North Texas Deaf and Hard of Hearing Initiative: Bringing greater awareness to pharmacy providers and the deaf/hard of hearing community


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Background

According to recent estimates, the prevalence of audiometric hearing loss in the United States is 20.3% among patients over 12 years of age. (Lin, Niparko, & Ferrucci, 2011). This condition can stem from a variety of pathologic conditions affecting sound transduction pathways between the ear and brain (Chau, Lin, Atchambe, Irvine, & Westerberg, 2010; Isaacson & Vora, 2003; Merchant & Rosowski, 2008; Paparella et al., 1984; Raz, 2014; Sataloff & Sataloff, 2006). Hearing loss of any degree greatly limits an individual’s capacity to communicate with others effectively. Although patients’ hearing may be aided with assistive devices, surgical procedures, or public accommodations, this impairment significantly hinders their interactions with the ‘hearing’ world.

One of the most significant obstacles faced by Deaf and hard of hearing (D/HH) patients is accessing healthcare. The cornerstone of therapeutic relationships—patient-physician relationships—is effectual communication. Good communication between patients and physicians is associated with improved physiological and psychological health outcomes (Ha & Longnecker, 2010). Unfortunately, DHH patients often experience difficulty communicating in healthcare settings, leading to poor understanding, fear, frustration, and mistrust (Steinberg, Barnett, Meador, Wiggins, & Zazove, 2006; Zazove et al., 1993).

To ameliorate this issue, some hospitals and private offices may provide one or more accommodations for DHH patients, but the impact of these on communication quality is somewhat variable (Steinberg et al., 2006). One area of healthcare where accommodations seem to be lacking is in pharmacy. In a recent survey, DHH responded that they did not understand the roles and responsibilities of pharmacy staff and were often frustrated by others’ lack of understanding. Furthermore, all respondents reported “learning [about medications] from experience”, which is of significant medical concern (Ferguson, 2015).

Aim

The current state of pharmacy accessibility barriers experienced by DHH patients in Tarrant County is currently unknown. Therefore, our aim is to reproduce this method of surveying to assess the barriers DHH patients in North Texas experience when accessing pharmacy.

Furthermore, after analyzing our survey data, we will determine the most prevalent healthcare barriers that DHH patients experience with pharmacy and seek to improve them using PDSA cycles. For example, we are predicting that a lack of knowledge from both patient and provider will be prevalent. Thus, we plan to create an infographic for both provider and patient to facilitate better communication between them.

Interprofessional, Student-Driven Teams

The growing complexity of healthcare is leading to a paradigm shift in medicine, requiring the use of team-based approaches to orchestrate patient care. Such practices have been shown to drastically improve patient outcomes and reduce medical errors (Institute of Medicine, 2011). Being home to many graduate and professional academic tracks, UNT/HSC is uniquely suited to facilitate inter-professional collaboration for the betterment of patient safety.

Measurements

UNTHSC students will conduct anonymous surveys of the D/HH population of Tarrant county regarding their interactions with pharmacy. Additionally, UNT/HSC students will conduct a survey of national chain pharmacists within Tarrant county.

The surveys for the D/HH population will include questions about the following:

• satisfaction when communicating with a pharmacist
• factors that negatively affect their experience with a pharmacist
• whether they act in a caregiver role
• sources of medication-related information
• confidence in taking medications appropriately
• preferred methods of communication.

The surveys for pharmacists will include questions regarding:

• Previous encounters
• Level of perceived difficulty with patient interaction
• Method of communication used during a consultation
• Employer provided access to resources for communicating with D/HH patients, including alternatives to the use of audiometric cues
• Awareness of legal obligations to provide interpreters to deaf patients

Distribution

The distribution of the surveys and providers will be accomplished in the following ways:

For D/HH surveys: Anonymous surveys will be distributed to audiology clinics within Tarrant county, and collected 60 days after distribution. Patients can complete the survey during their check-in at the clinic and then return the survey to the office staff prior to their visit with the audiologist.

For Pharmacist surveys: Paper versions of the survey will be delivered directly to national chain pharmacies in Tarrant county. The paper surveys will be delivered in one visit. Pharmacists can either complete the survey immediately and return it to the investigator, or complete the survey at a later time and return it via a pre-addressed, postage paid envelope provided by the investigator within 60 days of receipt of the survey. Pharmacists will be instructed not to put their names on the survey.

Conclusions

We hope that the results of this survey will reveal meaningful information about the current state of pharmacy accessibility barriers experienced by DHH patients in Tarrant county. Such information would lead us in the first steps of improving quality and safety of patient care through the use of PDSA cycles. Additionally, we hope to create practical solutions that will translate seamlessly to patients and providers in the pharmacy setting.

References