SPECIAL NEEDS PATIENTS

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The best and most beautiful things cannot be seen or even touched. They must be felt with the heart. —Helen Keller

As emergency nurses, we have the awe-inspiring responsibility of caring for many types of patients. We must strive constantly to enhance our practice and the care we provide. One very special group of patients helps us remember the importance of being in touch with our humanity. When these precious lives are entrusted to us, we must seek to provide them with the very best care. This month we are focusing on patients who present not only with illness or injury but with other very special needs. Join us as our guest respondents share some interesting experiences!

Meet Zoey—A Reminder of a Child's Love and Trust

Zoey and I would like to tell you a bit about caring for a child with Down syndrome. First, even though these children may be different, by and large, they want the same things we all want—to be loved and give love, to laugh, to be healthy, to have a joyous and fulfilling life, and to feel as though they are contributing to the world. At the heart of treatment is remembering that we are all much more alike than we are dissimilar.

Second, the processing speed of children with Down syndrome may be slower than that of typical children. Children with Down syndrome has fewer neural connections compared with typical children, and thus the speed with which they process information is statistically slower. When you tell a child with Down syndrome something, it may take longer to register. This is not good/bad/right/wrong, it is just what science is teaching us. Information you give the child may need to be said multiple times, in multiple ways.

Lastly, trust your intuition. In all the time I've spent with nurses in doctor's offices and at Phoenix Children's Hospital, the best nurses always listened to the intuitive voice that guided their actions. Because special needs adults and children may have communication challenges, I believe that relying on and trusting that inner voice is the best way to approach their care. I have seen the result in my own child, with her care. Do what is in your heart and what feels right. There is no perfect answer. Some day research will prove the validity of this approach and why it works. For now, I just offer one parent's opinion about what has worked for my child, who has received exemplary patient care. Whatever you may call it—gut instinct, your heart, your intuition, or your inner voice—trust that part of you and allow it to guide your care.—*Zoey and Michael Maske (Michael is President of ZM Medical, Phoenix, AZ); E-mail: Michael@zmmedical.com*

The Voices of World-Class Experts—Listen and Learn

The keys to promoting a positive experience in the emergency department for patients with special needs and or disabilities, their families, and staff are communication and active listening. Often patients with disabilities or chronic illnesses have established patterns and specific ways of doing things. They have answers to our questions if we take the time to ask and truly listen. On occasion, the nurse may want or need to rush through the admission process, but the extra few minutes it takes to go through these patients' stories and truly hear the details could make all the difference in the world! Listening to what these patients offer us not only helps them feel like we care but in the end makes it easier for the staff who will be providing their care.

Often when a patient who has a disability, special need, or chronic illness enters our emergency department, we may assume they can't understand everything because of their physical presentation. Assumptions that patients are unable to understand or hear tend to increase when they appear to be at a lower level of responsiveness or appear challenged in some way. However, one should never make such assumptions or talk over such patients! Speak with them as though they understand everything you are saying, and keep an open mind. Give them the sense that you are truly listening. This approach will go a long way in establishing a relationship of trust between the staff, the patient, and the family.

Next, ask the patient or the family to tell their story and listen to them. Generally, if you need clarification, they will be happy to provide it! Some caregivers are well prepared and may have a list of need-to-know information for you, including dates of onset, medications, and surgeries. This information can be very helpful. It is also helpful to ask the

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family's advice. Do they have any strategies or important, need-to-know information that should be passed on to other caregivers? Trips to the emergency department can be a stressful experience for all persons involved, and at times it is even harder for patients with disabilities or special needs and their families. Active listening to the patient's story will enhance communication with caregivers and prevent the family from struggling to be heard.—*Rachelle Rigous, BSN, RN, CRRN, Nurse Manager, Comprehensive Rehabilitation Unit, Moss Rehabilitation, Philadelphia, PA; E-mail: rigousr@einstein.edu; and Lisa Pinder, BSN, RN, CRRN, Nurse Manager, Drucker Brain Injury Center, Moss Rehabilitation, Philadelphia, PA; E-mail: ljenning@einstein.edu*

Strategies From Our Leaders—Making Care Patient Focused

ED nurses must overcome and adapt to many situations every day. They often do not realize all that they do to maintain flow and facilitate patient care. As director of the emergency department, I was always certain that the nurses were doing all they could for their patients, which is why I was surprised to receive a complaint from a deaf patient. This patient reported to me that he felt the nurses were not sensitive to his need for special accommodation and that no one had offered to call or connect him to a sign language interpreter. The patient had informed the triage nurse and the primary nurse that he was deaf. However, he adapted to his disability by lip reading. During his assessment, he answered questions "appropriately" and did not "appear" to misunderstand. For this reason, it did not seem that an interpreter was needed. In talking with this patient, we found a gap in communication. He could not read lips when the nurse looked down at her computer or turned her head away from him. During these situations, he replied to what he thought was appropriate. Needless to say, important elements of his assessment were inaccurate.

This patient's experience opened our eyes to the way we communicate with all patients. We realized that many other patients with visual, cognitive, or language needs would benefit from accommodations. Although we were collecting information about medical histories and had multiple assistive communication devices available, we were not always connecting our patients with these resources. As a result, we were missing important assessment information. Through our Process Improvement Committee, we developed methods to close this communication gap to meet 2 goals: (1) ensure that our patients received any resources needed to communicate with their care team, and (2) ensure that accommodation needs were communicated among the entire care team.

Patient accommodation needs were placed at the forefront of our triage assessment with the implementation of a simple screening question and standardization of documentation. Upon arrival, every patient was asked, "Do you need a disability-related accommodation for your ED or hospital stay?" Writing "positive accommodation" or "negative accommodation" into the chief complaint section of the electronic health record directed attention to patients who screened "positive." In turn, this alert prompted the care team to initiate protocols to bring the translation phone or video remote interpreting equipment to the bedside before asking further questions. One way this screening tool has made an impact on patient care outcomes is by helping us avoid having family members inaccurately interpret for a non–English speaking patient, which once occurred when a family member interpreted that the patient was experiencing abdominal pain when the patient was actually experiencing chest pain. We found that this screening process helped close the communication gap between nursing staff and patients.

We also implemented venues for internal communications within the care delivery team. A blue "ASSIST" sign is placed on the outside of the treatment room of all "positive" screened patients. This signage is a communication tool for nurses, physicians, and all other staff members from departments such as radiology, environmental services, registration, and social work and is a visual cue for these persons to ask the primary nurse further questions regarding what the patient would need before initiating a conversation. We found that this signage closed the communication gap not only for our clinical staff but for our support services who did not have access to the electronic health record.

Another change we implemented involved our admitted patients. The desk technician now communicates all accommodations to the bed flow coordinator with each bed request from the emergency department. The bed flow coordinator ensures that the patients are assigned an Americans with Disabilities Act–accessible room and communicates the accommodation need to the receiving unit. This process gives the receiving unit time to set up any assistive communication devices in the patient's room prior to admission. Patients and their families gave positive feedback regarding this process because it closed any communication gap from the emergency department to the admission unit.

All of these processes augmented what was already in place. Surprisingly, our data showed that after English, Mandarin is the second most frequently spoken language in our community hospital. Video remote interpreting usage is