

# How Aphasia Friendly is our health system?

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# Presentation Overview

The impact of aphasia

How it affects users of the **health system**?

What can be done to improve the *patient experience*?

What is the **role of SLT**?

What is the **role and responsibility** of all health professionals?

# Aphasia Redefined: Kagan, Simmons Mackie 2013

Now consider the following re-  
definition of aphasia:

***Aphasia*** is... “a communication  
impairment that **impacts identity  
and relationships** *because of*  
difficulties speaking, understanding,  
reading and writing.”

# why we should care about aphasia?

- Aphasia is a language problem that **masks inherent competence** and has the most dramatic impact on **conversational interaction.**

# why we should care about aphasia?

- Conversation is core to the **ability to participate in everyday life** but is currently not listed as an **essential ADL**

# why we should care about aphasia?

- Without conversation, **every relationship, life role** and most activities are at risk:
- Loss of self esteem
- profound sense of social isolation – depression –  
negative impact on health

# why we should care about aphasia?

- Aphasia results in language barriers to *accessing* *healthcare.*

# Recommendations:

- **Communication and conversation should be seen as an essential ADL.**
- **No patient should be discharged without an evaluation of communication and supports needed,**
- **Training should be provided for key family on how to communicate with that person.**



# Evidence:

- Majority (**88%**) of **Patients on an ASU** will have a form of communication impairment. (O'Halloran, Worrall, Hickson, 2009)
- Communication referrals will be a **lower priority** for SLTs (Armstrong, 2003)
- SLTs follow **traditional models** for assessing and managing communication disorders in the acute environment (Ferguson, 2013, Armstrong, 2003)

# Evidence:

- People with aphasia have **the least interaction time** on a ward.

(Godecke, 2014)

- People (staff, family, friends) who **experience communication failure** with a PWA will be **less likely to interact** with that person again. (for staff that also means other PWA)

- PWA are **excluded from decision making** and **providing consent** for medical interventions.

# What is aphasia friendly?

- Making **information accessible** for people with aphasia
- Making the **environment accessible** for people with aphasia
- (Howe, Worrall, Hickson, 2004; Rose et al, 2010)

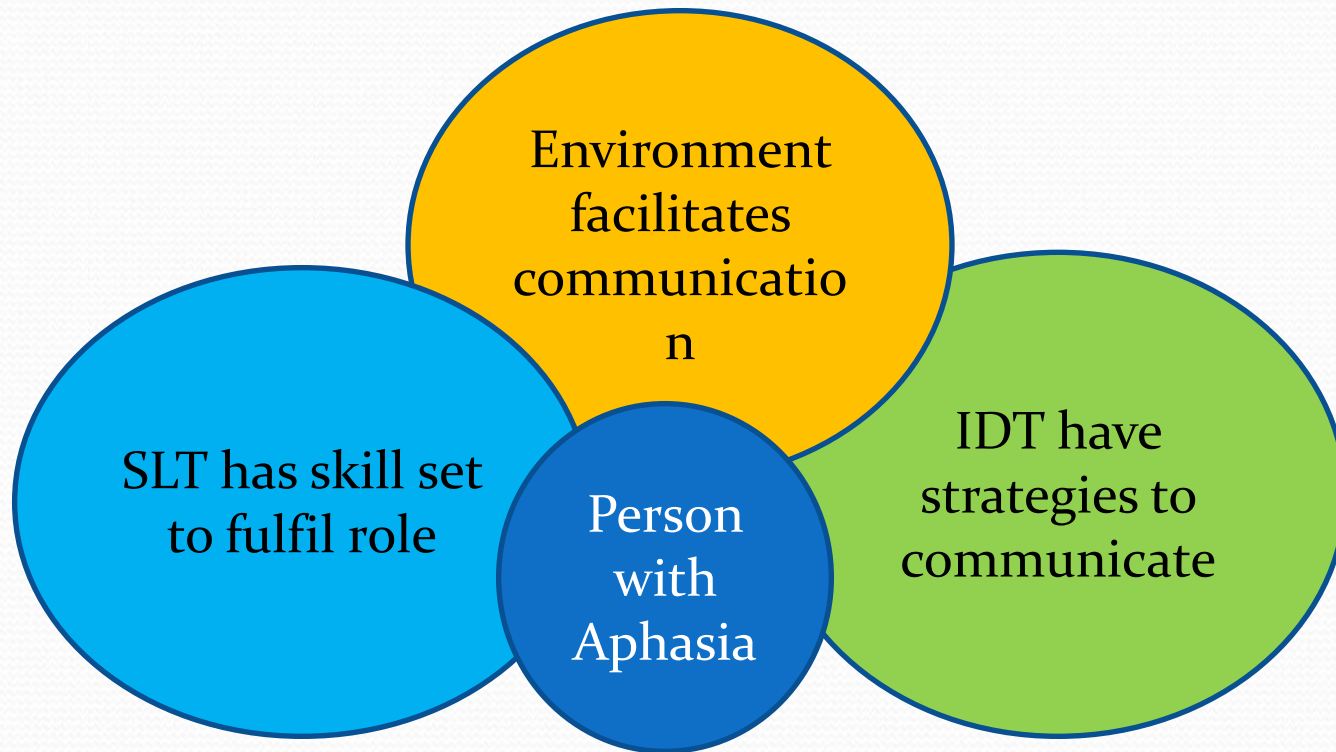
# Aphasia Friendly

(Australian Aphasia Rehabilitation Pathway)

- material adapted for people with aphasia.
- simple **vocabulary**,
- simple **syntax**,
- **short** sentences,
- **large** and standard font,
- relevant **pictures**,
- appropriate **layout**
- low **reading grade** level.



# People with aphasia will have communication success in the NZ health system



# Goal 1: Create a supportive communication environment

- Resources for IDT to use
- Training for IDT
- Aphasia friendly information about procedures

# Barriers reported by patients

- Not understanding about medical procedures, not giving true consent
- Communicating with family
- Patients have passive attitude in hospital setting

# Goal 1: How easy is this to achieve?

- Introducing resources is relatively simple.

[www.aphasiafriendly.com](http://www.aphasiafriendly.com)

- Barriers –time, funding for resources
- Needs a champion
- Caseload never sleeps
- Time to train the IDT



## Creating an Aphasia Friendly environment:

- Make info about aphasia visible -posters, tips for communication etc.
- Have Aphasia Friendly info made for consents, family meetings, power of attorney situations etc.
- Have pictographic info available: menus, medical procedures, Aphasia Institute resources
- website
- have whiteboards avail....paper gets wet!

Access  
only



Jack

Lord of the  
physios

YES

NO

PAIN

# Education of the IDT

- Need to emphasise that SLT is going to spend 30-60 minutes with a patients.
- There are 23 hours of the day left in which that person needs to communicate.

# Creating an Aphasia Friendly environment:

- Make sure 2-3 key communication strategies are visible for conversational partners eg.
  - 1) **Speak slowly**
  - 2) **write key words as you speak**
- Train all staff to use SCA
- Have whiteboards avail....paper gets wet!

# Goal 2: Include family

- Use notebooks to communicate with family and friends, provide SLT contact info.
- Call families
- Family info sessions “communicating successfully with your family member after stroke”



# Goal 2: how easy is this to achieve?

- Relatively easy.
- Families are eager for information
- Opportunity to ask questions
- Need to judge the best time/day etc

## Barriers:

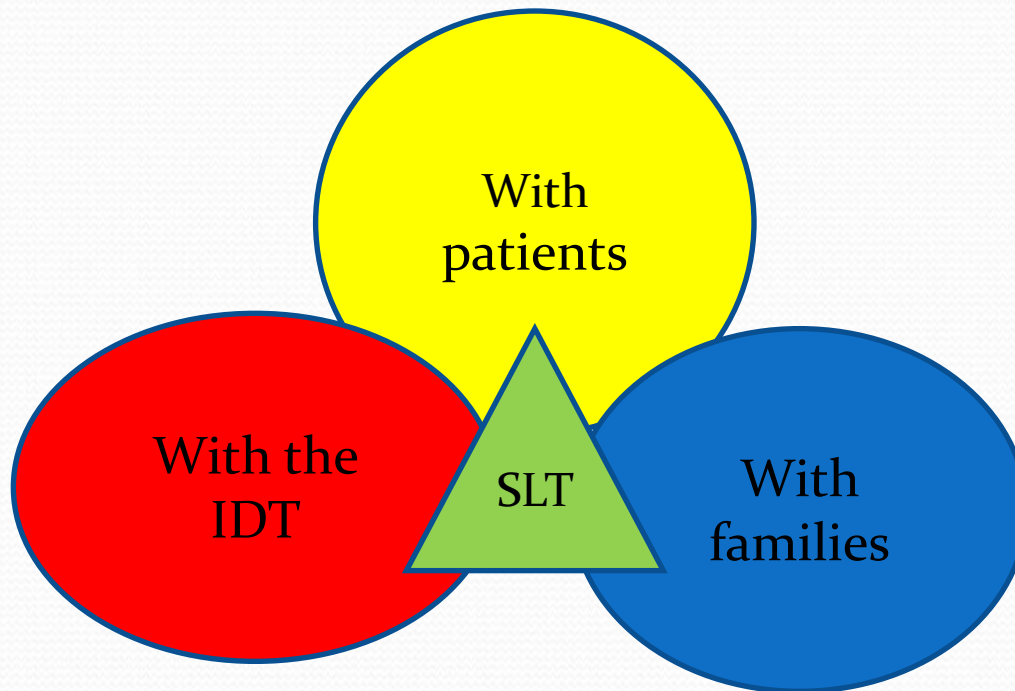
- room availability
- Short length of stay

# Goal 3: Participation and involvement in decision making

- **Health and Disability Code of Rights ?**
- Are the rights of people with aphasia being met?
- The right to **effective communication,**
- The right to **informed consent**
- The right to **receiving information.**



# WHAT IS OUR ROLE?





# Role with patients

- To provide evaluation of their communication strengths and deficits
- To be an advocate for the communication disability of aphasia
- To provide support and reassurance

# Role with patients continued

- To use strategies and SCA
- To provide information and education about aphasia
- To provide conversational opportunities
- To document appropriately about all these areas and ensure they are accounted for.

# Role with families,

- Provide support and information about aphasia and about ongoing support in the community
- To reveal their competence. ‘I’m still me’
- To model strategies and SCA
- Provide resources to be used on the ASU
- Provide contact information about SLT and ongoing services

# Role in the IDT

- To ensure the team know the best strategies to use for each patient with aphasia.
- To reveal *competence of the person*..not the disability
- To provide resources to be used on the ward

# Role in the IDT continued

- To provide education and in-servicing
- Model strategies and advocate for PWA to be involved in decision making and family meetings as appropriate.
- Provide diagnosis and prognostic information

Have a toolbox...use it!!



- Thoughts.....
- Questions??

