

Improving Effectiveness of Decisional Capacity Evaluations for Individuals with Aphasia

Background

The use of supportive communication can improve healthcare teams’ ability to provide safe, quality care for better patient outcomes when working with patients with aphasia. Providing such person-centered care is of utmost importance in healthcare, ensuring the patient is actively involved in all clinical decision making.

Physicians or psychologists are often required to complete decisional capacity evaluations for patients with aphasia. Many decisional capacity tools include open-ended questions requiring the patient to demonstrate understanding of abstract concepts related to their medical care. Responding to such questions can be difficult for individuals who know more than they can say.

Northwestern Medicine (NM) Marianjoy Rehabilitation Hospital is a freestanding 125-bed inpatient rehabilitation hospital. Decisional capacity evaluations are frequently provided to individuals with aphasia when making clinical decisions related to treatment, healthcare decisions, and discharge planning.

Methods

This goal of this project was to improve the process for decisional capacity evaluations for patients with aphasia. This goal was targeted by:

- Creating supplementary visual aids to correspond with The Aid to Capacity Evaluation (ACE), the tool required by hospital policy. See Figure 1 for example of visual aids.
- Developing an interdisciplinary communication tool to indicate what strategies the patient benefits from
- Training the psychology department on aphasia, supportive communication strategies, and how to effectively use the newly developed ACE visual aids
- Holding simulated evaluations with the psychologists and volunteers with aphasia to provide hands on training and feedback
- Hosting focus groups following the simulated evaluations to receive feedback on the process and materials from the healthcare provider and the person with aphasia
- Assessing comfort levels of the psychologists via pre-and post-training surveys. See Table 1 for survey questions.

Figure 1: Supplementary visual aids for ACE

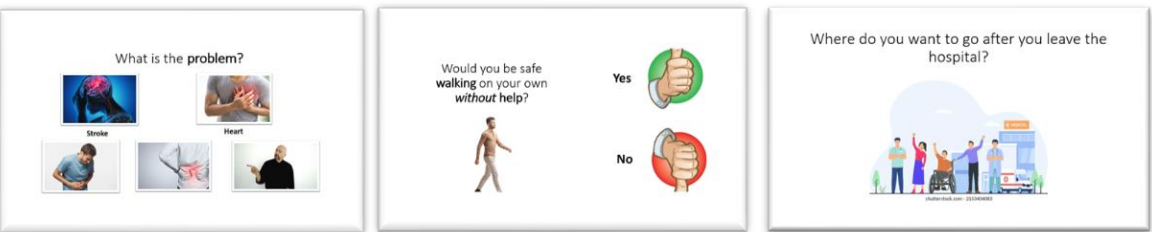


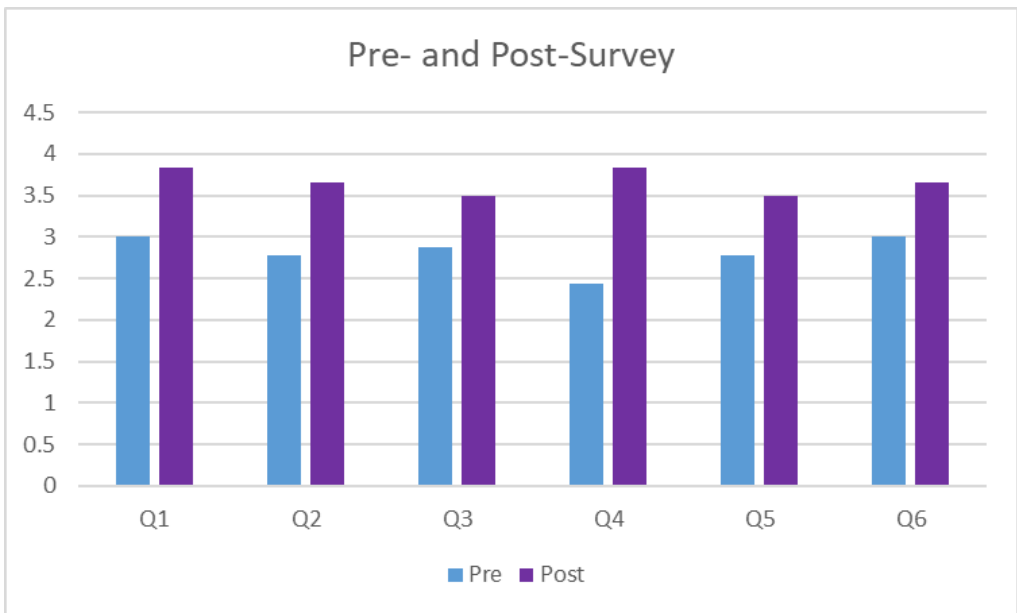
Table 1: Healthcare provider survey questions

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 as 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?

Results

Psychologists ranked their comfort level higher across all survey questions following training. Focus group responses yielded positive reviews of the new process and visual aids. The process was also improved based on volunteer and psychologist feedback. The visual aids and new process continue to flex as new scenarios reveal opportunities for improvement.

Figure 2: Survey Response Averages by Question



Conclusions

- Decisional capacity evaluations for individuals with aphasia require modification to more effectively understand patient’s capabilities.
- Creation of supplementary materials to aid communication can be beneficial to aid current policies within healthcare systems.
- Improved processes for interdisciplinary communication can yield better outcomes for patients with aphasia .

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