

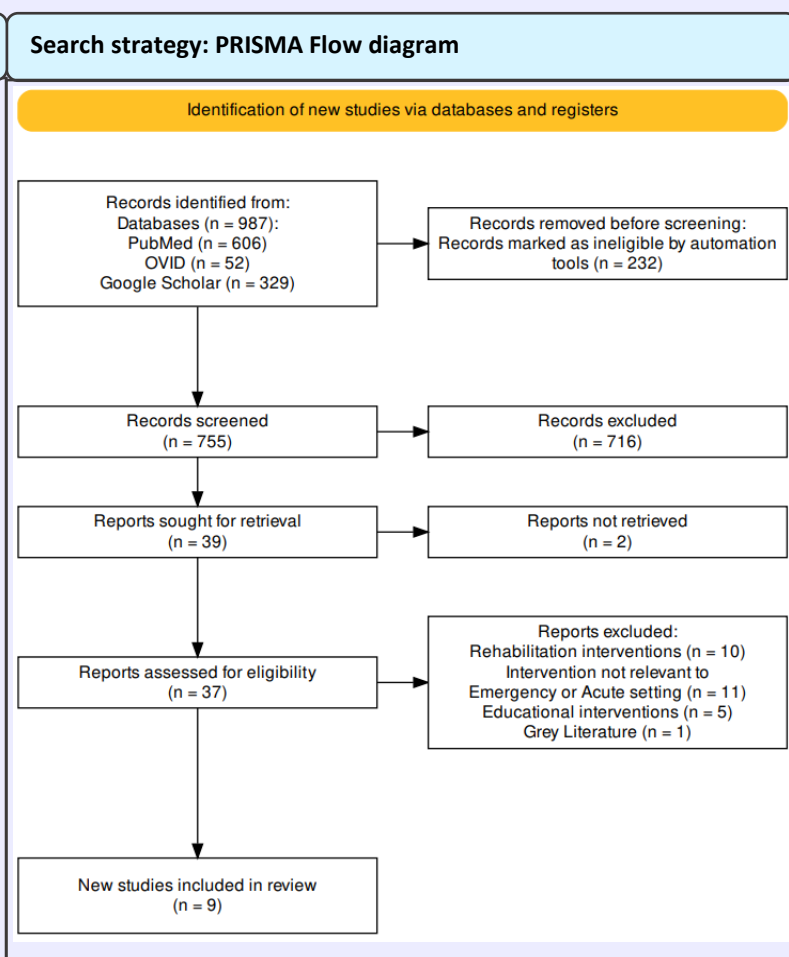
Abstract:

Aims- Review current literature to formulate an evidence-based communication pathway to be used in emergency and acute clinical settings for patients who have a communication disability.

Methods- A mixed-methods systematic review was conducted according to the PRISMA guidelines 2020. PubMed, OVID Medline, and Google Scholar were searched, yielding 987 returns. 8 studies met the inclusion criteria.

Results- 8 interventions which could be used as alternative, or supportive communication channels were identified. The included interventions applied to three "impairment groups"; "Hearing Impairment", "Speech Impairment" and "Information processing impairment". The three groups and eight communication channels were then used to create the Communic-8 (C8) pathway.

Conclusion- Communication disabled patients are more likely to attend emergency and acute care settings than their able counterparts. Communication disability continues to be a barrier to equal care and health outcomes. The 8 communication channels identified improved consultations from patient and healthcare professionals' perspectives. Use of the Communic-8 pathway could improve healthcare equality for communication disabled patients and be protective to both Healthcare professionals and patients.



Intended use:

The Communic-8 pathway could provide support to users by displaying appropriate measures for them to take in clinical consultations, displayed in a hierarchical format. The pathway utilises a coding system (C8:1, C8:2 etc.) which could be referenced in documentation to record which method of communication has been used during the consultation. This would then be seen by the subsequent HCP when reviewing admission notes and could improve future interactions for patient and HCP during the rest of their admission or in future admissions. Documenting attempts to communicate with the patient could also be protective for HCPs.

Conclusion:

This review identified 8 adaptations or interventions which could be used to improve consultations in emergency and acute care for communication disabled patients. Environmental adaptations had a positive impact on consultations for all three impairment groups. The use of pictures and symbols was also beneficial in all three groups. Other interventions such as; speech to text and text to speech technologies were only effective in one impairment group. Overall, eight categories of adaptation/intervention were identified. The interventions were ordered according to the quality and quantity of information transfer they could facilitate in an ED setting.

Introduction:

Around Fourteen million people in the UK will be affected by a communication disability in their lifetime (RCSLT 2022). 10% of those affected will be children who will have a long-term disability lasting into adulthood (GOV UK 2021). Ability to communicate can be impaired by traumatic injuries; acquired, degenerative or congenital conditions. Literature suggests that both patients and practitioners are dissatisfied with current communication standards for communication disabled patients (Agaronnik et al., 2019).

Currently no standardised communication pathway exists for patients who do not communicate by typical channels. The 2010 Disability Equalities act requires Healthcare professionals to make reasonable adjustments for patients with disabilities. This legislation has resulted in more frequent reasonable adjustments being made for patients such as lengthening appointment times, using translators, and the provision of hearing loops (Redley et al., 2019). However, in emergency and acute care settings reasonable adjustments are more difficult to facilitate due to the unplanned nature of the consultation.

The introduction of a communication pathway could benefit both patients and healthcare professionals. Healthcare professionals would be better equipped to communicate with all patients and therefore provide a more equal standard of care for their patients. Patients would be more likely to have a consistent standard of communication. This review will analyse existing literature which evaluates the use of CD tools and interventions in ED, as well as interventions which are transferable to the ED environment.

- Results: Interventions with positive effects on consultation**
- All groups**
- Enquire about the impairment and how it affects the patient, ask them first and accompanying carer or family member if more information needed
- Hearing impairment**
- Environmental adaptations: Proximity to patient, clear enunciation, slow speech, increased volume, limit background noise
 - Hospital or family BSL interpreter
 - Repetition if not heard, ask patient to "teach back" to check that they understand.
 - "Speech-to-text" written communication, enrich communication with picture aids to demonstrate procedures.
 - Show symbols or pictures for procedures or examinations
- Information processing impairment**
- Environment adaptations: Reduce background noise, reduce chance of interruption, reduce light flickering, light intensity and alarms.
 - Speak to the patient, ask the patient to "teach back" to you, also engage the accompanying adult if appropriate.
 - Adapt language to suit knowledge level, maintain honesty and inform patient as much as you can using simpler terminology and sentence structure.
 - Use picture cards, offer patient cards to point to for response
- Speech impairment**
- Enquire about the impairment and how it affects the patient, ask them first and an accompanying carer or family member if more information needed.
 - Speak to the patient directly, allow plenty of time for them to respond, do not interrupt.
 - Facilitate written-to-speech, allow patient to write communication.
 - Offer patient symbol cards to point to for response.
 - Use a yes/no pathway if no other pathway is established.
 - Use an assessment tool if no communication is established to ensure pain is being managed

