

Equitable Health Care: Setting the Record Straight

BY MEGAN MORRIS

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According to Section 504 of the Americans with Disabilities Act, health care organizations, hospitals and clinics must provide patients who have communication disabilities, including hearing loss, with reasonable accommodations to ensure effective communication. Furthermore, they are required to ensure effective communication by providing auxiliary aids and services. This can include ensuring that the doctor speaks clearly and at an unhurried pace, as well as providing aids like voice amplifiers. In order to offer these accommodations to the right patients, health care teams must be able to identify the patients who have hearing loss.

Documentation Improves Communication

Unfortunately, while some might assume that health care providers could get this information from patients' medical records, often they cannot. Providers frequently do not have time to comprehensively review a patient's medical records to check if a patient has a documented hearing loss, and a patient's hearing loss is not always documented. One study of patients with substantial hearing loss found that two out of three of patients' medical records made no mention of hearing loss.

A small but growing number of health care organizations have begun routinely asking patients about their disability status and accommodation needs, and then recording the information in a visible location or alert in their medical record. This enables any health care provider who interacts with the patient to know if accommodations are necessary, as well as the right ones to use. Health care organizations may collect the information during new patient registration, appointment scheduling, check-in or while reviewing the medical history with a patient. Additionally, some health care organizations have now

integrated disability status questions into their patient portals, so patients can complete them on their own.

Clear Communication Improves Care Delivery

Besides identifying the patients who need accommodations, health care organizations can use a patient's identified disability status to track the quality of care they deliver to their patients with hearing loss. This is crucial, as multiple studies have demonstrated that patients with hearing loss often receive lower quality of care compared with patients who do not have hearing loss. For example, one study found that patients with a communication-related disability were three times more likely to experience a medical error in the hospital that resulted in an adverse outcome for the patient. Knowing who has a hearing loss is critical to the identification of causes of these medical errors, as well as to developing and implementing interventions to prevent future errors.

Efforts are afoot to encourage health care organizations to systematically collect and record patients' disability status and needs. These efforts include the Disability Equity Collaborative national workgroup's focus on developing standards for electronic health records, in which a patient's disability is recorded and communication needs are shared with the entire health care team. Additionally, patients can advocate for their own communication needs in every health care interaction.

Discuss, Disclose and Document

Health care clinicians and staff are required to ask patients a long list of demographic and medical history questions. But if they do ask about disability status, they will likely ask only one question about hearing loss: "Are you deaf or do you have serious difficulty hearing, even when wearing hearing aids?" Patients with hearing loss should use this question as an opportunity to share additional information about their hearing loss and accommodation needs. This is the first way patients can advocate for themselves.

Next, since multiple terms exist for hearing loss, even health care professionals do not always know which term to use. If they use a term with which the patient does not agree, the patient can share his or her preferred

term, using this interaction as an opportunity to raise the health care team's awareness of the unique needs and preferences of people with different types of hearing loss.

Finally, patients' disclosure of both hearing loss and needed accommodations helps dispel incorrect assumptions about hearing loss that may exist in medical settings. For example, in a current study we are conducting with medical students, we have found that many do not ask patients about communication difficulties for fear of offending the patient. This reticence highlights the need for honest disclosure on the part of the patient. Thus, patients can take the lead by insisting that their needs are properly documented—ideally in multiple places in the EHR (electronic health records)—because this increases the chance that other health care professionals will also be able to communicate effectively with the patient.

There is still a long road to travel as we work toward ensuring equitable communication access for people with hearing loss in health care settings. Insisting that health care organizations seize every opportunity to document patients' hearing loss and note any accommodations needed in electronic health records is just the first step. **HL**



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with disabilities. Dr. Morris is founder and director of the Disability Equity Collaborative. Learn more at disabilityequitycollaborative.org.

Engaging Patients Helps Elevate Their Experience

BY SILVINA DE LA IGLESIA



After months of managing symptoms on her own and exchanging messages with her doctor on the patient portal, Leslie was determined to keep her in-person appointment at the hospital, despite the COVID-19 pandemic. Strict entrance restrictions due to COVID-19, interacting with security personnel to explain the purpose of her visit and answering questions related to COVID-19 symptoms could potentially add considerable frustration and stress to her visit. She knew that medical staff would be wearing masks that covered their mouths, and she would be unable to rely on lip-reading or facial expressions to understand them. She anticipated encountering these obstacles repeatedly with receptionists, nurses, doctors and many others.

At Mount Sinai Health System, we strive to improve the patient experience every step of the way, focusing on their unique communication needs and working together to find solutions that foster effective communication. Leslie reached out to us to let us know about her communication barriers, and we entered a record of her needs in the Permanent Comments section of her EHR, as there is not a specific place to note her communication needs in the EHR at this time.

In collaboration with our Patient Safety, Infection Prevention, Health Education and Patient Experience staff, we created a COVID-19 screening tool with visual elements. It was written in plain language, so patients can easily point to their symptoms. We also confirmed with Infection Prevention staff that clear masks were suitable for specific patient encounters and made sure staff and doctors wore them while interacting with Leslie. Simple steps that anticipate the needs of our patients with hearing loss can make a significant difference in elevating their experience with our health care system.

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News and Notes

HCAA's program for Communication Access in Health Care is currently focused on the following projects:

- Launch of Communication Access in Health Care registration page with outreach and dissemination to a diverse community of health care stakeholders. Current subscribers to *Hearing Life* are invited to share the registration link with health care providers, medical staff and researchers. <https://communication-access-health-care.gr8.com/>.
- Providing consumer representation where necessary with:
 1. INTERACT Research Trial Advisory Board
 2. EHR work groups on documentation and standards with members of the Disability Equity Collaborative
- Conducting educational presentations and discussion groups for HCAA Chapters on access, patient self-advocacy, chapter advocacy projects and history of the HCAA Chicago North Shore Chapter Hospital Safety Program.
- Direct advocacy work with select hospitals and hospital systems
- Planning for the Oct. 11, 2021, HCAA National Hospital Safety Webinar