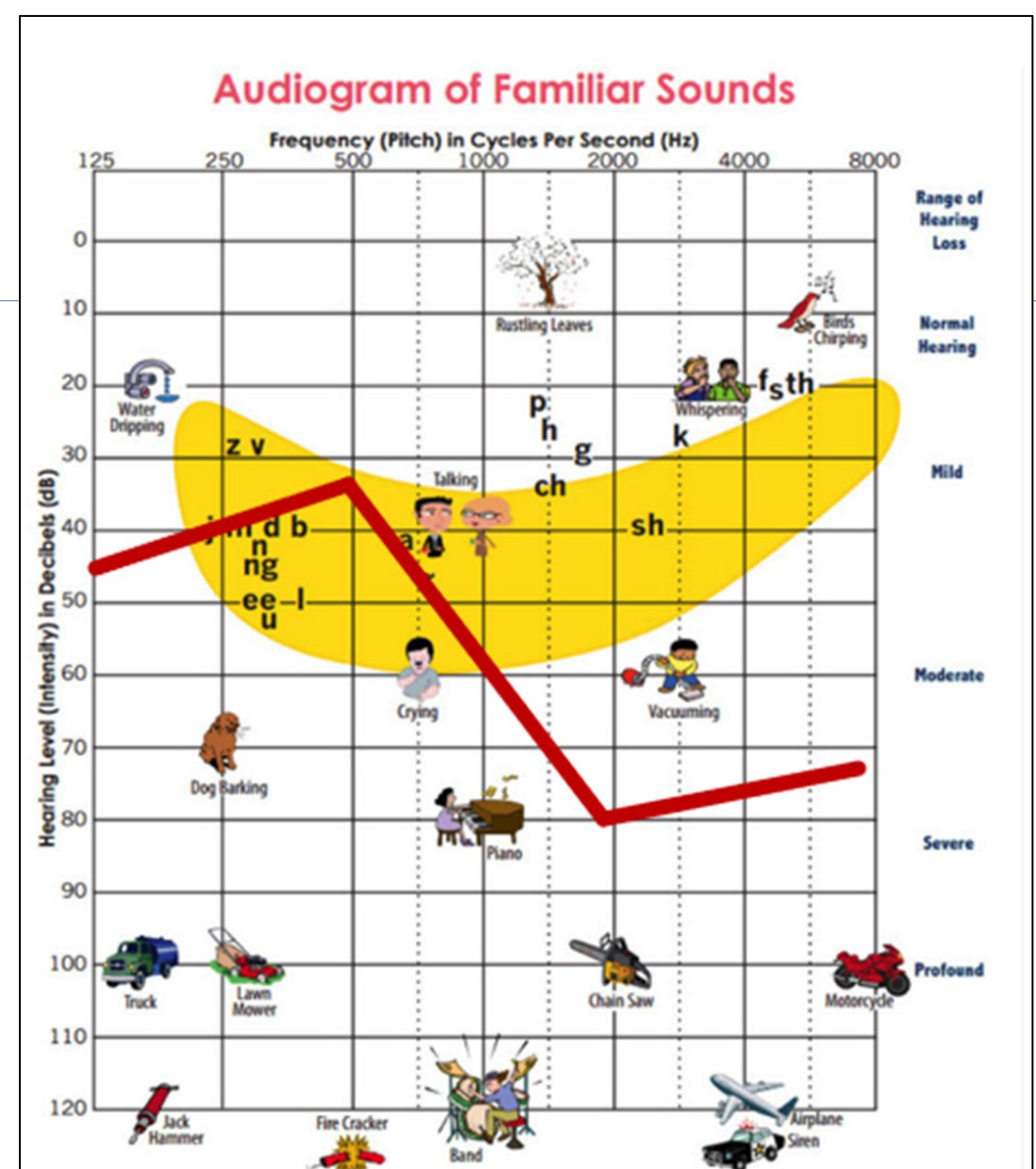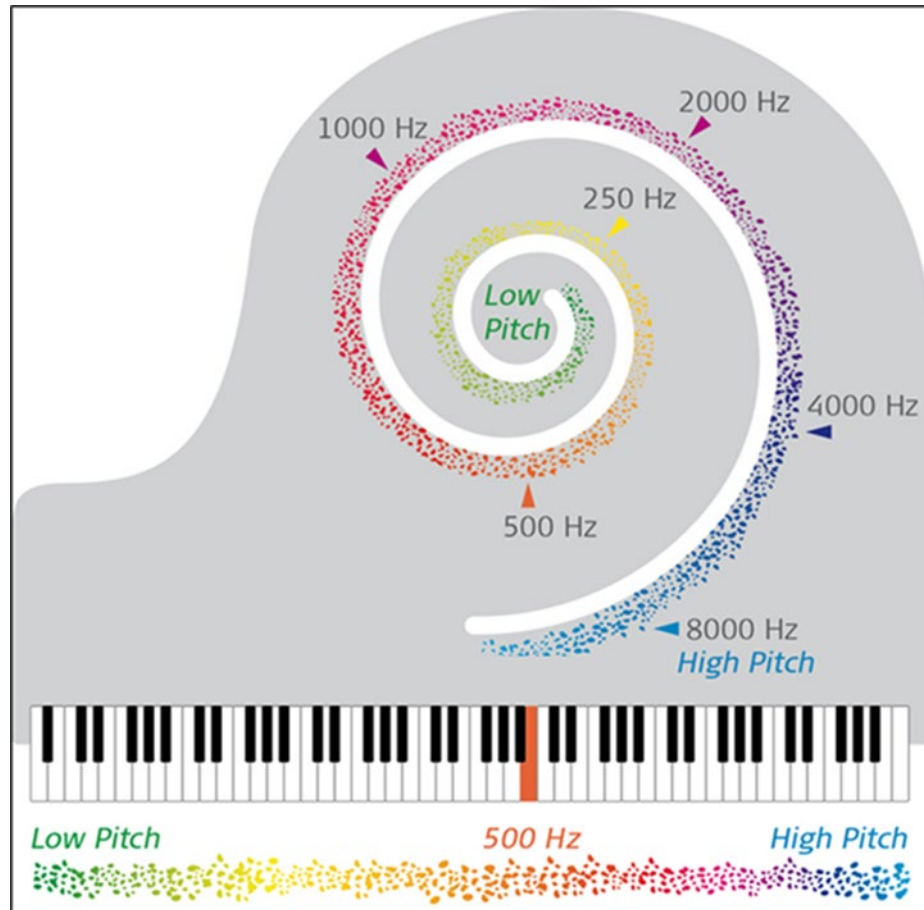
NHPCO

HEARING LOSS STIGMA

80%

Age 80+ with hearing loss
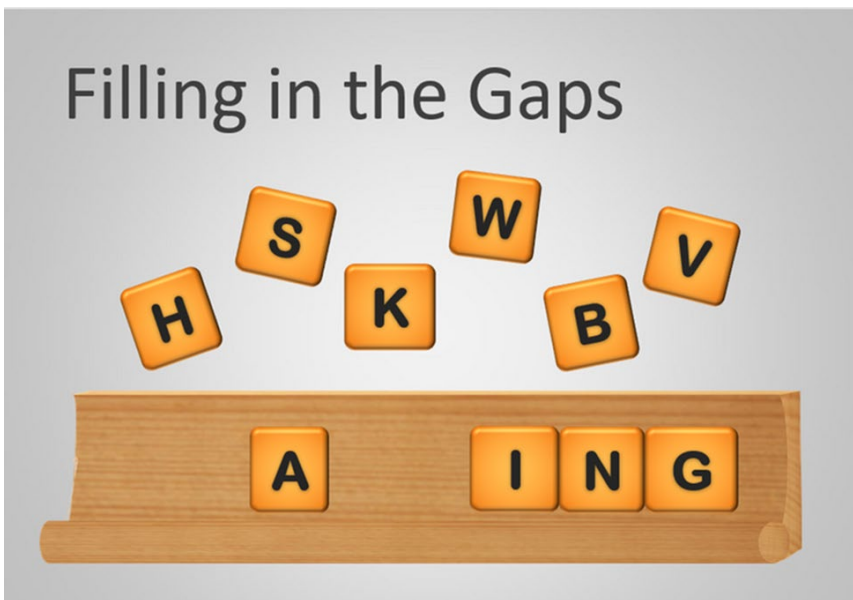
63%

Age 70+ with hearing loss

20%

Age 65+ think they have hearing loss

NHPCO

Understanding Hearing Differences

Filling in the Gaps

DO'S

Face listener with light on your face

Rephrase & allow time for response

Cue before starting to speak & give context

Wait until they are done reading to speak

DON'TS

Distort voice
Shouting or whispering does not improve comprehension

Noisy environment
Find a quiet place in any environment, especially in a LTC facility

Assume communication
Ensure they have all assistive devices/services Head nodding is not affirmation

Say "Nevermind"
This tells the HOH/deaf/Deaf person their inclusion does not matter

NHPCO

Deaf people are not the same.

https://youtu.be/eBoIOr0HZUY

Labels

Hearing Impaired ~~(crossed out)~~

deaf vs

Deaf

deaf-blind vs

DeafBlind

Hard-of-Hearing

Deaf Plus or DeafDisabled

Project ECHO

NHPCO

Did You Know?

10%!
90% of Deaf children are born into a hearing family.

300 years old!
ASL has phonology, morphology, structure and language rules.

Project ECHO®

NHPCO

Didactic Presentation Q&A

NHPCO

Case Study Presentation

Situation

- ML, a 45 years old woman with Down's Syndrome and born to an all-Deaf family, was living at a group home until she was admitted to the hospital with sepsis and pneumonia.
- The doctor recommended hospice for ML and she was at the hospital for almost two weeks before being discharged home with hospice.
- For their first visit they had an interpreter, but thereafter her family only communicated with the nurses via speech-to-text/typing on her sister's laptop and then the sister would sign to her parents what was said.
- The hospice did not offer an interpreter as they felt these methods were sufficient.

Background

- ML's medical history includes Down's Syndrome, Dementia, seizures and recent sepsis and pneumonia
- The group home where she resided would not take her back in her condition, so she went home with hospice.
- Hospice services were not fully explained to the family and they had difficulty understanding exactly what those services were and was covered.
- Her mother had guardianship and a MOLST was completed.
- The family's primary language was ASL.
- They relied on ML's Deaf older sister to assist with communication to their elderly parents.
- The family was offered Social Worker and Spiritual Coordinator services in admit visit with an interpreter but declined.

NHPCO

Assessment

- Shortly after ML got home, she became delirious and stopped eating, and her family struggled with when and how to provide medication to her without her ability to communicate her needs.

- While the hospice provided an initial book with information, the parents would ask questions and the sister would flip through the booklet trying to find answers. She tried to find captioned or signed videos that could better communicate answers her parent's questions.

- It was an emotional time and this added burden was subtracting from the time left with ML and effecting their ability to best meet ML's needs.

- ML passed peacefully at home with her family after 2 weeks of hospice in the home.

Discussion and Recommendations

Discussion and Recommendations

Key Takeaways

- Not all deaf people are the same.

- Closed caption is an accommodation that should be ALWAYS provided as it benefits ALL people, but for some deaf people reading captions is a struggle because American Sign Language is their first language.

- Often the issue is that the information is inaccessible to deaf people. ASK the deaf person what their accommodation needs are.

- Be sure to apply closed captions to all trainings, including in house-such as power point. If a video is shown during training, always play the closed captions.

- Consider making printed education (such as admission books) more accessible, such as the QR scan codes. Admission books are printed in bulk but could easily be supplemented with an added sheet of QR scan codes.

- Consider filming hospice instructional/informational videos in ASL on hospice and palliative care, and be sure to also include information regarding Medicare as well.

References

- Hoffman HJ, Dobie RA, Losonczy KG, Themann CL, Flamme GA. [Declining Prevalence of Hearing Loss in US Adults Aged 20 to 69 Years](#). JAMA Otolaryngology – Head & Neck Surgery. December 2016 online

- Nondahl DM, Cruickshanks KJ, Wiley TL, et al. Accuracy of self-reported hearing loss. *Audiology.* 1998;37:295–301

- Hearing Loss: Effect on Hospice and Palliative Care Through the Eyes of Practitioners [VOLUME 57, ISSUE4](#), [HEARING LOSS: EFFECT ON HOSPICE AND PALLIATIVE CARE THROUGH THE EYES OF PRACTITIONERS - JOURNAL OF PAIN AND SYMPTOM MANAGEMENT (JPSMJOURNAL.COM)](#)

- "What Does Deaf Mean" video [What Does Deaf Mean? - YouTube](#)

- Accessibility Document [WDDM AccessDoc (google.com)](#)

- Maddalena V, O'Shea F, Murphy M. Palliative and end-of-life care in Newfoundland's deaf community. J Palliat Care. 2012 Summer;28(2):105-12. PMID: 22860383; PMCID: PMC4894815.

- Smith AK, Jain N, Wallhagen ML. Hearing loss in palliative care. J Palliat Med. 2015 Jun;18(6):559-62. doi: 10.1089/jpm.2014.0367. Epub 2015 Apr 13. PMID: 25867966; PMCID: PMC4518876.

References Continued

- Cologne, Germany: Institute for Quality and Efficiency in Health Care (IQWiG); 2006-. Hearing loss and deafness: Normal hearing and impaired hearing. 2008 May 15 [Updated 2017 Nov 30]. https://www.hhs.gov/civil-rights/for-individuals/disability/effective-communication/index.html

- How to use Video Relay Service: https://healthbridges.info/how-to-use-vrs-video-relay-service/

- Accessibility: https://www.washington.edu/doit/creating-video-and-multimedia-products-are-accessible-people-sensory-impairments

- https://www.vera.org/publications/designing-accessible-resources-for-people-with-disabilities-and-deaf-individuals

- More about captioning: https://nationaldeafcenter.org/resources/access-accommodations/accomodations101/captioned-media/

- Finding Deaf communities: https://www.nad.org/resources/directories/

- Deaf Ecosystem: https://convorelay.com/deaf-ecosystem/

Session Evaluation and Certificate of Completion

- Your feedback is valuable as we plan upcoming sessions!
  - Please complete the [Project ECHO Session Evaluation](#)

- Project ECHO sessions are not accredited for continuing education, but we are able to offer a confirmation of completion for each session. To receive confirmation of completion, please complete the following within 10 days of each session using the links found on the Project ECHO webpage.
  - *Project ECHO Session Evaluation*
  - *Project ECHO Post-Session Knowledge Check*

NHPCO Health Equity Certificate

- Would you like to demonstrate your commitment to delivering culturally competent care across the continuum of serious illness in an equitable, inclusive, and person-centered manner?
  - NHPCO is pleased to offer a Health Equity Certificate for individuals who participate in at least 17 sessions in the *Equity Where It Matters* series

- To receive participate in the Health Equity Certificate, please complete the following within 10 days of each session using the links found on the Project ECHO webpage.
  - *Project ECHO Session Evaluation*
  - *Project ECHO Post-Session Knowledge Check*

Upcoming Sessions

Date: July 6

Topic: Improving Patient Satisfaction Through Dignity, Respect, and Genuine Engagement

Date: July 20

Topic: Identifying cultural needs to enhance the care experience

Additional Information

NHPCO Project ECHO webpage:

https://www.nhpco.org/regulatory-and-quality/quality/projectecho/

NHPCO Project ECHO session recordings and Key Takeaways:

https://www.nhpco.org/regulatory-and-quality/quality/projectecho/2023-project-echo-session-recordings/

NHPCO Project ECHO Registration Link:

https://nhpco.zoom.us/meeting/register/tZEsfu-trz4oGtQeKFw41UEIYNwjSIi8QCBF

For more information:

innovation@nhpco.org