



VidaTalk Program Comprehensive Guide




Healthcare beyond words

For ICU patients facing speech or language difficulties, the inability to express themselves is frustrating, feels like torture, and causes harm.

Clinical leaders like you have the power to STOP the silence and give them back their voice. Now you can foster real conversations and help them navigate the complex emotions that arise in a healthcare setting, strengthening the patient experience and creating an environment of equitable care.

Join us in transforming healthcare interactions, one conversation at a time.

Did you know?

-  Patients with communication difficulties face a 3x higher risk of adverse events¹
-  Poor communication has been linked to longer hospital stays, increased patient harm, and higher resource utilization²
-  The inability of patients to express themselves leads them into a state of profound fear, vividly demonstrating the stark realities of health inequality.

5 steps you can take

These key steps can help every healthcare organization refine communication with their patients, including those who are intubated or speak a different language than hospital staff.

When combined with the VidaTalk app, patients and staff can instantly communicate in over 40 languages via touchscreens, typing, or finger drawing, reducing communication errors while fostering trust and satisfaction.



Step 1

Identify patients who cannot communicate without assistance



Step 2

Implement a communication plan for each of these patients



Step 3

Integrate your communication plan into morning rounds



Step 4

Incorporate patient communication best practices into the electronic medical record (EMR)



Step 5

Determine best practices for reimbursement eligibility, including use of appropriate ICD and CPT codes

1. Bartlett, Gillian, et al. "Impact of Patient Communication Problems on the Risk of Preventable Adverse Events in Acute Care Settings." CMAJ: Canadian Medical Association Journal = Journal de l'Association Medicale Canadienne, U.S. National Library of Medicine, 3 June 2008, www.ncbi.nlm.nih.gov/pmc/articles/PMC2396356/#:~:text=We%20found%20that%20patients%20with%20communication%20problems%20were%203%20times,caused%20by%20poor%20clinical%20management.

2. "Effects of Poor Communication in Healthcare - HIPAA Journal." HIPAA Journal, www.hipaajournal.com/effects-of-poor-communication-in-healthcare/. Accessed 5 Dec. 2023.

Why VidaTalk?

The only all-in-one speech and language access application to empower patients and providers to communicate effortlessly across different languages and speech barriers.

“

I remember her pressing the button that said she was scared. She also expressed her feeling of gratitude. She thanked us and told us she loved us on the tablet. . . Her being able to express feelings of gratitude for those helping her was most rewarding.

”

— Participant #6, VidaTalk Trial at The Ohio State University¹



Empower Communication

Save time when it matters the most, enabling quick communication with patients who are unable to speak due to intubation or mechanical ventilation

Quickly determine if the patient needs a translator or has a straightforward bedside request

Allow patients to express their emotions and needs clearly, fostering understanding and nurturing compassionate connections



Enhance Patient Safety & Experience

Enhance patient satisfaction and build trust in the healthcare system by ensuring every individual is understood and valued

Increase patient advocacy by empowering individuals to express their concerns, preferences, and symptoms accurately, promoting a patient-centered approach to care

Avoid higher risks of adverse events due to misunderstandings



Maximize Efficiency with Ease & Flexibility

Avoid wasting valuable time guessing what your patient is trying to say, and start enabling seamless interactions that save significant costs associated with speech and language errors

Streamline the patient intake process by swiftly identifying language preferences and communication needs, ensuring a smooth and efficient experience from the start

Instantly communicate using easy touchscreen menu options, including typing and finger drawing options

“She kept tapping her left arm and we thought she was having pain. It was several hours later when we realized she was trying to tell us her left arm felt weaker than the right. She was trying to tell us she was having a stroke. We sent her for a CT and she was right!”

- Hospitalist

Step 1:

Identify patients who cannot communicate without assistance and guarantee a connection with their best advocate to empower effective communication.

Create an identifier in the electronic medical record for systematically capturing patients who require assistance with communication.

- For patients who are ‘suddenly speechless’ due to prolonged intubation, tracheostomy, ENT surgery, stroke, or other cause.
 - Establish a protocol whereby a Speech Language Pathologist (SLP) visits these patients within 24 hours of becoming suddenly speechless.
- For all patients whose primary language is not English.
 - Establish a protocol whereby an interpreter service professional (in person or remote) visits these patients within 24 hours of admission and orients them to VidaTalk and instructs the patient on using VidaTalk effectively.

Why this best practice is important:

These patients REQUIRE an advocate to establish a means for effectively communicating which is essential for these patients to receive safe and equitable care. Without a systematic approach, the organization is relying on random acts of kindness and the patient suffers. By initiating interventions promptly through a structured process, the hospital can proactively address communication barriers, thereby reducing disparities in care.



Key Performance Measure: 80% of patients satisfied with communication and timely fulfillment of individual needs measured through standardized surveys.

Step 2:

Develop a simple communication plan for each patient identified.

- Initiate a communication plan and update this plan daily - Utilize a format similar to the SPEACS-2 communication care plan as an example.

SPEACS-2 COMMUNICATION CARE PLAN

1. This patient likes to talk about:
Ice Chips Temperature
Family Sports

2. Please make sure that patient ALWAYS has:
Glasses Notebook and Felt Tip Pen
Category Boards Large Alphabet Board

3. Communication Tips:
Eye Contact/Engage Exaggerate Mouthing Words
Ask SPECIFIC Questions Dramatic Gestures

4. Communication Strategies that work BEST:
First-Letter Spelling with Mouthing Words
Face Expressions Gestures Pick Topic Category

Garrett K.L., Happ M.B., & Tate J.A. (2006). University of Pittsburgh School of Nursing. SPEACS: Study of Patient-Nurse Effectiveness with Assisted Communication Strategies. Funded by NIH/NICHD grant # R01-HD043988 Improving Communication with Nonspeaking ICU.

Why this best practice is important:

A documented individualized communication care plan ensures that patient needs are identified and clearly communicated across the multidisciplinary care team, and actionable for each staff member. This initiative enhances patient-staff communication and contributes significantly to patient satisfaction and comfort during their hospital stay.



Key Performance Measure: When audited, at least 80% of patients with speech or language barriers have an up to date communication plan in place.

Step 3:

Integrate your communication plan into morning rounds.

Incorporate communication plans into your morning rounds

- For providers entering and leaving the room, offer patients a method of communication
- Encourage questions that necessitate responses beyond simple yes/no answers.
- Review communication plan and document any changes.
- Post signs reminding providers to offer AAC solutions to patients who need them both upon entering and before leaving their room.
- Perform audits of the above.

Why this best practice is important:

Integrating the communication plan into morning rounds asserts that effective communication is expected as the standard of care and shares that accountability across the multidisciplinary team.



Key Performance Measure: When audited, at least 80% of patients with speech or language barriers have an up to date communication plan in place.

Step 4:

Incorporate patient communication best practices into the electronic medical record (EMR).

Develop and utilize Best Practice Advisories (BPAs) within the EMR, to open an order set that includes:

- A referral to a Speech Language Pathologist (SLP) for every patient that is suddenly speechless, to visit patients once they have lost the ability to speak within 24 hours.
- A communication plan to be completed and updated on a daily basis.
- A line item in the flowsheet for providers to document the use of AAC solutions.

Develop and utilize Best Practice Advisories (BPAs) within the EMR, to open an order set that includes:

- A referral to an interpreter service professional for every patient whose primary language is not English to assist the patient in understanding how to use VidaTalk effectively.
- A communication plan to be completed and updated on a daily basis.
- A line item in the flowsheet for providers to document the use of VidaTalk.

Why this best practice is important:

Comprehensive documentation within the EMR allows for a thorough understanding of the patient's communication needs, facilitating better-informed care decisions.



Key Performance Measure: When audited, 80% of patients with speech and language barriers have effective communication strategies accurately documented in the Electronic Medical Record (EMR) following healthcare encounters.

Step 5:

Determine best practices for reimbursement eligibility, including use of appropriate ICD and CPT codes.

Associate communication impairment with specific CPT (Current Procedural Terminology) codes that are bundled with associated ICD (International Classification of Diseases) codes in the patient's medical records. This association serves as documentation for reimbursement eligibility, estimated at around \$1000 per patient.

- ICD codes to accurately denote patients requiring communication assistance or interpreters for communication:
 - ICD-10 Code Z78.9 Uses augmentative and alternative communication / Language barrier to communication.
 - ICD-10 Code F80.9 Problems with communication (including speech) / Impaired verbal communication for unspecified developmental disorder of speech and language.
 - ICD-10 Code R68.89 Unable to use augmentative and alternative communication
- CPT Codes to specifically denote services related to the use of speech-generating augmentative and alternative communication devices, which VidaTalk falls under.
 - 92607, Evaluation for prescription for speech-generating augmentative and alternative communication device, face-to-face with the patient; first hour.
 - 92608, Evaluation for prescription for speech-generating augmentative and alternative communication device, face-to-face with the patient; each additional 30 minutes (list separately in addition to code for primary procedure).
 - 92609, Therapeutic services for the use of speech-generating device, including programming and modification.

Why this best practice is important:

Identifying and applying the appropriate CPT codes in conjunction with relevant ICD codes in the patient's records is crucial for reimbursement eligibility. Documentation of communication assessments, plans, and interventions, as well as associating these with the specified CPT and ICD codes, helps establish the necessity of these services for the patient's care. Lastly, applying appropriate ICD codes aids in accurate medical coding and billing, ensures proper reimbursement for communication-related services.



Key Performance Measure: Audits demonstrates ICD-10 codes are found within the patient's problem list for at least 80% of patients who are unable to speak.

Other Recommendations:

- Include the VidaTalk tip sheet at each bedside for easy reference.
- Regularly assess and streamline patient survey questions affected by implementing best practices. Create a focused survey to gauge the VidaTalk Program's impact on achieving organizational goals in patient satisfaction, care quality, health equity, and safety.

“

It's so sad when you can't understand and all you see are tears running down their face.

”

- Critical Care Nurse

Contributed by Mary Beth Happ, PhD, RN from the 2021 AACN National Teaching Institute

You can STOP the silence. Use VidaTalk.