Implementation of Special Accommodations for Patients with Hearing Loss in Health Care Settings

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The foundation of this presentation is based on a process PeaceHealth implemented to consistently identify and provide interpreters/auxiliary aids to patients/support person(s) with hearing loss to:

• improve patient satisfaction;
• promote compliance with federal regulations;
• and enrich patient safety.
Objectives of Presentation

• Become familiar with regulations pertaining to the provision of services to patients/support person(s) with hearing loss accessing health care organizations;

• Identify essential steps patients can take to work with health care organizations to develop a process to promote regulatory compliance, patient safety, and customer satisfaction;

• Demonstrate the value in health care organizations collaborating with patients and advisory groups to initiate patient centered approaches to serving individuals with hearing loss.
Regulations & Policies
The Center for Medicaid & Medicare Services (CMS) requires health care organizations to provide each patient and their support person(s):

• Their rights in a language they can understand;
• a means to utilize alternative methods to communicate effectively;
• the services of a qualified health care interpreter in the development and implementation of treatment/care plan/discharge plan;
• a registered nurse to supervise and evaluate the nursing care by arranging interpreter services/auxiliary aids and documenting the use in the patient’s record.
The Office of Civil Rights (OCR) requires health care organizations to provide each patient and their support person(s):

- The offering of interpreter services and auxiliary aids free of charge;
- Effective communication at “critical points” during the patient’s health care experience;
- A qualified health care interpreter without asking, suggesting, or encouraging a patient’s family member to interpret;
- The option for the patient to decline the offer of an interpreter and utilize their family or friends. However, caregivers can request a professional interpreter to ensure accurate communication if their support person’s competency is questioned;
- Competent caregivers to interpret for a patient;
- Effective communication to the patient’s support person.
Americans with Disabilities Act (ADA) of 1990 requires health care organizations to provide each patient and their support person(s):

- Auxiliary aids such as computer-aided transcription services, written materials, amplified hearing devices, communication boards, teletypewriter (TTY or TTD), braille materials, readers, or other modified equipment;
- when sign language is the preferred method of communication, a qualified sign language interpreter must be provided to effectively communicate the patient’s medical diagnosis or treatment options;
- effective communication to the patient’s support person.
Policies
Office of Civil Rights Policies available on their website

• **Section 504 Grievance Procedure**
Outlines procedure for filing and response to grievances involving alleged discrimination acts in health care organization as prohibited under the Section 504 of Rehabilitation Act of 1973.

• **Nondiscrimination Policy**
For posting in a facility asserting it does not discriminate against any person on the basis of race, color, national origin, disability, or age in admission, treatment or participation in its programs services and activities in employment,

• **Auxiliary Aids and Services for persons with Disabilities**
Example of a policy and procedure for providing Auxiliary Aids for Persons with Disabilities

www.hhs.gov/ocr/civilrights/resources/specialtopics/hospitalcommunication/ecdisability.html
**Special accommodations (auxiliary aides) for patients/support person(s) with hearing loss/*description**

<table>
<thead>
<tr>
<th>Accommodation</th>
<th>Description</th>
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<tbody>
<tr>
<td>Amplified Hearing Device</td>
<td>Small stereo headset that can be worn to amplify sound. It has volume control. For best use, caregivers should speak directly into the microphone when speaking to a patient/support person.</td>
</tr>
<tr>
<td>Neck Loop</td>
<td>For patients/support person who wear hearing aids or cochlear implants with telecoils. This auxiliary aid must be plugged into the amplified hearing device.</td>
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<tr>
<td>Hospital/Clinic Communication Kits</td>
<td>The kit can be comprised of:</td>
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<tr>
<td></td>
<td>• A picture of a LAMP (Look At Me Please) sign to place outside the patient’s door in the clinic or hospital to notify caregivers the patient/support person is hearing impaired or a sign with the international Hearing Impairment symbol noting, “I am hard of hearing, please: Get my attention, Face me, and speak slower”.</td>
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<tr>
<td></td>
<td>• “Please Face Me” Button or badge.</td>
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<tr>
<td></td>
<td>• Hearing loss ID Cards</td>
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<tr>
<td></td>
<td><a href="http://www.hearinglosshelp.com/articles/hospitalkits.htm">http://www.hearinglosshelp.com/articles/hospitalkits.htm</a></td>
</tr>
<tr>
<td>Amplified/Braille Telephone</td>
<td>Telephone with large Braille buttons. An electronic voice announces each number as it is dialed. The ringer and sound are amplified.</td>
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<tr>
<td>Real-Time Captioning</td>
<td>Computer assisted real-time translation. A trained stenographer uses a stenotype machine with a phonetic keyboard and special software to translate a conversation in real-time on a computer screen.</td>
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<tr>
<td>Communication Board</td>
<td>Board displaying photographs, symbols, the alphabet, words/phrases and/or numbers. The communication board can be used for patients who can’t speak or hear.</td>
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<tr>
<td>TTY or TTD Phones</td>
<td>Telephone supporting text to be sent over the phone line with the help of a relay representative who can verbally speak to phones not set up to receive text.</td>
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<tr>
<td>Sign Language Interpreters</td>
<td>Qualified medical sign language interpreter provided “free of charge” by the health care organization.</td>
</tr>
<tr>
<td>Video Relay Interpreting</td>
<td>Qualified medical sign language interpreters provided via remote video interpreter</td>
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PeaceHealth
Interpreter Services & Special Accommodations (ISSA) Process
ISSA GOALS

• Objectively identify patients/support person(s) with hearing loss and document the acceptance or refusal of special accommodations offered “free of charge”;

• provide meaningful communication for patients/support person(s) with hearing loss throughout the continuum of care;

• ensure compliance with the OCR, ADA, and CMS regulations;
Objectively Identifying and offering appropriate services “free of charge” starts with asking the following questions at the onset of services:

• Do you and one of your support persons speak another language at home other than English?
  
  *If “Yes”, how well do you speak English? If the answer is “less than very well” the patient is deemed **LEP (Limited English Proficient)** and should be offered an interpreter “free of charge”.

• Do you and/or your support person have hearing loss or use sign language?
  
  *If “Yes”, offer an auxiliary aid or a sign language interpreter “free of charge”.

• Do you and/or your support person have a visual impairment?
  
  *If “Yes”, offer an auxiliary aid “free of charge”.


Endorsement for the Form Questions

- Objective assessment supported by OCR, The Joint Commission; CMS;
- promotes collaboration with the patient/support person(s) & caregivers at the onset of the visit;
- caregivers “offer” and inform patients/support person(s) of available accommodations;
- allows for documentation of the acceptance or refusal of accommodations;
- opportunity to provide accommodations to a patient/support person(s) for the first time.
Meaningful communication throughout the continuum of care can be achieved when:

• Information is easily retrieved in the patient’s record;
• a special accommodations brochure is available to each LEP patient/support person(s), individuals with hearing loss, and visually impaired patient/support person(s);
• auxiliary aids are stored in an easily accessible location and caregivers know how to use them;
• the interpreter services telephone number is programed into the hospital/clinic system (use as few numbers as possible);
• a waiver is required for patients who prefer to use their family member/friend to interpret for them and decline the offer of health care interpreter “free of charge.”
Modifications to the Electronic Medical Record (EMR) promote compliance when:

- Alerts are developed to notify all caregivers of the patient’s special accommodation needs;
- expert rules force documentation and remind caregivers to provide services at critical points in the patient’s care;
- caregivers can access information related to accommodations provided during previous visits and ask if their needs have changed rather than having to complete the entire form.
Engaging Health Care Organizations to Meet the Needs of Persons with Hearing Loss

Offer to help with developing a patient centered process through patient advisory boards & patient safety councils
Describe the rewards which can include:

- Protecting patients from adverse events;
- improving customer satisfaction;
- supporting the patient throughout the continuum of care;
- providing for a meaningful and informed consent process;
- the opportunity to offer services a patient and/or support person(s) may not have previously experienced.
Communicate the Vision

Share testimonials of how caregivers make a difference such as this video to promote opportunities of improvement for safe and effective care:

http://www.youtube.com/watch
Work with the health care organization to identify solutions to the following issues:

• Communicating to **ALL** caregivers the expectation of providing interpreter services/auxiliary aids;
• funding to secure interpreter services and auxiliary aids;
• maintaining the vision long term.
Offer to Participate In Education

• The process is rather simple; engraining the principles behind providing special accommodations at ALL critical points in care requires SIGNIFICANT effort;

• Atul Gawande (2007) “Success requires making a hundred small steps go right—one after the other, no slipups, no goofs, everyone pitches In” (p.21);

• done by acknowledging best practice and excellent performance.
Provide the Organization an opportunity to fix the problem in the moment

Health Care Organizations embrace opportunities to improve services! They want to hear your story!
• We choose to go to the moon in this decade and do the other things, not because they are easy, but because they are hard, because that goal will serve to organize and measure the best of our energies and skills, because that challenge is one that we are willing to accept, one we are unwilling to postpone, and one which we intend to win... JFK
Questions??
Bibliography

http://www.hhs.gov/ocr/civilrights/resources/specialtopics/lep/policyguidancedocument.html

http://www.ada.gov/t3hilght.htm

Sec.36.303 Auxiliary aids and services, (http://www.ada.gov/reg3a.html)

http://www.nad.org/issues/health-care/providers/questions-and-answers

www.hhs.gov/ocr/civilrights/resources/specialtopics/hospitalcommunication/ecdisability.html

http://www.ahrq.gov/populations/lepguide/lepguide2.html

