“TO GET OUR PATIENTS THE COMMUNICATION SYSTEM THEY NEED AT THE EXACT LEVEL THEY ARE IN THE REHABILITATION PROCESS”:

An Online Focus Group of Speech-Language Pathologists

Jessica Gormley, M.A., CCC-SLP
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RESPONSIBILITIES OF REHABILITATION FACILITIES AND SLPS

- To design and implement services to meet the unique communication needs of all patients, including those who have a severe communication disability
- Patient- and family-centered services
- Interdisciplinary collaboration
- Interprofessional education

(The Commission of Accreditation of Rehabilitation Facilities, 2016; The Joint Commission, 2010; World Health Organization, 2010)

THE PROBLEM

- A severe communication disability can negatively impact the quality of life, health outcomes, and participation of individuals with CCN in medical encounters
  - They experience three times more preventable adverse medical events (Bartlett, 2008)
  - Reducing communication barriers of individuals with CCN in acute care facilities could prevent 547,906 adverse events annually (projected savings of $5.7 billion) (Hurtig & Alper, 2016)
  - Rehabilitation setting is complex and dynamic which impacts service delivery

- Staff training can be limited:
  - Many SLPs and health professionals reported minimal pre-service AAC training (Burns et al., 2017; Costigan & Light, 2010; Ratcliffe et al., 2008)

  - Limited information exists about the experiences of these individuals or rehabilitation staff

THE PROBLEM
UNDERSTANDING AND IMPROVING AAC SERVICES IN INPATIENT REHAB

STEP 1: TO INCREASE UNDERSTANDING

Research Questions:
1.) What are the experiences of SLPs who work within the inpatient rehabilitation setting when providing services to individuals with CCN?
2.) What are the challenges and facilitating factors of AAC service delivery within this context?

Design: Asynchronous online focus group methodology (Stewart & Williams, 2005)

RECRUITMENT – PURPOSIVE SAMPLING

Social Media Sites (Communication Matrix Community Forum, Facebook)

Professional Listservs (ASHA SIGs 12 & 13, SLPs in Health Care)

SLPs
- Had CCC-SLP
- Provided any type of SLP services to patients with CCN in IP Rehab in the past year
- Willing to participate
- Internet access

Direct emails to rehab clinicians and researchers

Direct emails to AAC researchers

Complex Communication Needs in Inpatient Rehabilitation - SLP Focus Group

Purpose: To bring SLPs together to discuss current service delivery practices, supports, and barriers to providing services to individuals with complex communication needs in the inpatient rehabilitation setting.

Thanks for participating in this focus group and for helping to improve outcomes for individuals with complex communication needs in the rehabilitation setting.

Week 3: Success Stories of Supporting Individuals with Complex Communication Needs

AAC researchers
## MATERIALS

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<th>Interview Guide:</th>
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<td>Week 1: Your Role in Current Service Delivery</td>
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<td>Week 2: Team Service Delivery</td>
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<td>Week 3: Success Stories of Supporting Individuals with CCN</td>
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<td>Week 4: Challenges to Supporting Individuals with CCN</td>
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<td>Week 5: Current Training Within the Inpatient Rehabilitation Setting</td>
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<td>Week 6: Open-Ended Discussion About Providing Services to Individuals with CCN and Their Families</td>
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- Attempts made to minimize researcher bias

## PARTICIPANTS

- **11 Participants (10 female, 1 male)**
- **Average years working as SLP in inpatient rehabilitation = 6.6 years (range 1-25 years)**
- **Average age of SLP = 36 years (range 25-58 years)**
- **Ethnicity: Caucasian (n = 5), Hispanic (n = 1), Chinese (n = 1), undisclosed (n = 1)**
- **Region: Northeast (n = 4), Southeast (n = 2), Midwest (n = 3), Western (n = 2)**

## DATA ANALYSIS - TRIANGULATION

- **Reliability Check**
- **Thematic Analysis**
- **Peer Review**
- **Member Check**
RESULTS - THEMES

“The medical model is very complicated and can be, at times, overwhelming”

“Without a team approach implementing high- or low-tech AAC isn’t possible”

“We need resources and/or training, but not sure where to go from here”

“Often times, the limitations are in us; not in our clients or patients.”

1: LOGISTICS OF REHABILITATION

Subthemes:
- “My biggest challenges include time constraints.”
- “Unfortunately, money is usually the bottom line and a thorough discussion of CCN and AAC does not pay the bills.”
- “Making sure referrals are made to appropriate professionals when the patient is discharged.”
- “We too have no formal training or procedures in place for implementation of AAC.”

2: IMPORTANCE OF TEAM WORK

Subthemes:
- “A culture of interdisciplinary teamwork.”
- “AAC is certainly not my area of expertise.”
- “Having dedicated AAC teams is certainly the way to go, although not always feasible.”
- “A patient’s presentation often changes on a daily/weekly basis.”

3: LIMITED AAC TOOLS AND TRAININGS FOR REHAB PROVIDERS

Subthemes:
- “It is important to provide tools to all people at all levels of recovery.”
- “This may by far the most important part of my job: education.”
### 4: SLP ATTITUDES

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<th>Subthemes</th>
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### DISCUSSION

- No prior study has investigated SLPs’ experiences with AAC service delivery in inpatient rehabilitation
- AAC services may be a valuable tool to positively impact the rehabilitation experience of individuals with CCN
- However, many barriers to AAC service delivery were reported by participants in this setting

### DISCUSSION - BARRIERS

- Logistics of the rehabilitation setting: time constraints, limited funding, complex coordination of discharge plans, limited AAC protocols
- Personnel factors: limited AAC expertise/leadership, attitudes of staff, challenges with team collaboration, communication, or consistency
- Tools/trainings: limited time to develop/personalize, challenges with high-tech tools, limited opportunities to train or be trained

### CLINICAL IMPLICATIONS

- Use of multimodal communication tools in the inpatient setting may be beneficial
- Training is necessary to build communicative competence but time and resources may present unique challenges in the inpatient rehabilitation setting
- Potential solutions: Use of electronic orders, bedside postings, and face-to-face communication trainings
CLINICAL IMPLICATIONS

- Integration of AAC and inpatient rehabilitation specific topics into pre- and in-service trainings for rehab professionals may help to strengthen skills and empower leadership

- Potential techniques: Use of guest speakers, video/case examples, interdisciplinary education, and/or hands-on learning

CLINICAL IMPLICATIONS

- Consistent team collaboration and communication was reported as integral to supporting individuals with CCN

- Potential techniques: Co-treatments, family and patient involvement in care, self-reflection, active listening, and seeking out help from AAC specialists if available

LIMITATIONS

- Issues with self-report
- Occurred at a single point in time, little is known about how these experiences change over time
- Dependent on the topics identified by the interview guide
- Researcher bias
- Issues related to asynchronous focus groups
- Issues related to purposive sampling and participant heterogeneity

LOOKING TO THE FUTURE

- Project 1: Online Focus Groups of Inpatient Rehab SLPs
- Project 2: Descriptive Study of Interactions Among Pediatric Rehab Staff and Children with CCN
- Project 3: Basic Interaction Strategy Intervention for Pediatric Rehab Staff
THANK YOU!!!

REFERENCES


