



A Guide for Effective Communication in Healthcare Providers

This Guide will help healthcare providers establish and maintain best practices in ensuring *effective communication* for hard-of-hearing and deaf patients, families, and caregivers. Hospital administrators, risk managers, and chief regulatory officers of hospitals, healthcare facilities, and private practices, and all members of the healthcare team, should read this Guide to ensure compliance with laws, regulations, and guidelines related to the provision of services for effective communication.

Effective communication is the process of exchanging information between two or more people and asking for clarification until all parties are able to fully understand. Effective communication results in the patient being able to make informed decisions and the healthcare team providing safe and responsible care.

This Guide includes information on:

- Important facts about people who are hard-of-hearing or deaf.
- Legal and regulatory responsibilities for hospitals and healthcare practices and facilities in providing access to effective communication.
- The Communication Access Plan (CAP) and how it can help providers and patients manage and ensure effective communication.
- Communication aids and services needed for effective communication.
- Information for staff working in the emergency department, inpatient settings, and outpatient settings, as well as performing tests and procedures.

Research supports that effective communication between patients, families, and their healthcare providers can have a significant impact on a patient's health and well-being. Costs associated with the provision of aids and services to ensure access to communication can be mitigated by reducing:

- Length of stay
- Readmission rates
- Emergency room visits
- Unnecessary diagnostic tests
- Medication errors

Effective communication improves the quality of treatment, resulting in:

- Improved patient safety
- Informed decision making
- Treatment and medication adherence
- Increased patient satisfaction
- Better healthcare outcomes

The majority of people in the United States who are hard-of-hearing or deaf do not use American Sign Language (ASL) as their primary or preferred language, and yet sign language interpreting services are typically what are offered by hospitals and other healthcare facilities. These services do not meet the communication needs and rights of non-signing people who are hard-of-hearing or deaf.

Institutions and practices increase their liability by being non-compliant with federal, state, and local laws as well as standards and guidelines set forth by accrediting agencies such as The Joint Commission (TJC), Centers for Medicare and Medicaid Services (CMS), the U.S. Department of Health and Human Services (HHS), and the Office of Minority Health (OMH).

References

Institute for Healthcare Communication. (July 2011). *Impact of Communication in Healthcare*. Retrieved from <http://healthcarecomm.org/about-us/impact-of-communication-in-healthcare/>

National Association of the Deaf. *Position Statement of Healthcare Access for Deaf Patients*. Retrieved from <https://nad.org/issues/health-care/position-statement-health-care-access-deaf-patients>

The Joint Commission. (2010). *Advancing Effective Communication, Cultural Competence, and Patient- and Family-Centered Care: A Roadmap for Hospitals*. Retrieved from <http://www.jointcommission.org/assets/1/6/ARoadmapforHospitalsfinalversion727.pdf>



Facts About Hearing Loss Providers

Communication barriers compromise patients' safety and ability to make informed decisions effecting their overall health and well-being.

Communication needs and preferences vary greatly among people who are hard-of-hearing or deaf. These are general guidelines; however, case-by-case assessments are required for providing patient-centered care.

Note: "Hearing loss" is a general term and often includes people who were born deaf or hard-of-hearing as well as those individuals who experienced hearing loss any time after birth. Many deaf and hard-of-hearing people who communicate primarily in a signed language, identify as being members of a community or linguistic minority, not as having a disability.

This Guide focuses mainly on the communication needs and services of non-signing hard-of-hearing or deaf patients, family members, or caregivers. However, the legal rights to effective communication and considerations are consistent for all.

Hearing loss is a major public health issue; it is the third most common physical condition after arthritis and heart disease. It is not only a medical condition or diagnosis; more importantly, it is a communication and psychosocial issue.

Demographics

- Approximately 48 million people report some degree of hearing loss.
- Four out of five Americans with hearing loss do not wear a hearing aid.
- 18% of adults 45-64 years old have hearing loss.
- At age 65, one out of three people have hearing loss.
- 47% of adults 75 years or older have hearing loss.
- Tinnitus (ringing in the ears) affects 50 million people in the United States.
- 30 children per 1,000 have hearing loss.
- 1 in 5 teenagers have hearing loss.
- 60% of veterans who serve in combat experience noise-induced hearing loss; hearing loss and tinnitus are the most common service-related disabilities.
- Reports indicate hearing screening in primary care is uncommon, occurring during approximately 17-30% of patient visits.

Recognizing Patients Who Are Hard-of-Hearing or Deaf

Patients may not always disclose they are hard-of-hearing or deaf. This may be due to denial, stigma, or fear of being treated differently. Rather than focus on the hearing loss, it is imperative to address the communication needs of the patient.

Here are some common indications a patient may be hard-of-hearing or deaf:

The patient

- Often asks for statements or questions to be repeated.
- Often misunderstands conversations and information, especially in noisy or busy environments.
- Has difficulty understanding when they cannot see the speaker's face.
- Turns one ear towards the person speaking or cups a hand behind an ear.
- Speaks loudly.
- Complains people are mumbling.
- Has difficulty understanding on the telephone.

Being Hard-of-Hearing or Deaf May:

- Compromise awareness and safety.
- Increase fatigue, tension, irritability, and stress.
- Decrease patient's ability to process, retain, and act on information.
- Impact other health and safety issues such as falls, cognitive decline, and dementia.
- Contribute to low self-esteem.
- Cause patient to feel marginalized.
- Create or increase a sense of isolation.
- Increase patient's risk for depression.
- Adversely affect overall quality of life.



Rights and Responsibilities Providers

Federal, state, and local laws address the communication rights of hard-of-hearing and deaf patients, families, and caregivers. Despite the Americans with Disabilities Act (ADA) of 1990, regulations and guidelines established by regulatory and accreditation bodies such as The Joint Commission and the Centers for Medicare and Medicaid, access to effective communication continues to be a challenge for hard-of-hearing and deaf patients, resulting in healthcare disparities.

In March 1998, the Advisory Commission on Consumer Protection and Quality in the Health Care Industry issued its final report, which included the Consumer Bill of Rights and Responsibilities.¹

You have the right to receive accurate information you can understand about your health, treatments, health plan, providers, and health care facilities. If you speak another language, have a physical or mental disability, or just do not understand something, you will be helped so you can make informed health care decisions.

For more information on laws, regulations, and guidelines see:

[U.S. Department of Health and Human Services](#)
[Americans with Disabilities Act](#)
[Culturally and Linguistically Appropriate Services](#)
[The Joint Commission "Roadmap"](#)
[National Association for the Deaf](#)

¹ Internet Citation: About AHRQ. October 2015. Agency for Healthcare Research and Quality, Rockville, MD. [Consumer Bill of Rights and Responsibilities](#)



Communication Access Plan (CAP)

Please alert all staff and include in Medical Record			
NAME OF PATIENT:	DATE OF BIRTH:	MRN: (Office Use)	
Which Describes You?			
<input type="checkbox"/> Hard-of-Hearing <input type="checkbox"/> Deaf <input type="checkbox"/> Deaf-Blind <input type="checkbox"/> Visually Impaired			
Which Device(s) Do You Use?			
Hearing Aid(s) <input type="checkbox"/> Right <input type="checkbox"/> Left Cochlear Implant(s) <input type="checkbox"/> Right <input type="checkbox"/> Left Other Implant(s): _____			
What Do You Need Hospital/Office to Provide?			
<input type="checkbox"/> Pocket Talker <input type="checkbox"/> Captioned Phone (Hospital only) <input type="checkbox"/> TTY (Hospital Only) <input type="checkbox"/> Other Alerts or Assistive Device(s): _____			
What Services Do You Need?			
<input type="checkbox"/> Communication in writing <input type="checkbox"/> Communication Access Real-time Translation (CART) <input type="checkbox"/> Sign Language Interpreter <input type="checkbox"/> Tactile Interpreter <input type="checkbox"/> Video Remote Interpreter (VRI) <input type="checkbox"/> Other: _____			
Waiting Room Practice			
When it is time for me to be seen by my healthcare provider:	<input type="checkbox"/> Provide a vibrating pager, if available <input type="checkbox"/> Come speak to me face-to-face <input type="checkbox"/> Write me a note and hand it to me		
For scheduling/follow up communication, please contact me by:			
<input type="checkbox"/> Patient Portal	<input type="checkbox"/> Email	<input type="checkbox"/> Text	<input type="checkbox"/> U.S Mail
<input type="checkbox"/> Cell Phone	<input type="checkbox"/> Home Phone	<input type="checkbox"/> Work Phone	<input type="checkbox"/> Video Phone <input type="checkbox"/> Relay
Notes:			



Communication Access Plan (CAP) Instructions for Patients and Providers

Patient Instructions

What Is a Communication Access Plan?

A Communication Access Plan (CAP) is a one-page form to let your doctors and healthcare team know about your hearing status and the communication aids and services needed.

Why Is the CAP Important?

Communicating clearly with your healthcare team helps you get the best and safest care possible. When you are part of and understand all discussions about your health, you will make better decisions.

How Do I Use the CAP?

- Bring a copy of your CAP to your appointment.
- Review the CAP with your doctor and healthcare team to be sure you have the aids and services you need.
- Ask staff to make sure your CAP is added to the Electronic Medical Record or paper chart.

Provider Instructions

What Is a Communication Access Plan?

A Communication Access Plan (CAP) is a one-page form that will document your patient's hearing status and communication needs. A completed CAP can help ensure that you and your patient communicate effectively using the appropriate aids and services.

Why Is the CAP important?

Delivering the best and safest care is only possible when patients can fully participate in and understand all discussions about their health and well-being and make informed decisions.

How Do I Use the CAP?

- Ask your patient to fill out a CAP.
- Review the CAP with your patient.
- Identify what aids and services you will need to provide.
- Include the CAP in the Electronic Medical Record or paper chart and inform all referrals that a CAP exists.

For additional information see *Guide for Effective Communication in Healthcare* at <http://www.hearingloss.org/content/health-care-guide>.



Communicating with Hard-of-Hearing and Deaf Patients Providers

- Maintain eye contact when speaking with your patient.
- Give your name and discipline and show patient your ID badge.
- Ask patient if they have a printed **Communication Access Plan (CAP)**. If not, complete one with the patient and include it in the Electronic Medical Record or paper chart.
- Inform patient of available aids and services provided by the facility. (See [Communication Aids and Services](#) in the Provider section of this Guide for more information.)
- Be sure all staff refer to the patient's CAP and are familiar with devices and services needed for effective communication.
- Be sure all clinical discussions are directly with the patient and not with a family member, friend, or caregiver. *
- Be sure patient leaves with clearly printed instructions or discharge plans.

*If services and/or devices are provided, and patient and provider are still unable to communicate, ask the patient if a family member, caregiver, or friend may assist. Without permission from the patient, speaking with family members, caregivers, or friends, may be a violation of HIPAA and ADA regulations.

To Facilitate Effective Communication:

- Reduce background noise.
- Minimize visual distractions.
- Be sure room is well lit. The light source should be in front of the person speaking, not behind.
- Do not oversimplify, abbreviate, or dilute information. Hearing status is not related to intelligence or cognitive function.

- Be sure patient can see your mouth clearly. Do not chew gum, bite on a pen, or cover your mouth with your hand.
- Speak clearly and at a moderate pace, and *do not* exaggerate words. This distorts the mouth and can make speechreading difficult.
- Provide as much information as possible before putting on a surgical mask.
- If the patient does not understand what is being said, rephrase rather than repeat the same words or sentences.
- Inform the patient when you are changing topics or context (i.e., diagnosis, treatment, follow-up, medication).
- Use diagrams, models, illustrations, and other visual aids to augment communication.
- Use teach-back to encourage questions and ensure the patient's understanding.
- Do not ask family members, friends, or caregivers to facilitate communication.



Communication Aids and Services Providers

If aids and services are provided, and patient and provider are still unable to manage *effective communication*, ask patient if a family member, caregiver, or friend may assist. Without permission from the patient, speaking with or asking for communication services from family members, caregivers or friends, may be a violation of HIPAA and ADA regulations. Determine who will be the designated person and document in the EMR or paper chart.

Effective Communication is when information between two or more people is shared or exchanged and each person is able to fully understand and make decisions based on that information. This is often a process that requires going back and forth with questions and answers until everyone has a clear understanding.

Assistive Listening Devices (ALDs) enable a hard-of-hearing person to hear better. A pocket talker is an ALD commonly used in some hospitals and other healthcare institutions. (See Pocket Talker below)

Amplified Phones: An amplified phone will make the voice of the person speaking louder, which may be helpful for people who are hard-of-hearing.

Captioned Phones: The patient reads what the speaker is saying on a phone screen. Patients may also have captioning available on their smartphone.

CART (Communication Access Realtime Translation): A CART transcriber types what is being said so the patient can read the discussion on a laptop, tablet or smartphone. The CART transcriber can provide on-site or remote services.

Dry Erase Board (or whiteboard): A board that can be written on with an erasable marker.

Hearing Induction Loop: Induction loops transmit clear, background-noise-free sound to the patient's hearing aid or cochlear implant. Induction loops can be installed permanently or temporarily. They may be particularly helpful in noisy environments and for support groups, educational presentations, and other community events.

Pen and Paper: Pen and paper may be helpful for brief, nonclinical communications.

Pocket Talker: A pocket talker which consists of an amplifier, microphone, and earbuds or headset, amplifies the speaker's voice, allowing a person who is hard-of-hearing better access to communication.

Relay Operator: A specially trained operator types what the speaker is saying. The words can then be read on the phone screen.

Tablet, Laptop, Computer, Smartphone: These devices can be used to type discussions between patient and provider. The voice activation option on a smartphone can also be used if the translation is accurate.

UbiDuo: Using separate screens with keyboards, patient and provider(s) can face one another as the provider types information for the patient to read. Patients can type back if they are not comfortable speaking.

Interpreting Services:

American Sign Language Interpreter: American Sign Language/spoken English interpreters are highly skilled professionals who facilitate communication between hearing and Deaf or hard-of-hearing individuals.

Certified Deaf Interpreters: A CDI is a deaf person who has been nationally certified to provide interpreting services to deaf people who may not be proficient in American Sign Language due to linguistic, cognitive, or other communication challenges. If a deaf person uses a sign language from another country, a CDI may be needed. A CDI typically works with a hearing ASL interpreter.

Low-Vision Interpreting: Deaf individuals who have low vision may need the interpreter to stand or sit very close so they can see the signs.

Oral Interpreter: If the patient is a skilled speechreader, an oral interpreter may be helpful. Oral interpreters and sign language interpreters *do not* provide the same service. Providers need to clarify, with the patient, which type of interpreting service will be most effective.

Tactile Interpreting: A deaf-blind person feels the interpreter's hands while the interpreter signs or fingerspells to receive information.

Video Remote Interpreting (VRI) is an interpreting service with the interpreter, in a different location. However, you may still need an on-site interpreter in medical and mental health settings. See [National Association for the Deaf and VRI](#)

For more information see:

[Registry of Interpreters for the Deaf](#)

Note: The Americans with Disabilities Act (ADA) refers to communication aids and services as [Auxiliary Aids and Services](#).



Communication in the Emergency Department Providers

Below are general guidelines that can be applied to most Emergency Department visits from hard-of-hearing and deaf patients. Due to the varying nature of emergencies and individual patient needs, these guidelines may not be representative of all scenarios.

Effective and accurate communication can be a matter of life and death. It is important to establish communication with the patient, if possible, before the patient is evaluated, diagnosed, or treated. However, if the patient is unable to communicate, medical treatment should be administered without delay.

Triage/Registration

Be sure communication devices and equipment are available and ready for use at all times. These may include but are not limited to:

- Pocket talker (an Assistive Listening Device)
- Pen and paper
- Dry erase board (whiteboard)
- Tablet, laptop, or computer
- Captioned phone

Be sure all appropriate staff know how to arrange for:

- CART (Communication Access Realtime Translation)
- Remote CART
- On-site Sign Language Interpreters
- Video Remote Interpreters (VRI)

Refer to [Communication Aids and Services](#) in the Provider section of this Guide for more information.

Be sure appropriate staff know they must:

- Ask patients what aids and services are needed to effectively communicate with providers and staff.
- Ask patients if they have a printed Communication Access Plan (CAP). If not, complete a CAP during registration.

- Include the CAP in the Electronic Medical Record or paper chart.
- Refer to completed CAP to identify how patient prefers to be alerted when ready to be seen.
- Place a universal “hearing loss” sticker on the patient’s wristband or provide an additional wristband designating hearing status.
- Post a printed or clearly written sign over the patient’s bed stating they are hard-of hearing or deaf.
- Introduce staff by name and discipline, and allow patient to read ID badges.
- Use teach-back to ensure understanding.
- Inform patient about the plan of care.
- Be sure to communicate *before* performing examinations, drawing blood, or checking vital signs.

Note: Speaking to the patient while simultaneously providing care results in confusion and misunderstandings increasing anxiety.

- Allow patients to wear their hearing aid(s) and cochlear implant(s) while in the Emergency Department. If this is not medically possible, be sure the devices are put into a container labeled with the patient’s name or given to a family member or friend.

Transport or Escort

Be sure patient escorts or transporters are aware of patient’s hearing status and know how best to communicate.

Discharge

Be sure patient understands diagnoses, treatment plan, medication, and follow-up instructions and has all information in writing. This should include any documents or information regarding an inpatient admission or transfer to another facility.



Communication in Inpatient Settings Providers

Establishing and maintaining best practices to support effective communication is essential for the delivery of safe and exemplary care.

Creating and sustaining an environment that promotes equal access to communication for hard-of-hearing and deaf patients, families, and caregivers is also the legal responsibility of hospitals, institutions, practices, and facilities.

Patients must clearly and completely understand all aspects of their treatment to fully participate in their healthcare and make informed decisions.

When the patient arrives:

- Ask if they have a printed **Communication Access Plan (CAP)**. If not, complete one with the patient and include it in the EMR or paper chart.
- Inform patient of available aids and services provided by the facility. (Refer to [Communication Aids and Services](#) in the Provider section of this Guide for more information.)
- Be sure all staff is aware of patient's communication needs and that appropriate services are provided.
- Ask if patient has hearing aids, cochlear implants, or other Assistive Listening Devices. Provide container with patient's name for safe keeping.
- Place a universal "hearing loss" sticker on existing wristband or provide an additional wristband designating hearing status.
- Ask patient's permission to post a printed sign indicating they are hard-of-hearing or deaf.
- Make sure there is a plan including the use of visual alerts in case of emergencies. Provide other devices for visual alerts as needed.
- Post a note on the intercom at the nursing station indicating patient's hearing status. Remind staff that patient will not hear or understand staff speaking to them on the intercom.

- If available, offer patient a bed near a window for greater visual stimulation and to reduce isolation.

To ensure effective communication at bedside:

- When communicating with the patient:
 - Establish eye contact before speaking
 - Give your name and discipline, and show your ID badge
- Use a smartphone, tablet, dry erase board, or pen and paper as backup to verbal discussion.
- Ask patients how best to get their attention:
 - Turning lights on and off
 - Standing where they can see you and gesturing
 - Tapping them gently on the shoulder (especially helpful when patient is asleep)
- Conduct all discussions directly with the patient and not family members, friends, or caregivers. This is in compliance with HIPAA regulations as well as patient-centered care.
- Use teach-back to ensure patient understanding.
- Provide instruction for setting up captioning on the TV.
- Provide captioned educational and recreational videos.

Refer to [Communicating with Hard-of-Hearing and Deaf Patients](#) in the Provider section of this Guide for more information.

Transporting patient for tests or procedures:

- Transport/escort staff should be aware of patient's hearing status and know how best to communicate. This is particularly important because the transporter/escort is always behind the patient.
- Be sure communication aids accompany the patient.

Preparing patient for discharge:

- Use teach-back to confirm patient's understanding.
- Provide printed discharge instructions.
- Refer to the CAP to determine how you will communicate for any follow-up.



Communication in Outpatient Settings Providers

Establishing a plan for effective communication with your patient is critical in delivering safe and competent care. A plan should be developed at the first point of contact with the patient. Including a **Communication Access Plan (CAP)** in the patient's EMR or paper chart will ensure accurate and consistent information for all staff and healthcare providers.

Scheduling Appointments

Online Scheduling

Online patient portals should be utilized for hard-of-hearing and deaf patients, whenever possible. Make the CAP available through the portal and ask the patient to complete it.

Phone Scheduling

Scheduling appointments may require additional time if the patient is using a captioned phone or calling through a relay operator.

- Ask *all* patients if they need communication assistance for their visits.
- Ask patients to email or fax a copy of their CAP, or bring a copy to their appointment.
- Discuss and determine what aids and services are available and will be provided for patient's appointment.
- Repeat back date and time of appointment to confirm understanding.
- Send email to patient confirming date and time of appointment.
- Provide patient with text number or email address to notify staff if they will be late for an appointment.
- Display universal "hearing loss" logo on all forms and paper chart.

Outpatient Visits

Prior to Patient's Arrival

- Be sure communication aids and services are available and ready for use.
- Be sure staff is familiar with devices and services.
- Highlight sections of forms to be completed by patient.
- Be sure TV in the waiting area has the captions displayed.

Patient's Arrival

- Ask patients to complete a CAP if they have not already done so.
- Refer to the CAP to identify how patient prefers to be alerted when they are ready to be seen by the provider.
- Look directly at the patient when speaking.
- When escorting patient to dressing room or treatment room, stop and face them before speaking.

Refer to [Communicating with Hard-of-Hearing and Deaf Patients](#) in the Provider section of this Guide for more information.

Visit with Provider

- Review patient's CAP and allow time to discuss communication devices or services to be used.
- Provide in writing, all information related to treatment, diagnoses, follow-up, and medication, including any ototoxic effects.
- Use teach-back to encourage questions and ensure understanding.
- Provide name, phone number, and email address of contact person if patient has questions or concerns.
- Document aids and services used during the visit in the EMR or paper chart.



Communication During Tests and Procedures Providers

- Be sure the patient completes a CAP to be included in the EMR or paper chart.
- Be sure all staff is aware of patient's hearing status and how best to communicate with the patient.
- Add universal "hearing loss" sticker to patient's wristband or use a separate band to indicate patient's hearing status.
- Allow hearing aids and cochlear implants to be worn until tests or procedures begin, unless medically unsafe. When removed, place devices in a container with patient's name.
- Before proceeding with tests or procedures, provide patient with step-by-step explanations and instructions in writing.
- Discuss with patient any possible ototoxic effects of anesthesia or other medications.
- Answer all questions before putting on surgical mask.

Radiology

X-ray / CT Scan / MRI

Communication can be particularly challenging since the technician typically does not remain in the room when X-rays, scans, or MRIs are in progress.

- Arrange for additional staff person to be available during tests to facilitate communication with the patient. For example: Tap the patient's shoulder once to hold breath, twice to resume normal breathing, or turn lights on and off for visual cues.

- Patients who use cochlear implants may not be able to undergo an MRI. Confirm with patient and healthcare team before proceeding.
- For MRIs, provide patients with earplugs or protective headsets, preferably both.

Surgical Procedures

Due to anxiety, fatigue, and effects of pre-surgical medication, the ability to understand and retain information may be further compromised for hard-of-hearing and deaf patients.

- Prepare patient by providing all instructions verbally and in writing before surgery.
- Have a dry erase board or tablet readily available for communication.
- Answer all questions before putting on surgical mask.
- Once the patient is determined to be medically stable in the recovery room, allow patient to use hearing aids and cochlear implants.

Discharge and Follow-up

It is essential to allow sufficient time for discussion, questions, and clarification. It is also important to:

- Provide discharge plans in writing.
- Use teach-back to confirm patient's understanding.
- Provide patient with contact information for follow-up questions. Refer to the CAP to determine how communication will occur, i.e., email, patient portal, or captioned phone.