

To improve quality of communication with the hearing impaired elderly patients in ward 64 A/C within 3 months



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Background of the problem

Ageing population is a world wide phenomenon. Hearing loss due to ageing is a common condition that impacts many elderly. Generally, almost 1 in 2 adults over age 65 experience some degree of hearing loss. However, routine hearing testing and subsequent making of hearing aids is not common in Singapore. A retrospective audit conducted in ward 64 from February 2020 to April 2020 found that only 9 out of 36 (25%) hearing impaired (HI) patients had hearing aids.

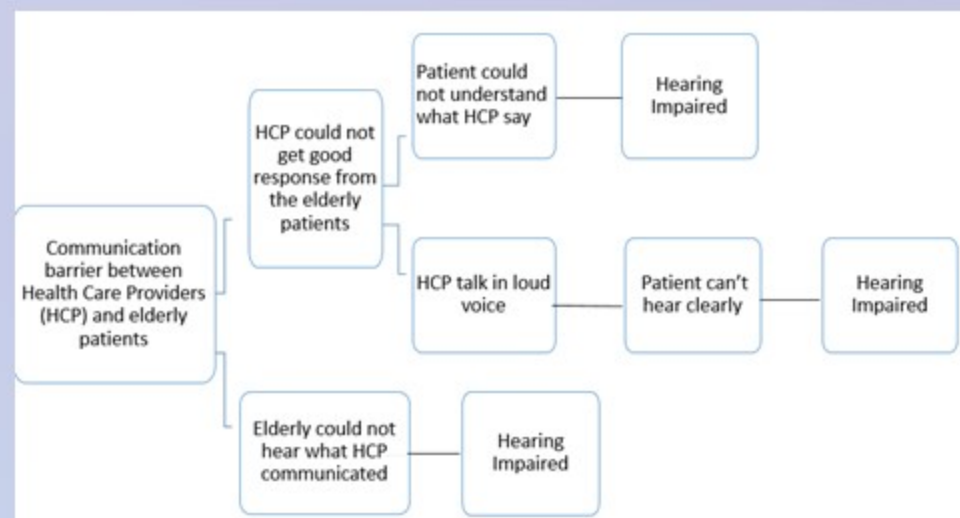
Health care providers (HCP) often face major communication difficulties while speaking to hearing impaired elderly patients to obtain information or assess patient's medical condition. They often need to talk loudly in order to elicit the necessary health information or may even fail to obtain the information due to the communication barrier. These not only lead to possible compromise of patient confidentiality when discussing sensitive information of the patient, but also disturb neighbouring patients from their rest and who may also be upset.

Mission Statement

To improve quality of communication with the hearing-impaired elderly patients as perceived by healthcare professionals over the next 3 months in ward 64 A/C.

Analysis of problem

In order to identify the root causes, the team brainstormed all the possible factors which cause communications problems between HCP and hearing-impaired patients. Cause and effective diagram was used to identify root cause as depicted in



Interventions/Initiatives

A Root Cause Analysis identified factors contributing to barriers in communication between HCP and patient were identified. Possible solutions were brainstormed by the team members based on the criteria ease of implementation, effectiveness and impact. Following actions are taken to facilitate the effective communication.

- Step 1: Identify all HI patients using white board
- Step 2: Place pocket talker at Nurse's Counter
- Step 3: Inform HCPs to use pocket talker while communicating to patient with HI
- Step 4: Wipe down the pocket talker after each use



Fig 2

Outcome Measurement

A baseline survey of HCPs in ward 64A/C regarding their perception of the quality of communication with the HI elderly patients. HCPs were asked 5 questions pertaining to quality of communication on a 4-point Likert scale (very poor to excellent) and 2 questions regarding time needed and volume of speech required during communications with HI elderly. A repeat survey was done post intervention.



HCPs' perception of the quality of communications improved across the board post intervention. At baseline, 77% and 23% of HCPs rated their satisfaction with communications as very poor and poor respectively. Post intervention, 100% of HCPs rated this as good. While a 100% of HCPs reported the volume of speech required and time spent with HI patients to be "a lot more than the normal patient" at baseline, 100% of HCPs reported this to be the "same as normal patient" post intervention.

Conclusion

With the pocket talker available in the wards, HCPs can communicate more effectively with HI patients who do not have hearing aids. Our interventions have improved the quality of communication, including the time needed and volume of speech required to communicate with hearing-impaired elderly patients as perceived by healthcare professionals. We anticipate that this will improve patient satisfaction & engagement, prevent miscommunication and allow HCPs to provide better care for our patients. With better communication, patient feels more engaged in decision making and reduce the complications from non-compliance. This would foster a culture of empowering and engaging patients to participate in treatment. T test for pre and post interventions showed statistically significant.

The findings of this project will be shared during senior meeting with the aim to expand to various DIM wards (Ward 73, Ward 64, Ward 11B, Ward 11C) to allow more patients to be beneficial from using the pocket talker.