

# *Communication Program*

## *ACE Program*

### *Foundations of Function*

Communication problems are common following a neurologic event such as a stroke. Signs, symptoms, and severity of communication problems vary greatly from patient to patient. The following is a list of common signs and symptoms of communication problems. As with any program designed to achieve outcomes, communication and collaboration with nursing is essential to ensure the resident is receiving consistent reinforcement.

There are several ways to identify residents who may benefit from therapy services for communication. The following are suggestions to help identify potential problems:

- Observe the residents to watch for changes in speech and ability to express their needs. Activities and meal times are excellent times to observe patients.
- Observe the residents for changes in ability to follow directions.
- Talk with the activities and dietary staff to identify anyone having difficulty with communication.
- Talk with the nursing assistants and nursing staff to identify anyone having new difficulty with communication.
- Take time to meet with small groups of nursing assistants and explain to them the signs and look in depth at a few residents with them.

#### **Patient Identification Criteria for Communication Program:**

- Does not attend to others or has difficulty attending for a period of time.
- Speech that is not understood
- Difficulty with pragmatics
- Flat affect
- No purposeful speech
- Difficulty responding to and/or saying name
- Difficulty expressing basic needs to others (yes/no, head nod)
- Difficulty saying greetings (hello, good morning)
- Decreased volume of speech (others cannot hear person speak)
- Slurring of words
- Difficulty with word finding or frustration with communication
- Difficulty with hearing
- Difficulty with processing instructions, questions, conversation
- Chronic vocal hoarseness
- Abnormal vocal resonance/nasal emissions during speech
- Inappropriate social interactions
- Difficulty using gestures
- Laryngectomy

- Difficulty formulating sentences or words/sequencing sounds
- Need for or difficulty using an augmentative/alternative communication device
- Difficulty writing own name, sentences, etc.
- Difficulty identifying letters, words, symbols
- Difficulty reading signs, sentences, etc.

### **Basic Therapeutic Skills Required**

- Assess all areas of communication; syntax, semantics, morphology, verbal expression, pragmatics, voice, gestures, auditory processing and hearing.
- Assess oral motor strength, ROM, and coordination.
- Establish graded therapeutic exercise program around areas of deficit.
- Establish compensatory strategies to improve communication skills.
- Identify and establish an appropriate augmentative or alternative communication device.
- Provide training to staff, caregivers, and family on strategies to improve communication.

### **Beneficial Treatment Approaches**

- Oral motor exercises
- Graded verbal recall and naming tasks
- Augmentative communication devices – low and high tech
- Graded vocal strengthening exercises (LSVT)
- Amplification devices for speech and hearing
- Graded reading and writing exercises
- Graded auditory comprehension exercises
- Consultation with ENT (Ear, Nose & Throat Physician), neurologist and/or audiologist
- Graded sentence formulating tasks
- Behavior modification for inappropriate communication
- Functional communication activities
- Graded verbal expression exercises
- Melodic Intonation Therapy (MIT)

### **Best Documented Source of Altered Status:**

- MDS: Compare current status to last MDS status in the following sections:
  - Section B 5 b, c, d, e, f
  - Section C 1, 2, 3, 4, 5, 6, 7
  - Section E 4 a, d
  - Section I 1 r, s, t, y
- Quality Indicator: Prevalence of behavioral symptoms affecting others, prevalence of little or no activity.
- 24 Hour Report: Look for documentation regarding decreased ability to communicate wants/needs, inappropriate communication, difficulty hearing or understanding information, slurred speech, frustration with communication, decreased vocal volume or chronic hoarseness, facial droop.

- Incident Reports: Look for documentation on inappropriate communication, difficulty expressing their needs, etc.
- Nursing Notes: Look for documentation regarding decreased ability to communicate wants/needs, inappropriate communication, difficulty hearing or understanding information, slurred speech, frustration with communication, decreased vocal volume or chronic hoarseness, facial droop.
- IPOC meeting notes.

**Benefit to Patient:**

- Improved ability to communicate wants/needs
- Improved ability to direct self care
- Decreased risk for social isolation
- Decreased risk for frustration leading to agitation
- Improved interaction with environment
- Improved quality of life

**Billing Codes**

- 92506 Speech eval
- 92507 Speech Tx
- 92607 Eval of speech generating AAC
- 92609 Tx for speech generating AAC
- 96105 Test Aphasia
- 97535 ADL retraining/caregiver education

**Documentation Suggestions:**

- Tie improved oral motor strength and ROM to improved intelligibility.
- Tie verbal expression to improvements in ability to communicate basic needs, direct self care, and social interaction with friends and relatives.
- Tie improvements in comprehension and problem identification to carryover of safety and independence in immediate environment.
- Tie in higher level expressive and receptive skills into community re-entry tasks including calling 911, making a grocery list, telephone conversation, etc.
- Demonstrate improvements in receptive language abilities with progression through the hierarchy of responding to yes/no questions, follow one/two step directions during ADLs, two choice questions and open ended questions.
- Demonstrate improvements in expressive language abilities with progression through the hierarchy of responding to yes/no questions, follow one/two step directions during ADLs, two choice questions and open ended questions.
- Use graded tasks/hierarchy of tasks to demonstrate the potential to improve from present function to optimal function.
- Use objective measurements when possible including levels of assist, percentage, # of times completed successfully, and amount of cuing provided. The use of these objective measures allows the therapist to make comparisons across time.

- Demonstrate relationship between reading comprehension and tasks related to activities to daily living including reading the phone book, medication bottles, mail, and receipts.
- Associate improvements in expressive/receptive language abilities into a reduction of disruptive behaviors.
- Tie use of augmentative devices to improved ability to participate in directing self care, communicating needs, social interaction, and reductions of disruptive behaviors.

**Goal Suggestions:**

1. In two weeks the resident will name items in room with 100% accuracy using visual cues.
2. Resident will in two weeks utilize compensatory strategies to increase listener accuracy to 95% at the 5-6 word sentence level to increase expressive communication skills.
3. Resident will in two weeks answer yes – no questions utilizing compensatory strategies with 95% accuracy to meet resident wants and needs.
4. To increase independent communication of wants and needs, the patient will label ADL objects in 4/5 trials, when presented one at a time and asked “what is this.”

# Communication Program Inservice

## What are communication problems?

- Difficulty understanding information in verbal/written form.
- Difficulty communicating wants and needs in verbal or written form.
- Communication problems usually occur after a stroke, trauma, with a neurological degenerative disease, or any other event that affects the brain.

## What are signs that a patient may be having problems with communication?

- No purposeful speech
- Difficulty answering questions and/or saying name
- Difficulty expressing needs to staff
- Decreased volume of speech
- Slurring of words or unclear speech
- Difficulty understanding questions, instructions, and general conversation
- Difficulty with reading or writing
- Difficulty forming sounds, words or sentences
- Vocal hoarseness
- Abnormal vocal quality, nasal sound
- Withdraws from social activities
- Speech that is not understood
- Difficulty with pragmatics
- Flat affect

## What can you do if you think a resident may be having trouble with communication?

If you suspect a resident would benefit from the Communication Program, you should:

- Tell the nurse the problem you observed, asking them to document it in the medical record.
- Tell a member of the rehab team or fill out a Nursing to Therapy Request for Screen Form.
- Write what you saw on the 24 Hour Report.
- Bring up for discussion at IPOC.

## What can therapy do to help these residents?

- Evaluate the resident's skills.
- Treat the resident to increase safety and improve their communication ability to function as independently as possible.
- Develop recommendations that can be integrated into a restorative program or implemented by nursing to maintain the resident's skills upon discontinuation of therapy.

# Communication Program Trivia Contest

1. Communication problems are common after a person has a:
  - a. Heart Attack
  - b. Stroke
  - c. Broken Hip
  - d. Diabetes
  
2. Signs and symptoms of a communication problem are:
  - a. Difficulty voicing needs and responding to questions
  - b. Slurring words or sentences
  - c. Decreased volume of speech
  - d. All of the above
  
3. True or False – If a resident talks very softly and does not have a lot of voice volume, speech therapy can help. \_\_\_\_\_
  
4. True or False – If I suspect resident has a problem communicating, I should tell the nurse and/or Speech Therapist. \_\_\_\_\_
  
5. If a resident does not respond to me when I talk with them, I should:
  - a. Talk louder
  - b. Talk slowly and clearly face to face with the resident
  - c. Keep repeating myself

Name: \_\_\_\_\_ Shift: \_\_\_\_\_