SEP 760

UNHEARD AND OVERLOOKED

Reimagining ER Accessibility for Patients with Hearing Loss

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SEP 760

Today's Agenda

- Introducing Stacy
- Design Challenge
- Journey Map
- POV Statement

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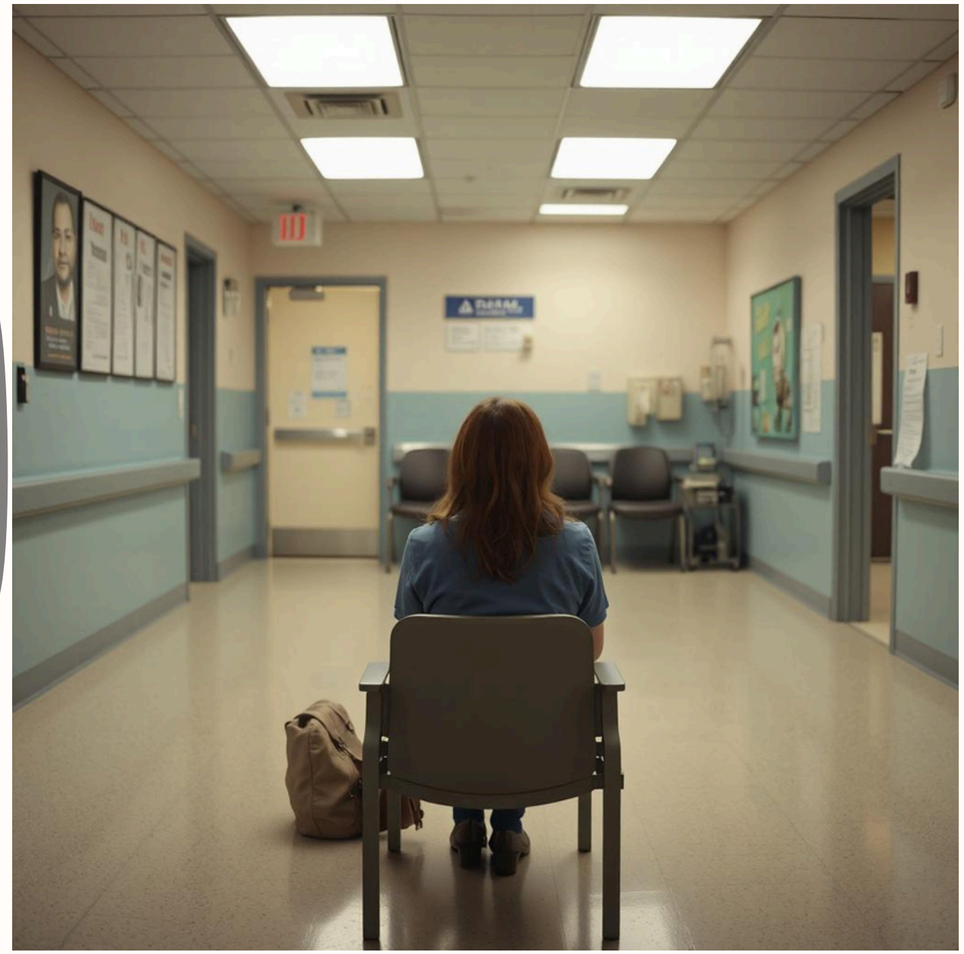
Introducing

Stacy

“ I knew they must have called my name, but how was I supposed to know? I just sat there and waited, hoping someone would notice.”

“ The doctor kept talking like I could hear perfectly. I had to keep guessing what he was saying.”



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Design Challenge

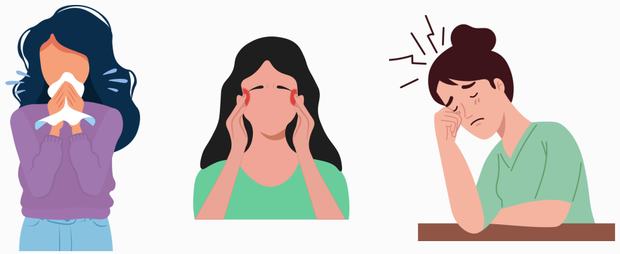
REIMAGINE HOW EMERGENCY ROOMS (ERS) CAN PROVIDE

ACCESSIBLE, PATIENT-CENTERED COMMUNICATION

FOR INDIVIDUALS WITH HEARING LOSS

KEY POINTERS ON THE JOURNEY MAP

Design Elements



Stacy

Quotes from Stacy

Opportunities for Nurses and Hospitals

PURPLE BOLD TEXTS- STACY'S EMOTIONS

Nurses and Doctor's failure

STACY 'S ER

JOURNEY MAPPING

ARRIVAL AT THE ER

Stacy arrives at the ER with her husband.Her husband wasn't allowed to accompany her, despite being her main communication support.

ANXIOUS

UNSURE

"I knew it would be frustrating before I even walked in. I knew I had to figure things out myself because no one ever asks if I need help."

No system to ensure patients with disabilities are flagged for communication assistance.

No check-in protocol to ask if a patient needs accessibility support.

Ask every patient at check-in about accessibility needs.

TRIAGE PROCESS

The triage nurse spoke quickly , Stacy struggled to understand and to struggled to explain her symptoms .

OVERWHELMED

ANXIOUS

Assumed Stacy could lip-read or follow the conversation without assistance.

"""I kept saying I couldn't hear her properly, but she just kept talking. I was so anxious because I knew I wasn't giving the right information."

Ensure a family member or support person is allowed when necessary.

No one came to check why she hadn't responded to her name.

Assumed silence meant she wasn't there.

WAITING AREA

Stacy doesn't hear when her name is called. She waits for hours, not knowing what's happening.

INVISIBLE

FORGOTTEN

HELPLESS

"I knew they must have called my name, but how was I supposed to know? I just sat there and waited, hoping someone would notice."

If a patient doesn't respond, nurses should walk through the waiting area and check.

DOCTOR INTERACTION – CONTINUED MISCOMMUNICATION

After hours of waiting, Stacy finally sees a doctor . He speaks quickly, doesn't check for understanding, and assumes she is following the conversation.

OVERWHELMED

DISCOURAGED

No one asked if she needed written instructions or a notetaker.

Nurses didn't told the doctor about her hearing loss

Before the doctor arrives, brief them on the patient's accessibility needs.

"The doctor kept talking like I could hear perfectly. I had to keep guessing what he was saying."

STACY 'S ER
JOURNEY MAPPING

LEAVING THE ER

Stacy leaves the ER with verbal discharge instructions she didn't fully understand.

UNCERTAIN

"I just nodded and walked out. I wasn't going to keep asking them to repeat things when I knew they were in a hurry."

Nurses assumed verbal instructions were enough

No written discharge instructions were provided.

Always provide written discharge summaries for patients with hearing impairments.

Ask, "Would you prefer this information in writing?"

POST-ER REFLECTION – RELUCTANCE TO RETURN

Stacy hesitates to seek medical help again, knowing the ER isn't designed for her needs.

"I don't want to go back unless I have no other choice. It's too much of a struggle."

DEFEATED

ISOLATED

No follow-up system to check if accessibility needs were met.

No patient feedback mechanism for those with disabilities.

Allow patients to submit accessibility feedback anonymously.

Offer follow-up calls/texts to ask about their experience.

POVs

Patients with hearing loss need an ER experience that is both accessible and dignified **because** the fast-paced, verbally driven environment lacks the necessary accessibility tools and trained staff, making them feel invisible and excluded from their own care.

Patients with hearing loss need a standardized way to indicate their accessibility needs upon arrival and receive attentive communication from doctors **because** hearing aids do not always work in noisy ER settings, leaving them feeling helpless, unable to understand medical information, and struggling to make informed decisions.

Patients with hearing loss need ER environments designed for inclusive, multi-modal communication methods, such as text-based or visual alerts **because** traditional verbal and auditory cues fail them, leading to frustration, misdiagnosis, and delayed care.

THANK YOU!!