

# Be Heard: Safe Communication @ Redland Hospital

Jill & Peter Lindley & Shirley Edwards  
Consumer representatives

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Redland Hospital

# Redland Hospital



Great state. Great opportunity.



# Outline

- What is the problem we are trying to solve
- Why it is important
- How we plan to succeed
- What we have done so far
- Outcomes so far
- The future



# Be Heard Project – Context in Metro South

- Patient-centred care
  - Planetree
- Clinical Governance Strategic Plan
- Clinician Engagement Strategy
- Consumer Carer and Community Engagement Strategy
- National Safety and Quality Health Service Standard 2: Partnering with Consumers
- Disability Plan



# Hearing loss and deafness in our community and people

- Prevalence

"I frequently ask people to repeat what they have said"

"I can hear people speaking but have difficulty understanding what they are saying"

"I need to see the person to understand what they are saying"

"My friends and family complain that I have the TV or radio turned up too high"

"I struggle to hear in noisy places"

- Impact

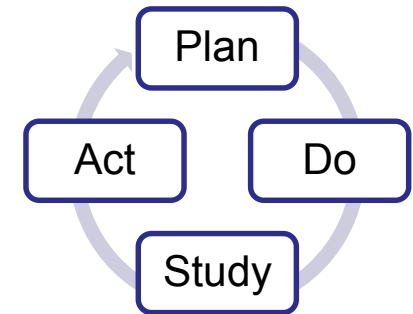
**"Blindness cuts us off from things, but deafness cuts us off from people."**

~Helen Keller

- Shirley & Peter

# Be Heard Project – Plan/ Strategies

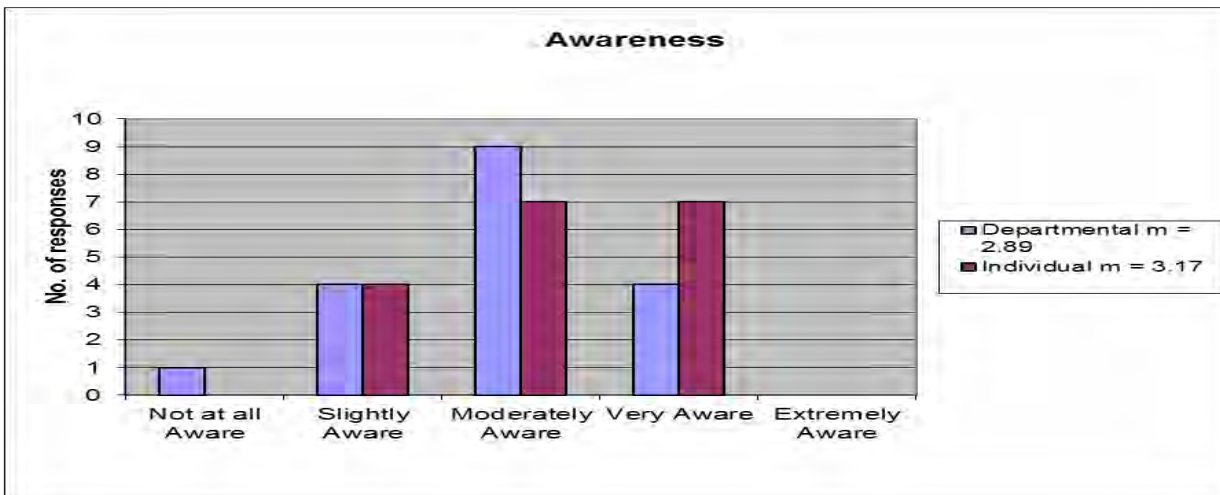
- Steering committee – executive lead
- With consumers and external partners
- Use a scientific problem solving approach
  - Investigate the experiences of Deaf and hard of hearing people who access our services and
  - Will collaboration with consumers, external partners and frontline staff lead to sustained improvement?
  - Pre and post staff survey & consumer led audit



# The Start – Redland Emergency Department

## Staff surveys Focus;

- **Awareness of the needs** of Deaf & hard of hearing as a department and individual
- **Confidence felt in interacting** with Deaf or hard of hearing patients
- **Frequency of interaction** with a patient who is Deaf or has a hearing impairment
- Survey results demonstrated clearly that the Project was indeed necessary



# Emergency Department Audit

## Audit Focus;

- Finding the department
- Reception & waiting area
- Staff processes
- Interpreters/ captioners
- Fire & Safety
- Staff Training



Special Thanks to **Shirley, Alecia** and the **Princess Alexandra Audiology Department** for use of the Audit Tool

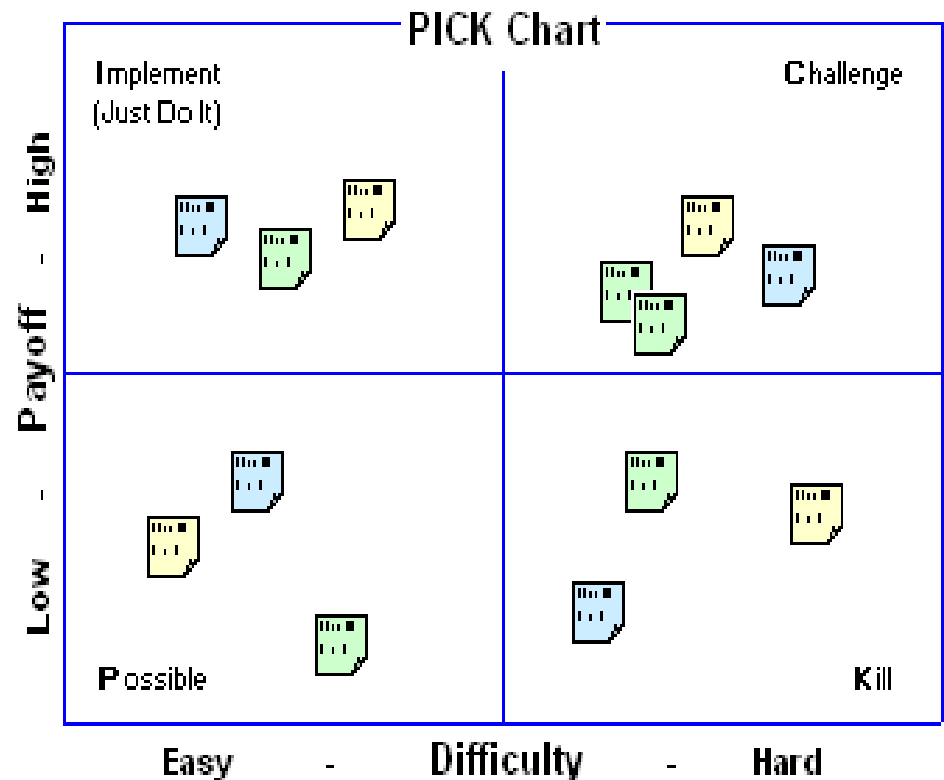
## Results

<input checked="" type="checkbox"/> Well done!	<input type="checkbox"/> Opportunities
<ul style="list-style-type: none"><li>•Internal signage</li><li>•Lighting in waiting room</li><li>•Have pocketalker devices available &amp; methods (eg. pen and paper) to communicate</li><li>•Will usually provide one-on-one support to patients if identified as Deaf/HOH</li><li>•Can utilise HBISCS &amp; EDIS to note Deaf/HOH status</li><li>•Know how to access Auslan interpreters</li><li>•Helpful and caring staff – clear desire to do best for patient</li></ul>	<ul style="list-style-type: none"><li>•External signage</li><li>•Lots of background noise &amp; glare</li><li>•Resources at reception/waiting room</li><li>•No visual component to patient call system</li><li>•Reliance on patient to self-identify as Deaf/HOH</li><li>•No visual/tactile component to alarm system</li><li>•No formal staff training/education for Deaf/HOH patient needs</li></ul>



# Planning Initiatives with staff and consumers

- 40+ Ideas/ Initiatives were formulated
- Staff used a PICK chart to determine the best way forward
- These were grouped into 17 actions for implementation





Planetree  
03 Information & Education



Planetree  
08 Architectural & Interior Design

# Be Heard – Safe Communication at Redland Hospital

National Standards 1, 2, 5, & 6.  
Planetree Components 3 & 8.  
Pathway to Excellence Standards 1, 3, 10, & 12.



Draft 18/04/17

Plan

Do

Study

Act

## Situation

What Problem are we trying to Solve?

Unjustified variation in communicational experiences for our hard of hearing (HOH) patients.

Lack of the necessary resources, support, and awareness contributes to patient experiences that are not consistent with our values and do **not fully meet our communities' needs.**

Why?

Some of our most vulnerable patients are at risk so how do we make it easy to access the best possible resources to support our staff in these interactions?

Redland staff are committed and driven to provide high quality care to patients, and are working to improve systems that support the delivery of the best services and experiences for our community.

Purpose of **Be Heard**

- To investigate the experiences of

Deaf and hard of hearing people within our community and facility

- Determine our current level of access to healthcare and healthcare information for the Deaf and HOH

- Develop strategies to improve our service in collaboration with our communities health consumers.

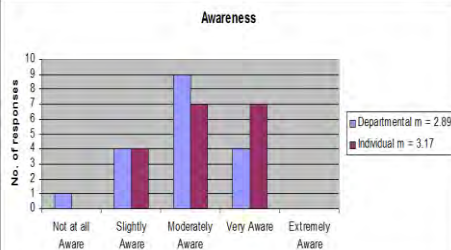
## Background

We see approximately 57 000 presentations in our department

- 1 in 6 people have some degree of hearing loss
- Almost 10 000 presentations needing:
  - a variety of strategies tailored to individual needs
  - An environment conducive to safe communication
  - Staff skilled in the use best practice tools with an understanding of HOH patient needs &
  - A degree of composure, in a busy ED, to **stop and ask "How best can I communicate with you?"**

## Assessment

Survey results for Staff



Audit – ED results

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Damien, Alecia and Shirley on the day of the ED audit

## Future State

1. Resources: Staff have easy access to the best resources for each patient
2. Environment: Noise reduction strategies, Signs, Posters, alert systems... with safe communication in mind
3. Behaviours: Individual behaviours e.g. "How best can I communicate with you?" modelled by clinical leaders



MSH Clinical Governance Streams:

- ✓ **Enhanced Data;** Patient stories enabling better decisions
- ✓ **Compliance;** Meeting National Standards
- ✓ **Quality Improvement;** Improve how we improve Add to the research evidence
- ✓ **High Reliability;** Reduced unjustified variation
- ✓ **Kinder Systems;** Easier for staff, better for patients

## Action Plan/ Recommendations from ED Staff and Consumers

Possible (For discussion)

1. Staff Training - Deaf and HOH awareness & "What are your communication needs?"
  - With Nursing, Medical, Allied Health and Administration teams
2. Instructions/brochures located centrally
3. Fire and Safety Staff Procedure review

Implement

1. Department Champions teaching others on new resources/ processes
2. HOH in Orientation Manual with equipment work instructions
3. Resource kit, Hearing equipment etc.
4. Maps and way finding to other areas
5. Signage "we have XYZ available just ask us"
6. Emergency sign language card update
7. TV captioning
8. HOH Patient Identification

Challenge

1. Way finding for the department
2. Not Carpet as it creates other problems but other Acoustic noise reduction improvements should be considered. (for all future health builds)
3. Appointment Scheduling – not suitable in ED
4. Reward and Recognition – should be routine
5. Patient Business cards "I am Deaf" or "I am HOH". Might seem like branding & reduce pt's self image could be individualised

Next Steps

1. Staff Training program development and Trial with Consumers, external providers, and facility Nursing, Medical, allied health and Admin staff groups
2. Post Implementation review of Staff awareness and comfort in providing best practice communication resources, environs, and behaviours even in challenging situations.
3. Publish findings – Research Proposal

Executive Sponsor: Gail Gordon Executive Director on Allied Health Logan Bayside Health Service

Be Heard Steering Committee: Charles Bheem, Jasmin Bellos, Jill and Peter Lindley, Kelly Aukusitino, Peter Bilton, Shirley Edwards, Simon Fraser, Tony Whelan

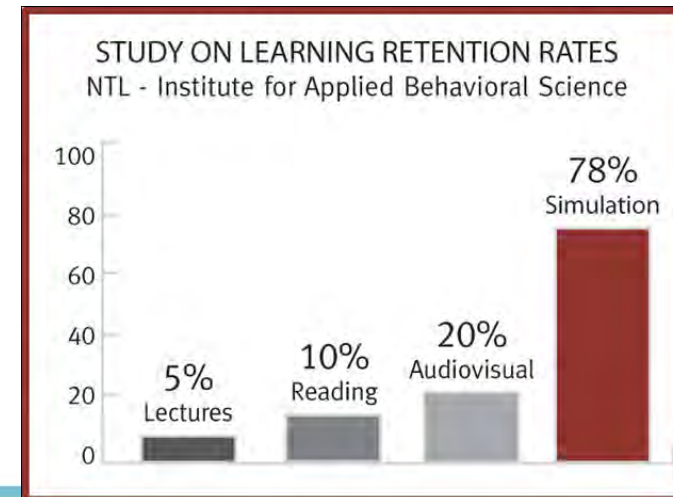
Project Support: Alecia Robinson Facilitator: Damien Dwyer. Please call 34883789

ED Staff Champions: Michelle McDonnell, Sue Cowley, and the Standard 2 Team

# Outcomes so far

ED staff and consumers identified 3 key areas

- **Equipment**
- **Environment and**
- **Behaviours**
  - **What are best practice listening behaviours**
  - **What training methods that enable best uptake skills**



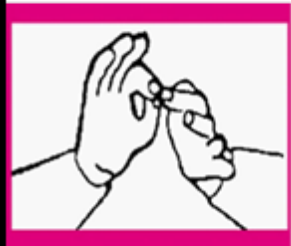
# Outcomes so far – Signage

## Welcome to Redland Hospital



If you or your loved one have any hearing loss please let us know;

- We have some hearing devices that may help keep you safe and informed, please ask us
- Background noise makes clear communication harder so we will try to keep it to a minimum
- We will try to face you, speak clearly and not too quickly, and check that you have understood



If you have a different experience please let us know so we can improve.

# Maintain momentum - Shirley, Gail, Peter & Jill



BEING HEARD: Redland Hospital staff member Gail Gordon (second left) is listening to Shirley Edwards and Peter and Jill Lindley as part of a campaign to provide better services to people with a hearing impairment.

Photo: Cheryl Goodenough  
Redland City Bulletin, Jan 26 2017

# The Future – for the Be Heard Team



Medical Imaging

Pharmacy Department



Pathology Department

# The Future

- Culture eats strategy for breakfast
  - we think we are on to something here
- Discussion Paper; [Harnessing Evidence and Experience to Change Culture: A Guiding Framework for Patient and Family Engaged Care](#)  
(Jan 17 Planetree)
- Hearing Awareness Week
  - Aug 21, 2017
- Jill



# Questions and collaborators welcome

- [Damien.Dwyer@health.qld.gov.au](mailto:Damien.Dwyer@health.qld.gov.au)

CNC Quality for Medicine and Emergency, Redland Hospital

- [Better Hearing Australia](#)

Brisbane Branch 3844 5065

- [CICADA](#) (Cochlear Implant Club & advisory Association) **Queensland**

Breaking the Sound Barrier Movement – Making hearing a national health priority

- [Deaf Services Queensland](#)

Face to Face and Video Remote Interpreting 1300 010 877

- [Be Heard Video](#)