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<u>Focus:</u>

With the help of our preceptors and the Assistant Director of Nursing (ADON), Jackie, we have identified a problem of communication barriers between residents and staff within our facility. Good Shepherd Community (GSC) has residents where English is not their first language, along with residents who have suffered from strokes, hearing impairments, and cognitive disorders such as dementia. These circumstances have caused barriers between residents and communicating their needs to staff. In order to solve this problem, we have implemented multilingual flashcards with pictures of common items, actions and feelings that may occur in nursing homes. For example, some common items and actions that we included are items related to appetite, toileting, pain, psychosocial and spiritual needs, sleeping needs, etc. We hope that these flashcards will help bridge communication barriers between residents and nursing home staff.

Other potential problems that we have identified in which we could do our QI project on at the facility include the following: implementing isolation precautions for residents with contagious conditions, implementing a hand-washing campaign for the staff, and educating staff on proper use of personal protective equipment (PPE). We have not seen the facility use isolation precautions for residents with contagious conditions, which may make it easier for the condition to spread around the nursing home. We have witnessed the lack of PPE being used properly. For example, an LPN was helping with a dressing change while not wearing gloves. Additionally we have not seen staff wash their hands on a consistent basis. We noticed there is a lack of foam dispensers available and accessible inside and outside of resident rooms.

We ultimately chose the problem related to communication because the assistant director of nursing asked if we would address this problem for our QI project. Additionally, we chose to address the communication barrier problem because we witnessed poor communication between staff and residents on several occasions. By tackling the communication barrier problem, we feel like we would potentially be able to make a large impact on the facility. We have seen communication barriers between providers and residents due to language, residents who suffer from strokes, aphasia, hearing impairments, and dementia. The communication problem that we are addressing has the potential to impact the facility in several ways. Firstly, it can improve patient care and therapeutic relationships by allowing providers to better communicate with the patients. Secondly, it can help increase patient and family satisfaction by reducing frustration caused by communication barriers. Lastly, it can improve patient safety by decreasing the chance that miscommunication may occur.

Analysis:

Before implementing a solution to potentially fix the communication barrier problem, we need to know the causes of communication barriers within Good Shepherd Community and how they have tried to overcome the barriers in the past. Additionally, we would like to know how the staff view the level of difficulty in communicating with residents, and whether or not the staff think the flashcards would be beneficial within the facility. Knowing this information would help us gain a better understanding of communication barriers at GSC, help us better understand how staff perceive the problem, and help us determine what solution might be most effective.

We collected information about our identified problem by collecting pre-surveys from staff at GSC. Our surveys found that, on average, Good Shepherd staff rated communicating with residents 6.5/10 on a scale of 1-10 of difficulty, 10 being most difficult. 83% of respondents identified communication barriers as a problem this facility. The survey also found that 100% of pre-survey respondents thought that multilingual flashcards would help bridge communication barriers between staff and residents. The pre-survey results show that communication barriers are present at GSC according to staff survey respondents. The survey also showed us that there would be support for the use of multilingual flashcards at the facility.

After reviewing the literature about communication barriers, we discovered that they can negatively affect therapeutic relationships between nurses and patients (Gordon et al., 2009, p. 545). We also found that nurses tend to focus on physical care and interact with patients in a more superficial way when patients have communication barriers (Gordon et al., 2009, p. 545). This could lead to poorer patient outcomes because nurses are not focusing holistically on the patient. Nurses would not be able to address the social, emotional, and spiritual problems faced by residents. After identifying communication barriers at Good Shepherd and reviewing the literature showing the negative impact of communication barriers on the nurse-patient relationship, we saw the potential for a positive impact of multilingual flashcards on patient care.

Research suggests that many conditions may negatively impact communication between staff and residents. Many of these conditions are found at GSC including dementia, hearing impairments, aphasia, and stroke. Additionally, there are language and cultural barriers that can impede effective communication. Research suggests that

individuals with dementia may find it challenging to process what is being said to them and formulating appropriate responses (Nazarco, 2015, p. 61). Individuals with dementia may also struggle to express themselves and interpret the expressions of others (Söderman, M., Rosendahl, S.P, 2016, p. 313). If the resident speaks a second language, such as English, like several residents at GSC, they may forget it as their dementia progresses (Söderman, M., Rosendahl, S.P, 2016, p. 325). Due to the deterioration of communication abilities with the progression of dementia, patients with this condition may face communication barriers.

Another communication barrier identified in residents at GSC are those that have suffered from strokes and experience aphasia. The research we found on strokes and those that suffer from aphasia is that they may not be able to comprehend oral or written information (Söderman & Rosendahl, 2016, p. 311). Along with this, residents with aphasia or dysarthria may have difficulty expressing themselves, which reduces the efficacy of the usual routes of communication (Gordon et al., 2009, p. 546). This research suggests that those who have suffered from strokes and experience aphasia have difficulty communicating and therefore, may experience communication barriers with staff.

Hearing impairments play a large role into communication barriers as well, especially amongst the elderly population and residents within Good Shepherd. Research on hearing impairments shows that there are many reasons as to why there is a low use of hearing aids and hearing devices. Some of the reasons behind the low use of these assistive devices include cost, comfort, noise amplified by the hearing device, and drawing attention to their handicap (Infeld, 2006, p. 50). Assistive devices, however, are

beneficial to those with hearing impairments as they can improve the quality of life and improve the functional ability in their life (Nichols, 2006, p. 66). Although assistive devices aid in overcoming communication barriers, for the reasons mentioned above, there may be a low use of these devices among individuals, which may lead to communication barriers between staff and those with hearing impairments.

With the increasing diversity of our community, we may come across some language barriers that prevent therapeutic relationships between staff and residents. A resident/patient's cultural background is a defining characteristic that should be respected when caring for individuals. This being said, a language and cultural difference can be seen as a barrier to communication between nursing home residents and the staff caring for them. The language barriers that may be present between staff and residents may not decrease the quality of care, but they may make providing care more challenging (Söderman & Rosendahl, 2016, p. 325). This includes residents who may speak English as a second language. Depending on previous cultural experiences, practices, and language competence the healthcare professionals have, it may affect the communication with residents or patients from different cultures (Philip & Woodward-Kron, 2015, p. 2632). Expanding the knowledge base or providing resources to the staff at Good Shepherd about the individuals who experience these language barriers allows for more therapeutic relationships.

Development:

In the process of researching a solution to the problem of communication barriers, we researched a variety of different ideas that could be a solution as well. For instance, the St. Cloud Hospital utilizes an interpreter program called My Accessible Real Time

Interpreter (MARTI) to communicate with patients. We could not find much research on this technology, but we are aware that it is not very cost or time efficient. The nursing home may not have the budget to purchase many MARTI systems. Along with that, it also may be difficult to find the time needed to educate the staff on how to work the program. Another possible solution we researched to aid in overcoming communication barriers was a professional interpreter. The research we found on these professionals however, was their lack of availability (Hadziabdic, Heikklä, & Hjelm, 2011, p. 256). Good Shepherd indicated that they have a couple interpreters, but are not on staff, so they are not always available and readily accessible. We believe that Good Shepherd would benefit from always having the availability of flashcards rather than an expensive professional interpreter that may not always be present within the facility. Another solution we have researched is a communication board. These, however, can be large and inconveniently take up space (Cress & King, 1999, p. 257) and depending on the board, they can be complicated to use. Also, the education needed for the staff and residents on how to properly use the various communication boards can be time consuming.

After completing research on our other possible solutions to the communication barriers, we decided to implement multilingual flashcards at our facility. We got expert opinion from the Good Shepherd assistant director of nursing, Jackie Barber, who was very familiar with the facility's needs. She believed that this option would be the best possible solution to the problem of communication barriers based on cost and accessibility for the facility. Jackie is aware of the communication barriers that occur between residents and staff at Good Shepherd, and her opinion on multilingual flashcards and their benefit to the facility was a major reason why we chose this for our solution.

For our final solution, we chose flashcards based on the positive evidence based practice articles we were able to find. Although there were not any articles specifically directed at using flashcards, there was research on using pictures and word definitions to communicate. Symbol learning is a tool that can be used to facilitate therapeutic communication with residents who are not able to vocalize with the staff. The use of pictures in communication can be easier for patients with dementia than a vocal response because of the progressive deterioration in their vocal-verbal behavior (Trahan, 2014, p. 407). Therefore, our solution of picture flashcards would be beneficial to the residents that have dementia or other cognitive disorders. Research also suggested that symbols, such as the pictures used on our flashcards, may be helpful for expressive and receptive communication in patients with aphasia (Cress & King, 1999, p. 255-256) Additionally, while developing our multilingual flashcards, we tried to choose images that had high iconicity and transparency. Images with high transparency can be easily determined by naive viewers without additional cues (Dada & Bornman, 2013, p. 360).

Our implementation plan began by sending out a pre-survey to the staff at Good Shepherd asking them if they are aware of communication barriers between them and the residents and to list any barriers they are aware of. Along with that, our pre-survey asked the staff how difficult communicating with residents who face communication barriers was during day-to-day interactions. The pre-survey also asked what strategies have been used to try to overcome communication barriers between staff and residents in the past, and if they thought these flashcards would be beneficial to the facility. Lastly, the pre-survey asked the staff for ideas on words or phrases that would be beneficial to include in the flashcard set. During this stage of the implementation process, we planned to rely on

the staff at Good Shepherd to participate in our survey so we were able to gather data

about how to proceed. We planned to partner with the ADON to send out the survey to

her and the staff and have the staff send it to one of us students, or back to Jackie. After

we got the results back from our pre-survey, we planned to create the flashcards and

implement them with an educational PowerPoint on how to use them effectively. Our

flashcard sets included common nursing home items, actions, and feelings that were

identified by the staff in the pre-survey. Each flashcard had a picture representing the

word being conveyed, and each word was translated into four languages (English,

Vietnamese, Spanish, and Somali). While creating these flashcards, we decided to partner

with people who knew these languages to ensure the correct translation. After finalizing

our translations, we planned to laminate and bring the flashcards to the ADON at Good

Shepherd, who would then disperse them to her staff. We organized the flashcard sets so

that similar items (food, actions, feelings, ADLs, etc) would be grouped together in the

sets. When we gave the flashcards to the facility, we planned to attach a red sheet of

paper to them that the staff was supposed to sign and date each time they used the

flashcard set. We planned on giving the staff a few weeks to use the flashcards before we

sent out a post-survey to gather data on their effectiveness. This post-survey would be the

tool to evaluate our solution of the use of multilingual flashcards in the nursing home.

After receiving back our data, we planned to collaborate a time and date with the facility

to present our results.

　　　　We created several objectives we hoped to achieve with the implementation of the

multilingual picture flashcards. The first objective we hope to achieve is that nurses will

be motivated to use the flashcards when working with residents who have some type of

communication barrier. A second objective we made is that the nurses will indicate that the use of the multilingual flashcards made it easier to communicate with residents who face communication barriers. A third objective we hoped to achieve with the implementation of the flashcards is that the staff of Good Shepherd will indicate that the flashcards aided in forming therapeutic relationships between residents and staff.

We received the idea to make and implement flashcards from the ADON of the facility. This helped to ensure that the organization was on board, committed, and willing to use the project. The RN case managers, director of nursing, and ADON were all on board for the implementation of flashcards and made sure the CNA's and LPN's were on board as well. We did not encounter anyone that was against the implementation of our project. We will keep the staff motivated to continue to use the flashcards through the evidence-based research presented to the facility and through the simplicity, cost-effectiveness, and benefits of using the flashcards.

We had planned to first send out a pre-survey to the staff at Good Shepherd. This survey measured how the staff viewed difficulty in communicating with residents, and whether or not flashcards would be beneficial in bridging the communication barriers. Once we got our pre-surveys back, the results showed that the staff agreed that flashcards would be beneficial to the facility. Like our plan, we created 5 sets of 36 flashcards that included common actions, feelings and items that elderly residents would use. After we created the flashcards, we created an educational PowerPoint that was sent to staff members at Good Shepherd Community to help with the implementation process. This PowerPoint included how and when to use the flashcards as well as information on common communication barriers that they may see. We decided to include a voiceover of

the information, which was appreciated by the staff. After 23 days of the facility using

the flashcards, we sent out a post-survey to see if the flashcards had been beneficial to

bridge the communication barriers seen at Good Shepherd. Finally, we went back to

Good Shepherd with all of our results and presented to the staff. Our final presentation

included pre survey results, post survey results, barriers to communication found in

nursing homes, as well as evidence based practice to support our flash card solution to

these barriers. Most of the staff also shared with us on the post presentation survey that

they were not familiar with the FADE model until our presentation.

     For the most part, the way our project was implemented did not differ from our

implementation plan. One thing that did not go as planned was tracking the number of

times that the flashcards were used. When we implemented the flashcards, we asked that

the staff mark a tally on a red sheet of paper that we provided along with the flashcards

every time they were used. Unfortunately, the facility lost these red cards so we were

unable to ascertain how many times the flashcards were used. Other than that, everything

else went according to our plan, and our presentation to the facility was successful.

     We sent out a post survey to the staff at Good Shepherd to evaluate the

effectiveness of our flashcards, if the educational PowerPoint was beneficial to the

implementation, and if the implementation itself was successful. On the post-surveys,

100% of respondents found the flashcards helpful in bridging communication barriers

between residents and staff. On the post-survey, we asked the staff to rate how helpful the

flashcards were in communicating with residents. On a scale of 1-10, 10 being the most

difficult, the average rating was 8/10. There was also feedback given to us on the surveys

about how we could improve the flashcards. According to our surveys, awareness of

communication barriers increased among GSC staff after the implementation of the flashcards (83% pre-survey respondents to 100% post-survey respondents). This finding may explain why post-survey respondents rated, on average, it being more difficult to communicate with residents than pre-survey respondents (6.50/10 pre-survey respondents to 6.95/10 post-survey respondents). We expected post-survey respondents to rate it as easier to communicate with residents after implementing the flashcards. Perhaps post-survey respondents rated it more difficult to communicate with residents facing communication barriers than pre-survey respondents because more post-survey respondents were aware of communication barriers present in residents than the pre-survey respondents. Additional feedback consisted of words we could consider adding to the flashcard sets as well as improvements we could make to the images to make them more realistic. We met our objectives for the facility presentation which were the following: using the FADE model to complete this project, identifying barriers to communication at GSC, understanding the negative impact of communication barriers on therapeutic relationships, and understanding the purpose of multilingual flashcards when communicating with residents.

We encountered several limitations during our quality improvement project. These limitations include limited research on flashcard use in nursing homes, limited data collection time (23 days), and being unable to assess the number of times flashcards were used. We tried to track the number of times the flashcards were used. Unfortunately, our tally system that we used to track these occurrences was lost at the facility. These were the primary limitation we saw within our project.

        Based on our results, we recommended the continued use of multilingual

flashcards at GSC. Our results indicate that staff found them beneficial when

communicating with residents as well as aiding the formation of therapeutic relationships.

Because flashcards are easy to use, inexpensive, and have few potential negative

consequences, we recommend their continued use at GSC.

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