

Impact of Healthcare Provider Training on Aphasia Care, Providers, and Patients

Presenter: Michelle Armour, MS, CCC-SLP

Interdisciplinary Team Members:

Melissa Burns, Susan Brady, Prayag Patel, Jason
Lew, Jessica Raymond, Stephanie Salentine

Background

Northwestern Medicine Marianjoy Rehabilitation Hospital

- 125 bed freestanding rehabilitation hospital
- Specialized stroke and brain injury programs
- Teaching hospital with Resident Physicians on staff



Acute Care Transfers (ACTs)

- No emergency room services on campus
- Resident Physicians are often the primary decision maker on code teams
- If emergency cannot be handled on campus, the patient is sent to nearby hospital ED
- ACTs interrupt the patient's therapy stay impacting rehab outcomes / plan of care
- ACTs have a negative financial impact on the patient and the hospital



Project Goal



Create a new process



Complete an aphasia workshop



Incorporate volunteers with aphasia



Complete surveys pre/post

New Process and Training



Rapid Response called



Check EPIC sticky note



Communication Kit from nursing station



Reduce number of people



Use visual pain scale



Use non-verbal pain scale as needed



Aphasia Workshop

- Resident Physicians and APRNs
 - Speech-language pathologist (SLP) provided education on:
 - Aphasia and important considerations for emergency situations
 - Supportive communication strategies
 - The new process being implemented
 - Communication aids and how to use them
 - Hands-on practice:
 - Interview the person with aphasia / gain information
 - Implement supportive communication strategies and use communication aids as needed
- *Interactions were observed by a SLP and feedback was provided after the interview***

Surveys Questions and Outcomes

Q1	How comfortable are you in locating information on communication strengths and weaknesses for patients with aphasia in EPIC?
Q2	How comfortable are you in locating communication tools, such a communication board, for use with patients with aphasia when required?
Q3	How comfortable do you feel utilizing communication boards with patients with aphasia?
Q4	Do you have knowledge of different types of communication tools accessible to you to utilize with patients with aphasia?
Q5	How comfortable are you with using supportive communication strategies with a person with aphasia?
Q6	How confident do you feel that you are able to communicate effectively with patients with aphasia?

Completed at 3 intervals to gauge comfort levels

1. Pre-workshop
2. Immediately post-workshop
3. One-month post-workshop



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