

**Seeing an Opportunity:  
Recognizing the Need for Improved Resources for Visually Impaired Patients**

Hope Marie Dykes

Lakeview College of Nursing  
Leadership and Management N443

November 8, 2020

Early on in my clinical experience, I met a patient who was visually impaired. I spent the day with him reading menus for each meal and snack, adjusting his bed for his comfort, and helping him navigate the room. He told me his story about being a former Navy officer and how frustrating life had become since losing sight. I knew this was an opportunity for improvement I wanted to take on. The Centers for Medicaid and Medicare Services (CMS) suggest four strategies to improve communication with visually impaired patients (VIPs). These strategies include using all tools available, asking patients how to help, addressing challenges directly, and seeking out educational opportunities (QIO News, 2018).

While there is not much recent evidence-based literature on improving visually impaired patients' resources, I found one study that mirrored what I want to achieve. Carlson et al. (2020) looked at the challenges facing VIPs and developed a quality improvement (QI) project to address these needs (Carlson et al., 2020). "Visual impairment is perhaps the worst form of disability and even a very common one. Most importantly it makes an affected individual to constantly depend on others for even daily routine tasks, hurting an individual's self-esteem" (Khurana et al., 2019, p. 50).

Tan (2018) reports staggering numbers of patients who might benefit from these services. He writes, "...there are currently 217 million people worldwide who are visually disabled and 36 million who are blind" (Tan, 2018, p. 1). Tan (2018) describes Braille as a 6-cell dot system that helps VIPs achieve independent living. Using Braille alone, however, is an ineffective approach. "...helping the blind to achieve independence requires a multipronged and very often, an individualized approach" (Tan, 2018, p. 1).

Recognizing a need for a multifaceted approach, Carlson et al., 2020, put together a VIP toolbox. This kit offers improvements in care for both VIPs and staff. In this VIP kit, items include a binder for caregivers, Braille menus, lighted magnifying glasses, waffle coasters to put under drinking glasses, signs on doors to alert staff, bracelets for VIPs, Braille stickers for bedside controls, collapsible walking cane, and more (Tan, 2018, p. 1).

The study by Carlson et al. (2020) most aligns with the rational-empirical classic change theory. This theory includes the idea that resistance comes from a lack of knowledge regarding a problem. The rational-empirical theory asserts that change can occur if people learn about the issue (Marquis & Huston, 2021). Carlson et al. (2020) recognized a problem and gathered data through surveys. They developed a QI project to improve patient outcomes for VIPs. The results of this plan included the implementation of VIP kits to improve hospital stays for VIPs.

Following implementation, they stabilized the change through staff education with posters and folders about the importance of utilizing these kits. For three years following postimplementation, the researchers have continually evaluated the results through interviews and surveys with VIPs and staff. Postimplementation results showed that staff education regarding VIPs had improved from 23.6%-56.4% in the first five months (Carlson et al., 2020). All interviewed VIPs reported and continue to report improved outcomes and satisfaction (Carlson et al., 2020). These evaluation findings indicate this QI project was a success.

## References

- Carlson, C., Howe, T., Pedersen, C., & Yoder, L. H. (2020). Caring for visually impaired patients in the hospital: A multidisciplinary quality improvement project. *The American Journal of Nursing*, 120(5), 48-55. <https://doi.org/10.1097/01.NAJ.0000662820.87519.52>
- Khurana, C., Tandon, S., Chand, S., & Chinmaya, B. R. (2019). Effectiveness of oral health education program using Braille text in a group of visually impaired children: Before and after comparison trial. *Journal of Education and Health Promotion*, 8, 50. [https://doi.org/10.4103/jehp.jehp\\_233\\_18](https://doi.org/10.4103/jehp.jehp_233_18)
- Marquis, B. L., & Huston, C. J. (2021). *Leadership roles and management functions in nursing: Theory and application* (10th ed.). Wolters Kluwer Health.
- QIO News. (2018) *Four tips for communicating with patients with hearing and vision impairments*. Quality Improvement Organizations. <https://qioprogram.org/qionews/articles/four-tips-communicating-patients-hearing-and-vision-impairments>
- Tan, C. W. (2018). Braille and the need to innovate for the blind. *Annals of the Academy of Medicine, Singapore*, 47(1), 1-2.

Appendices:

**Figure 4.** Contents of the VIP Toolbox



Toolboxes containing useful items for the daily care of VIPs are available to hospital staff members at each nursing station. Some of the items are for use by staff members and some for patients themselves. From left to right, a binder contains nursing guidelines for VIP care and other documents, such as braille menus, lighted magnifying glasses, waffle coasters to put under drinking glasses, magnets (green with three white dots to mimic braille) to be affixed to VIPs' hospital room doors, raised sticker dots that identify bedside controls, green VIP bracelets, signature cards and fine-point felt-tipped pens, rubber bands to affix to VIPs' charts (alerting staff members to the patient's visual disability), inexpensive magnifying eyeglasses, and a collapsible walking cane. Photo by Christine Carlson.

(Carlson et al., 2020, p. 52).

**Table 1.** VIP Project Pre- and Postimplementation Staff Survey Results

	Preimplementation Results, n (%) (N = 161)				Postimplementation Results, n (%) (N = 140)			
	Yes	No	Have Not Experienced	Did Not Answer	Yes	No	Have Not Experienced	Did Not Answer
Have you read the policy on caring for VIPs?	54 (33.8)	106 (66.2)	N/A	1	102 (72.9)	38 (27.1)	N/A	0
Have you had training in caring for VIPs?	38 (23.6)	123 (76.4)	N/A	0	79 (56.4)	61 (43.6)	N/A	0
Do you orient your VIPs to their room, surroundings, food placement on their tray, and locations of other items?	90 (55.9)	5 (3.1)	66 (41)	0	84 (60)	1 (0.7)	55 (39.3)	0
Are you aware of a VIP's needs when walking into her/his room to answer a call light, clean the room, bring a food tray, obtain a lab specimen, move the patient to another department, etc.?	75 (46.9)	18 (11.2)	67 (41.9)	1	81 (59.1)	7 (5.1)	49 (35.8)	3
Is your communication primarily verbal with a VIP or visitor?	106 (65.8)	4 (2.5)	51 (31.7)	0	90 (65.2)	5 (3.6)	43 (31.2)	2
Have you used special equipment when communicating with VIPs, such as typing on a braille device? If so, what?	15 (9.3)	70 (43.5)	76 (42.2)	0	17 (12.2)	48 (34.5)	74 (53.2)	1
Have you encountered obstacles in caring for VIPs and visitors? If so, what are they?	36 (22.8)	55 (34.8)	67 (42.4)	3	20 (14.6)	61 (44.5)	56 (40.9)	3
Do you give paper instructions to a sighted family member when the patient cannot read them?	64 (40.3)	8 (5)	87 (54.7)	2	48 (34.8)	7 (5.1)	83 (60.1)	2
Do you feel that your blind or visually impaired patient received adequate teaching while in the hospital?	61 (38.1)	23 (14.4)	76 (47.5)	1	70 (51.1)	9 (6.6)	58 (42.3)	3
If you have taken care of a VIP, did she/he read braille?	28 (17.5)	31 (19.4)	101 (63.1)	1	28 (20)	35 (25)	77 (55)	0

Note: Not all respondents answered each question; percentages given are based on the number who did answer. Percentages may not sum to 100% because of rounding.

(Carlson et al., 2020, p. 53).