Overcoming Communication Barriers to Improve Patient Safety for American Sign Language Users Who Are Deaf or Hard of Hearing

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In the United States, approximately 3.6% of the population—about 11 million individuals—are deaf or hard of hearing[1] and about 1 million adults who are deaf or hard of hearing use American Sign Language (ASL) to communicate.[2] Patients who use ASL can encounter communication-related patient safety challenges in various healthcare settings.[3-6] While some of these patients can use alternatives to ASL to communicate, such as lipreading or written communication methods,[3,7] these are considered inferior to using ASL interpreters.[7,8] For example, lip-readers may only understand part of a conversation[7,9] and written communication could be limited by other factors, such as education and literacy challenges.[10] Addressing these communication challenges can improve confidence in care provided, patient understanding, and—ultimately—patient safety.

Reports recently submitted to the Pennsylvania Patient Safety Reporting System (PA-PSRS) highlight communication challenges faced by deaf or hard-of-hearing patients and the healthcare workers serving them, emphasizing that inadequate or delayed interpreter availability could lead to serious patient safety events. For example, one report described a delay in emergency department triage due to an inability to obtain an ASL interpreter and having to resort to written communication to triage a patient who was deaf. Another report described a patient who was restrained due to movement during necessary scans that resulted in the patient becoming agitated and experiencing a skin tear trying to remove the straps; this patient was deaf and may have been unable to communicate while restrained. Additionally, a patient who had limited eyesight in addition to being deaf required an in-person ASL interpreter, but only video remote interpretation (VRI) was available.

While in-person interpretation and VRI services can mitigate the communication challenges that patients who are deaf and hard of hearing can encounter, it is important to understand the limitations of these services. For example, in-person interpreters may not be available at all facilities or at all times.[5] VRI services are preferred over lipreading or written communication,[3,7,8,10] but technology or equipment failures may impact their availability.[3,5]

Patients who are deaf or hard of hearing may feel frustrated, overwhelmed, and frightened when experiencing communication challenges with their providers.[5] To improve patient safety and communication, healthcare providers should consider the following practices identified through research, legislation, and advocacy groups:

- Provide an ASL interpreter to patients who are deaf or hard of hearing, as mandated by the Americans with Disabilities Act[11] and Affordable Care Act.[5,12]
- Encourage patients to communicate their deaf or hard-of-hearing status to every healthcare team member.[13]
- Use of VRI services may be adequate for some patients; however, in-person interpreters are preferred[3] and may be necessary, for example, for patients who also have vision loss.[13]
- Use qualified[14] interpreters[5] (i.e., certified through the Certification Commission for Healthcare Interpreters[15] or another certification agency).
- Use the teach-back method[16] when giving instructions to ensure patient understanding.[3,13]
- Provide and use visual aids, such as written instructions or explanations of procedures, anatomical models, and posters to enhance patient understanding.[3,13]
- When possible, arrange ASL interpreters ahead of time to be available to communicate with patients who are deaf or hard of hearing.[4]
- Write in large, bold letters that can be read from several feet away if written communication is necessary.[13]
- Allow extra time for communication[13] and verification of patient understanding.
- Involve patient family members to support communication and advocate for the patient. However, family members should be used *in addition to* and not in place of qualified interpreters.[13]

It is important to address communication barriers for patients who are deaf or hard of hearing and communicate via ASL. Providing access to qualified ASL interpreters, using visual aids, and other evidence-based practices are essential to foster an inclusive environment and improve patient safety.

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