

Communicating with Deaf and Hearing Impaired Patients **Audit Report 2006**

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ABSTRACT

It has been shown that the shortcomings in the ability of many hospital staff to cope with the problems of hearing impaired/deaf patients are due to inadequate training in "Deaf Awareness".

The aim of our audit was to find out whether staff at St. George's Hospital, have adequate training in Deaf Awareness and associated communication skills. We also wanted to see whether reasonable steps have been taken under the Disability Discrimination Act 2005 (DDA) to make access to health services easier for deaf/ hearing impaired patients at St. George's Hospital

A short questionnaire was designed and distributed to all staff members who attend to patients' outpatient clinics.

We found although deaf awareness training is available at St Georges Hospital, many members of staff are not aware that this training is available in house. There was a distinct lack of knowledge about the different means of communicating with deaf/ hearing impaired patients.

Several recommendations have been made with the uppermost being that all members of staff should be encouraged to attend Deaf Awareness training (Course dates available on intranet and is free). The training should be compulsory for Frontline members of staff.

INTRODUCTION

This audit was undertaken to see whether reasonable steps have been taken under the Disability Discrimination Act 1995 (DDA) to make access to health services easier for deaf/ hearing impaired patients at St. George's Hospital. From, December 2006, the Disability Discrimination Act 2005 introduces a duty for public bodies to positively promote disability equality.

LITERATURE

It has been shown that the shortcomings in the ability of many hospital staff to cope with the problems of hearing impaired/deaf patients are due to inadequate training in "Deaf Awareness" [1].

The Royal National Institute for Deaf People (RNID) [2] showed that up to £20 million a year is wasted in the NHS due to a lack of deaf awareness.

Reasons for wastage:

- 1) Inability/ difficulties contacting departments to cancel appointments
- 2) Non-attendance due to dissatisfaction with service at previous visit:
 - Interpreters
 - not offered or provided
 - Appointments being delayed and interpreters having to leave before treatment is finished.
 - Children or family members being used as interpreters
 - Patients not knowing when it is their turn to be seen.
 - Problems communicating their symptoms and being unable to understand information given by members of staff.
 - Incomplete explanations from medical staff
 - Variability in the quality of interpreters when used. There is a risk of misdiagnosis caused by misinterpretation by unqualified interpreters.
 - Lack of deaf awareness amongst staff.

This results in the patient feeling undervalued, de-motivated and less likely to attend appointments.

RNID recommendations (March 2004- "A Simple Cure"):

- Widening the use of existing technology, including visual alert displays and loops systems
- Deaf awareness training for all medical and nursing undergraduates

- The NHS to instigate training seminars to ensure all GP surgeries and hospitals have at least one front line member of staff who has been formally trained in deaf awareness and practical communication skills
- All written communication, such as letters confirming appointments, to be written in clear English for British Sign Language users
- An updated NHS Disability Access Audit which includes the needs of deaf and hard of hearing people
- Access to video interpreting technology in areas where there is a high concentration of BSL users

NHS Disability Rights Commission have produced a document looking at improving hospital services for disabled people including those who are deaf or hearing impaired [3]. This document has taken into account all of the above.

Recommendations have been made by the Royal College of Nursing, Hearing Concern, the Department of Health and the RNID on how to improve deaf patients' experiences especially when admitted to hospital [4].

- Keep a file of phrases and questions written in plain English so it can be used in admittance of a deaf patient
- Produce a short video of the ward and staff to orientate the patient. A translator should be present to answer any questions
- Provide access to a minicom, text television or computer
- Avoid inserting cannulas into deaf patients hands
- Refrain from discussing or teaching cases in front of deaf patients as miscommunication can occur
- A person at ward level should know how to obtain communication tools and who to contact for communication help
- A person at organisational level should be fluent in BSL and should organise deaf awareness and communication training for staff

AIM:

To find out whether staff at St. George's Hospital, have adequate training in Deaf Awareness and associated communication skills.

OBJECTIVES:

- 1) To find out whether members of staff are aware that "Deaf Awareness" training is available for all at St. George's Hospital.
- 2) To find out whether members of staff are aware of the different means of communicating with deaf/ hearing impaired patients.
- 3) To find out whether members of staff are aware of existing technology for communicating with deaf/ hearing impaired patients and have knowledge of how to use them.
- 4) To find out whether there are departmental policies on how to deal with deaf/ hearing impaired patients.

METHODOLOGY

The standards of the study were defined based on available evidence (*Appendix 1*).

The data collection tool was drawn up by Dr Elwina Timehin and Emma-Kate Odell (*Appendix 2*) as a short questionnaire to be completed by any St George's staff member who attends to patients in outpatient clinics. This was distributed to key staff members' trust-wide to be distributed amongst administrative, nursing and medical staff in their area.

The IT Department was also approached to develop an on-line tool for collecting the information in an attempt to reach more staff via the intranet. The responses were all lodged between 1 April and 12 May 2006.

The data analysed was, thus, a combination of the completed handwritten forms and the on-line data supplied by IT Department.

RESULTS

Responses by Directorate

Method	Responses
Handwritten	116 (48%)
On-line	126 (52%)
Total	242

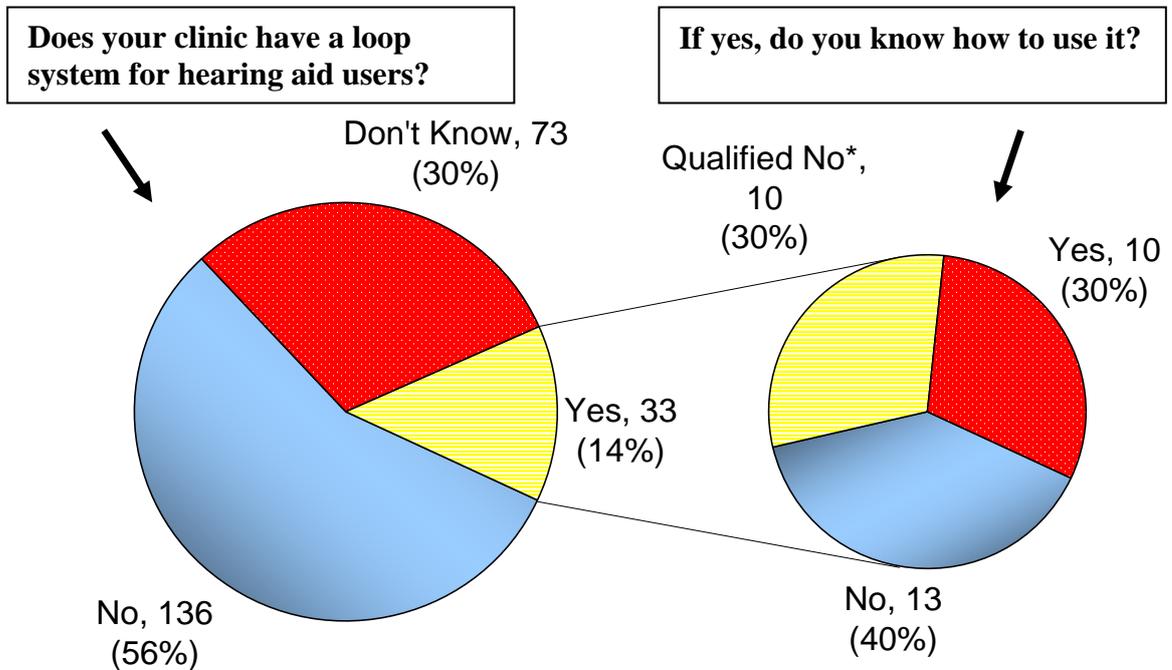
By Directorate	Responses
Surgery	92 (38%)
Specialised Medicine	51 (21%)
Cardiothoracic	25 (10%)
Children & Women	20 (8%)
Therapeutics	17 (7%)
Acute Medicine	13 (5%)
Neurosciences	11 (5%)
Diagnostics	7 (3%)
Anaesthetics	4 (2%)
Unknown	2 (1%)
Total	242

Question 1

Have you attended Deaf Awareness training in the last 2 years?

Only 24 (10%) respondents had attended DA Training in the last 2 years.

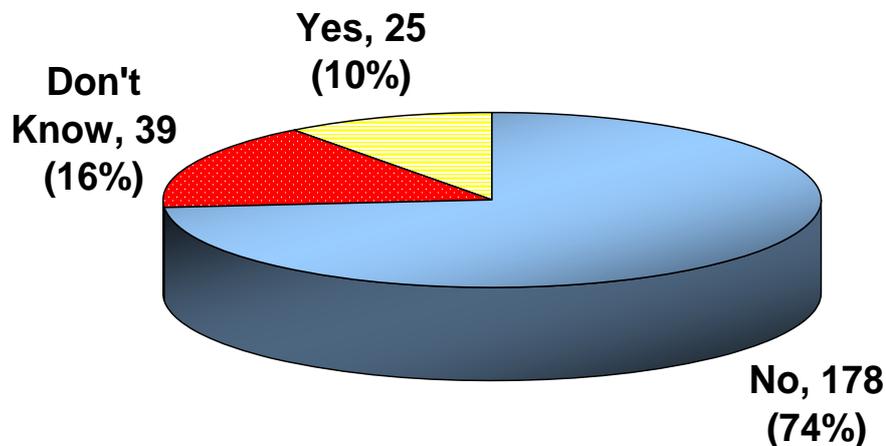
Question 2 and 2a



Only 33 (14%) of respondents stated that their clinic has a loop system. Of those staff members, 10 (30%) know how to use it, 13 (40%) don't know how to use it and 10 (30%) don't personally know how to use it, but know who they can ask to switch it on to assist hearing aid users (*Qualified No). Therefore, 20 (8%) of the total respondents could either operate the loop system in their clinic or identify who could do it for them.

Question 3

Does your clinic have a visual alert display in the waiting area?

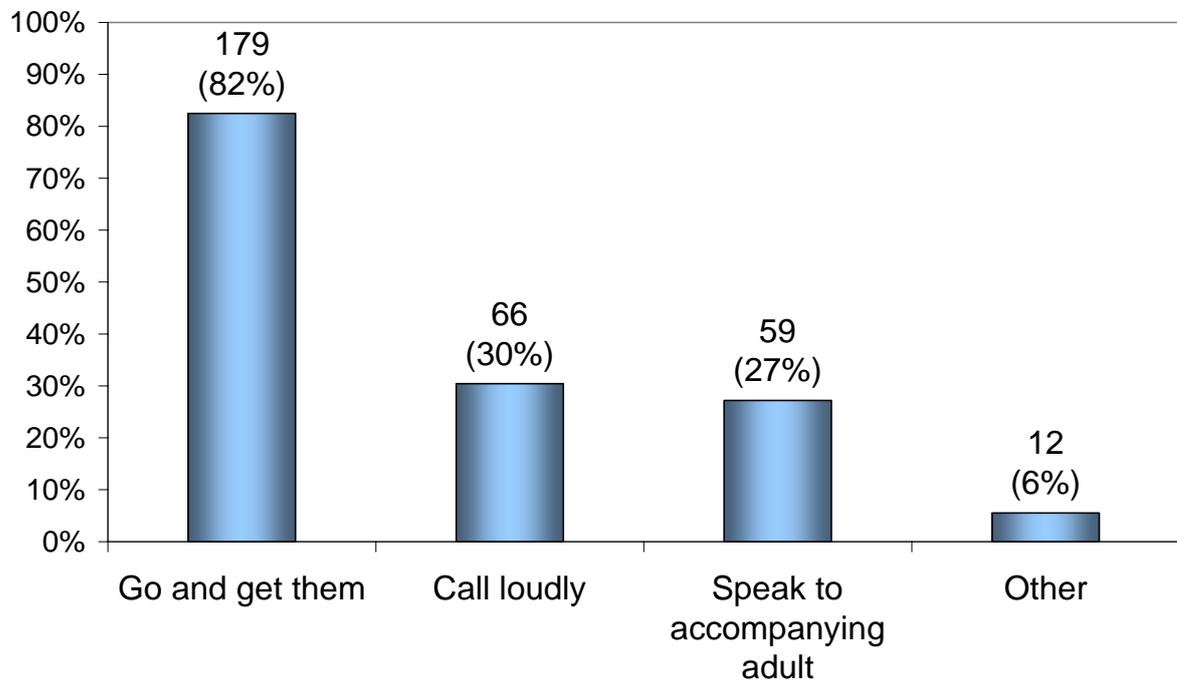


Visual alert displays are a valuable tool for advising deaf and hearing impaired patients that the clinician is ready to see them for their appointment. This can be in the form of an electronic information message board showing the patient's name, or a number system. Alternatives could include a handwritten white board.

178 (74%) respondents stated that their clinic did not have such a tool and 39 (16%) did not know. Several respondents noted that they did not know what a visual alert display was. In re-audit, it may be useful to provide an explanation on the data collection tool. 25 (10%) staff members claimed that their clinic does provide this form of communication.

Question 3a

If there is no visual alert display, how do you let patients know the clinician is ready to see them?



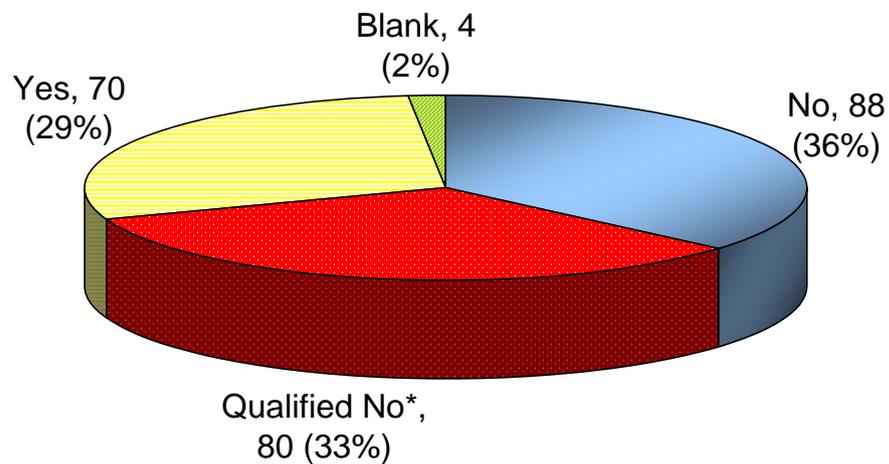
217 staff members stated on the last question that their clinic had no visual alert display (or they did not know). Thus, we asked them what methods they employ to alert patients that the clinician is ready to see them. One or more options could be selected on this question. The results in the chart above reflect how many of the 217 staff members selected each option. The options offered were 'Go and get them', 'Call loudly', 'Speak to accompanying adult' and 'Other' with space provided to describe the alternative methods used.

"Speak to accompanying adult" was intended to include any adult who accompanied the patient, whether a British Sign Language Interpreter or a hearing friend or relative. The intention was to exclude accompanying children.

The "other" methods that were suggested mostly involved ways of identifying the patient, so that someone could then 'go and get them'. Many comments outlined ways that staff alert other staff that a particular patient is deaf or hearing impaired, rather than ways to communicate with the patient. No new ways were suggested that could be disseminated for general use. 26 (12%) of respondents said that they use a combination of all three methods at various times.

Question 4

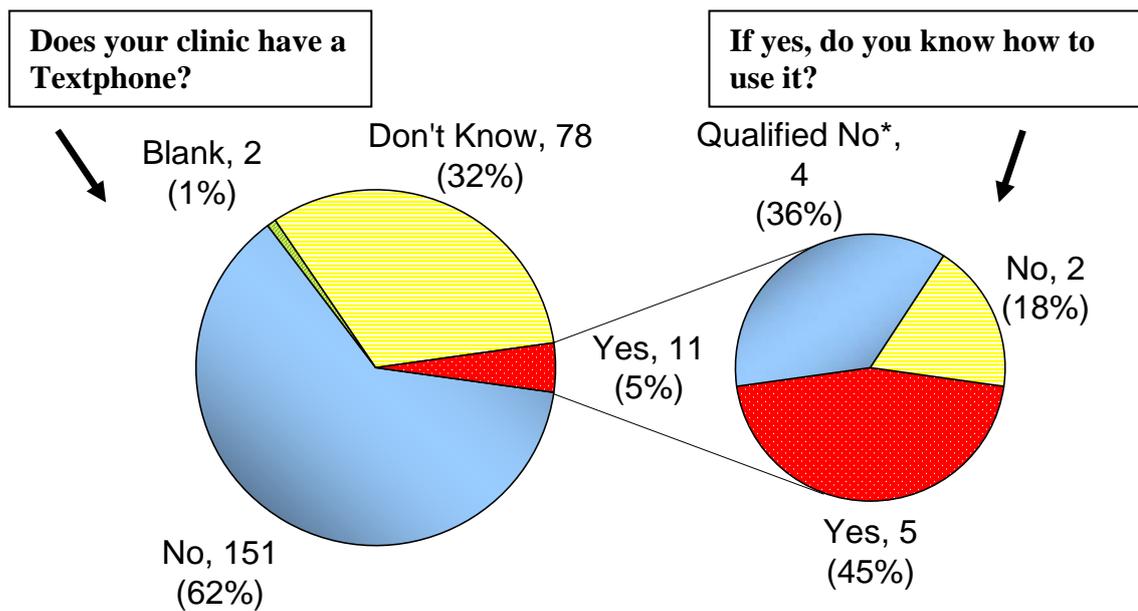
Do you know how to book a British Sign Language (BSL) interpreter?



70 (29%) staff members were able to arrange for a British Sign Language (BSL) interpreter to assist a deaf or hearing impaired patient during their appointment and a further 80 (33%) would be able to identify another staff member who could arrange it for them (*Qualified No) even though they could not do it themselves.

Therefore, almost 2/3 of staff members were aware of this need and how to fulfil it.

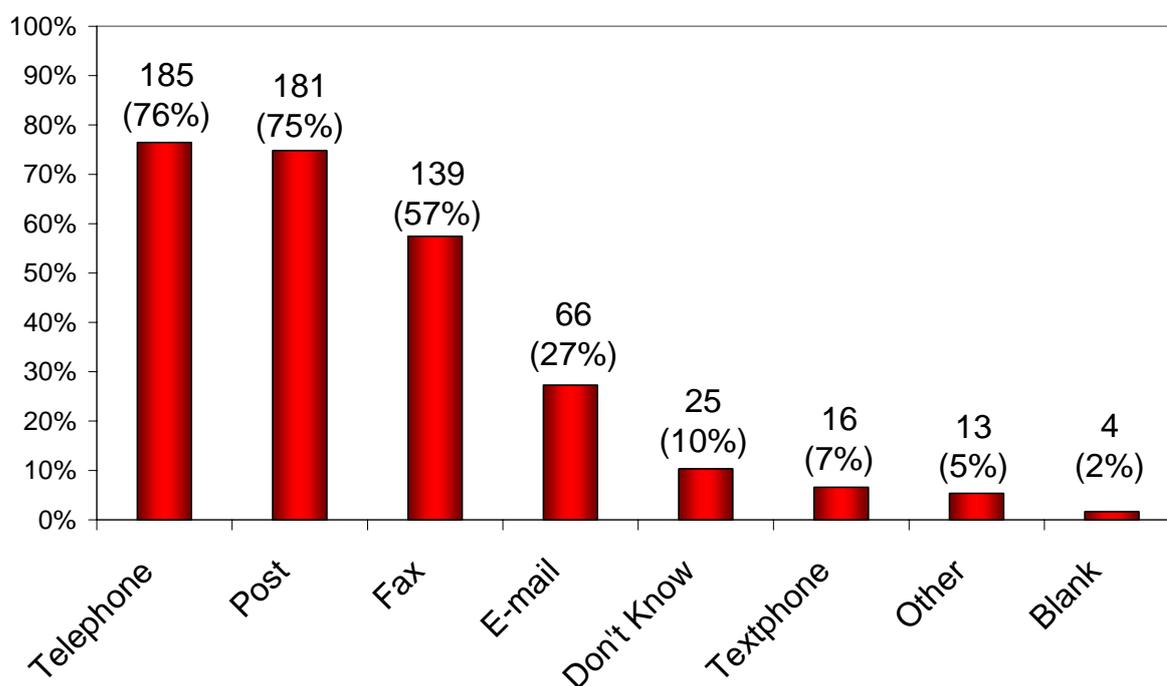
Question 5 and 5a



11 (5%) staff members were aware of a Textphone in their clinic. Of these, 5 (45%) said that they knew how to use it and a further 4 (36%) could identify another staff member who could use it for them (*Qualified No), even though they did not know how to use it themselves. Therefore, 9 (4%) of the total respondents could make use of this resource for communicating with deaf and hearing impaired patients.

Question 6

What options are made available to patients to contact your clinic?



Again, multiple answers could be given for this question. As expected, telephone (185, 76%) and post (181, 75%) were the most common methods of communicating with the clinic offered to patients.

The most common combinations were:

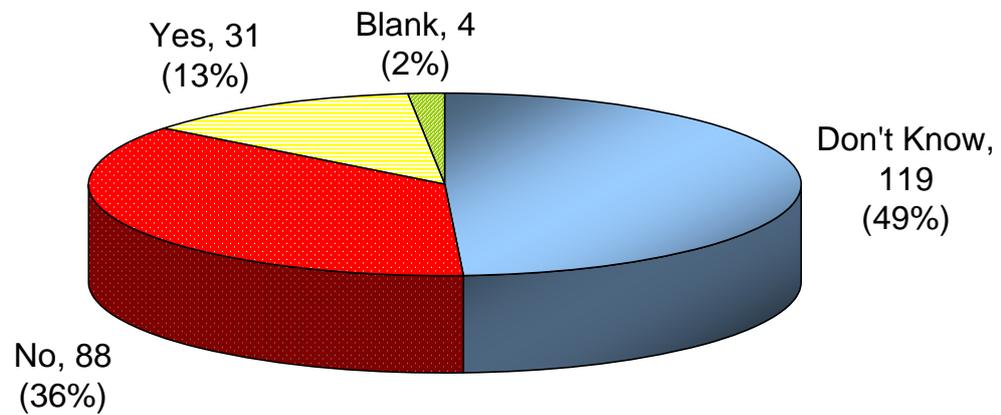
Telephone + Post + Fax:	55 (23%)
Telephone + Post + Fax + E-mail:	35 (14%)

It is interesting that 16 respondents selected 'Textphone' as a method of communication offered to their patients, although only 11 respondents stated that their clinic has one (Question 5). Perhaps some have access to the facility without having an actual Textphone in their department.

Most of the 'other' methods available for patients to communicate with the clinic involved physically attending the clinic to speak directly with staff, either on their own or with a friend/relative. One method with potential for general use was mobile phone SMS texting, which could be a cost-effective and easily implemented method of communicating with deaf and hearing impaired patients.

Question 7

Does your department have a policy on communicating with deaf patients?



Almost half (119, 49%) of the respondents were unaware of a policy in their department on providing for deaf and hearing impaired patients. A further 88 (36%) said that their department has no such policy and only 31 (13%) were aware of a policy.

DISCUSSION

Due to staff "migration" across sites, through different departments and between in-patient and out-patient services, it was difficult to estimate the total number of staff involved in providing out-patient care trust-wide. We depended on managers and clinic supervisors in the different directorates to distribute the questionnaire in clinics as well as people completing the forms on-line.

We received 242 responses which we considered to be a good yield, taking into account that some members of staff could have been absent during the audit period, temporary staff could have left or may have felt they were not eligible to participate in the audit and not all members of staff have trust email accounts.

Deaf Awareness training

Disappointingly only 10% of respondents had attended "Deaf Awareness" training in the last 2 years. A national survey carried out in 1999 [1] found that the inability of staff to communicate effectively with the hearing impaired was a national problem. Hence St. George's Hospital is not unique. It has been shown however, that appropriate training at all staff levels in deaf awareness improves communication and makes the patient pathway easier.

Training is available free of charge for all members of staff in this trust.

Loop systems

Only 14% of respondents knew about the loop system. Induction loops are very useful when communicating with hearing impaired individuals who wear hearing aids, especially in noisy environments or for group conversation/ consultations.

There are 2 types of induction loop systems; permanent and portable. Permanent loop systems are found in rooms intended for public use e.g. Post offices and supermarkets. Portable loop systems are as the name implies-portable.

Both types of systems can be used in organisations such as ours. Permanent loop systems can be installed in designated rooms, e.g. counselling rooms or waiting areas.

There are 2 types of portable loop systems available:

- 1) Where the hearing aid user wears a neck loop with their hearing aid on the "T" switch and the other person talks into a microphone.
- 2) A portable 'box' device which does not require the patient to wear a neck loop, but simply switch the hearing aid to 'T' - this can also be transported from room to room.

This helps eliminate back ground noise and facilitates 1 to 1 conversation. It is very simple to use and takes only a few minutes to learn.

Use of a portable loop system in consultations would not only improve communication but also cut down on time wasted repeating phrases.

A simple system of "loan" could be used in the trust. That is, a number of portable loops could be purchased and made available to different departments on loan when hearing aid users are expected.

Visual alert displays

There are several types of visual alert displays available. These range from electronic boards with patients names displayed when it is their turn, number systems or use of whiteboards.

The use of whiteboards would be the most cost effective for the trust as they are already available in nearly all the outpatients departments.

A number of departments had number systems available but were not being used for various reasons. Re-activating these would also be of help.

Staff members have to remember that there are various ways of making the patients visit easier.

BSL interpreters

At present the trust does not have a contract with a dedicated firm for booking these interpreters. They are booked on an ad hoc basis, the quality of interpreters vary and can result in misdiagnosis due to misinterpretation by unqualified interpreters.

BSL interpreters working in a medical setting should be trained in medical translation to provide them of adequate medical knowledge to translate correctly [4].

It would be more cost effective to have an official interpreting service whose number can be made available on the intranet as well as to all members of staff involved in booking appointments.

Problems also tend to arise when Physicians, therapists etc forget to indicate to appointments officials that an interpreter is required. This is not unique to BSL interpreters.

Textphones (minicom)

Hospital appointments are usually cancelled or re-arranged using telephones. Deaf or hearing impaired people commonly use text phones (Minicoms). This consists of a small screen and a keyboard. Messages are typed in, and the reply is displayed on the screen.

It was disappointing to learn that these were available in some of the departments we visited but staff rarely knew how to use it, and in some cases the equipment had not been plugged in.

The Royal National Institute for Deaf People (RNID) Tynetalk service provides an alternative to obtaining a Minicom, as it allows conversations to be relayed between speech phones and text phones, using a trained operator. This service is not widely known about and hence not used effectively.

Methods of contacting departments

The departments that already have minicomms should make sure they are in good working order and that staff know how to use them. The number should be included in appointment letters and on appointment cards.

The trust should also consider purchasing one which for our switchboard and publicising that number.

A general OPD email address which should be checked each day by named appointments staff should be made available and included in both appointment letters and cards.

Deaf awareness policy

We do not have departmental/ trust deaf awareness policies. We hope to develop one with the help of the trusts "Access committee", which will be posted on the intranet and made available to all departments.

CONCLUSIONS

The aim of this study was to find out whether staff at St. George's Hospital, have adequate training in Deaf Awareness and associated communication skills.

The audit shows that we do not have adequate training in deaf awareness at St. George's Hospital. Members of staff were not aware that Deaf Awareness training was available in house.

There was a distinct lack of knowledge about the different means of communicating with deaf/ hearing impaired patients.

Existing technology, although available in some departments were seldom used due to members of staff not knowing how to use them.

There are no existing departmental/ trust policies on deaf awareness.

Although we are not unique, there are things that we could do to help improve the hearing impaired patients experience at St. George's Hospital.

We were encouraged by the number of enquiries we received during the audit period from members of staff wanting help to improve their services and information on how to contact qualified and experienced BSL interpreters.

When patients realise that they can attend hospital appointments without worrying that their dignity and confidence will be compromised we will then see an improvement in hospital attendance.

RECOMMENDATIONS

- All members of staff should be encouraged to attend Deaf Awareness training (Course dates available on intranet and is free). The training should be compulsory for Frontline members of staff.
- Hearing aid users to be encouraged to ask for help and use the loop system where available.
- Number systems, whiteboards or electronic visual alert systems should be used in waiting areas. If these are not available then outpatient staff should consider sitting the person in the in view of the receptionist.
- The trust should look into purchasing an official BSL interpreting service. Meanwhile appointments staff should liaise with their supervisors to obtain a list of telephone numbers and names that can be used.
- Hospital outpatients departments should have at least 2 other means of contact i.e. minicom and email addresses added to appointment letters/ cards.
- Information on how to communicate with a hearing impaired person should be wall mounted in all OPD (*Appendix 3*).
- Develop a deaf awareness policy which should be made available trust wide

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3. Department of Health, July 2004; NHS Disability Rights Commission, You can make a difference – Improving services for disabled people.
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ACKNOWLEDGEMENTS

Janet Woodcock, for providing the background information, literature and official documents we required. Also for steering the production of a trust Deaf Awareness policy before she retires.

Dr. Sarita Fonseca for getting me involved in an SSM student's project as a result of which this audit was born.

Catherine Hobbs, whose mini-elective led us to believe that we needed to carry out a trust wide audit.

Appendix 1

Standards of the study

MINIMAL STANDARDS:

Minimal standards for every department are set out below. These standards must be adhered to in every department. Optimum standards are set out in *italics* in each section. Optimum standards are to be used wherever possible.

- 1) Deaf Awareness training: (1,2,3)
 - All staff to be aware that “Deaf Awareness” training is available for all. Staff within each department should be divided into the following three categories and prioritised accordingly for training:
 - a) Specialist workers with hard of hearing patients, e.g. doctors, allied health professionals.
 - b) Non-specialist employees working with deaf people on a regular basis, e.g. health care / walk-in centres.
 - c) Frontline staff, e.g. receptionists.
 - Information available on Trust intranet.
 - Information made available at staff training induction.
 - Staff should be made aware of any new equipment or new Deaf Awareness tools that are made available in order to maintain the level of knowledge.
 - Disability Awareness training, including Deaf Awareness, should be made compulsory in the undergraduate curriculum for medical and paramedical university students. (4)
 - *Refresher courses should be provided on an annual basis.*
- 2) Availability of departmental policies on how to deal with deaf/ hearing impaired individuals.
 - Policy document to be available in hard copy.
 - Policy document to be in each department.
 - Policy document to be easily accessible by all staff within the department.
 - Policy document to be made available to the public upon request.
- 3) Knowledge of existing technology.
 - All staff should have an awareness of equipment available for the hearing impaired population.
 - This includes loop systems, text telephones, visual alert displays, video-interpreting.
- 4) Use of existing technology / assistance tools.
 - Portable and/or fixed loop systems available in every department. (1,3,4)
 - Text telephone available in every department. (1,3)
 - Clear, head-height signage indicating availability of relevant technology within the department. (1)
 - Clear, head-height signage displaying disability-friendly information, e.g. assistance dogs welcome. (1)
 - Equipment should be checked on a regular basis to ensure it is in good working condition.
 - *Visual alert systems to be installed in every department.*(3,4)
 - *Video interpreting service available in every department.* (4)
- 5) Knowledge of sign language interpreters and how they can be contacted. (1,3,4)
 - All staff to be aware of whom to contact for this service.
 - Contact numbers to be made readily available.
 - *At least one member of staff with BSL Stage One competency within each department.*
- 6) Patient management issues. (4)
 - Written information to be provided which details procedures to be undertaken, e.g. explanation of what might be expected when visiting the MRI department.
 - This information to be provided by the health professional who requests the procedure, at the time of referral.
 - Facility for patients to alter appointments by fax or post. (1)

- All patients to be given written information pertaining to follow up appointments. (5)
- All literature provided to patients should exclude unnecessary complicated medical terminology. (1,4)

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Appendix 2

Department of Audiological Medicine

Communicating with Deaf and Hearing Impaired Patients Audit 2006

Dear Outpatients Staff Member,

Thank you very much for completing this short questionnaire. It will help us find out how closely we are meeting the National Guidelines for making St George's services more accessible for deaf and hearing impaired patients. (From here on, where 'deaf' is used, it also refers to hearing impaired patients.)

Which specialty do you work in?
.....

1 Have you attended Deaf Awareness training in the last 2 years?

Yes No

2 Does your clinic have a loop system for hearing aid users?

Yes No I don't know

2a If yes, do you know how to use it?

Yes No No, but I know who can do it for me

3 Does your clinic have a visual alert display in the waiting area?

Yes No I don't know

3a If not, how do you let patients know the clinician is ready to see them?

(please tick all that apply)

Call loudly Go and get them Speak to accompanying adult

Other (please explain)

4 Do you know how to book a British Sign Language (BSL) interpreter?

Yes No No, but I know who can do it for me

5 Does your clinic have a Textphone?

Yes No I don't know

5a If your clinic has a Textphone, do you know how to use it?

Yes No No, but I know who can do it for me

6 What options are made available to patients to contact your clinic?

(please tick all that you are aware of)

Fax E-mail Textphone Postal address

Telephone I don't know Other

7 Does your department have a policy on communicating with deaf patients?

Yes No I don't know

Thank you very much for your help.

Appendix 3

Communication tips for hearing people

Be patient and take the time to communicate properly.

Communicating with someone who is deaf or hard of hearing isn't difficult. There are a number of basic rules you can follow to enable successful communication.

Use these tips to communicate successfully with someone who is deaf or hard of hearing:

- 1) Even if someone is wearing a hearing aid it doesn't mean they can hear you. Ask if they need to lipread.
- 2) If you are using communication support always remember to talk directly to the person you are communicating with, not the interpreter.
- 3) It is important to make sure you have face-to-face or eye-to-eye contact with the person you are talking to.
- 4) Make sure you have the listener's attention before you start speaking.
- 5) Speak clearly but not too slowly, and don't exaggerate your lip movements.
- 6) Use natural facial expressions and gestures.
- 7) If you're talking to a deaf person and a hearing person, don't just focus on the hearing person.
- 8) Don't shout. It's uncomfortable for a hearing aid user and it looks aggressive.
- 9) If someone doesn't understand what you've said, don't keep repeating it. Try saying it in a different way instead.
- 10) Find a suitable place to talk, with good lighting and away from noise and distractions.
- 11) Check that the person you're talking to can follow you. Be patient and take the time to communicate properly.
- 12) Use plain language and don't waffle. Avoid jargon and unfamiliar abbreviations.

http://www.rnid.org.uk/information_resources/communicating_better/tips_for_hearing_people/