I. PURPOSE:
This policy sets forth a plan that accommodates individuals with the special needs defined in Section 504 of the Rehabilitation Act of 1973 and the Americans with Disabilities Act (ADA) of 1990 which prohibits discrimination on the basis of disability in the delivery of healthcare services and in employment. The regulation implementing these Acts requires that sensory impaired individuals, including the blind and the hearing impaired, be provided with auxiliary aids at no cost to allow them an equal opportunity to participate in and benefit from healthcare services. The decision of the method to be used for communication requires the input of the patient and their choice must be given weight. Failure to properly assess and subsequently provide these services is punishable by fine to the provider.

The Facility is committed to full compliance with federal and state laws barring discrimination on the basis of disability. The Facility recognizes its legal obligations to ensure effective communication with persons who are deaf, hard of hearing or visually impaired. The Facility is committed to pro-actively assessing communication needs as well as providing the highest quality of services to all who use them. Sign language interpreters and/or other auxiliary aids and services are necessary to provide equal access to hospital services for deaf and hard of hearing individuals as well as those individuals that are visually impaired.

II. DEFINITIONS:
A. The term “admitting station” refers to each point of initial entry into the Facility.
B. The term “patient” refers to all persons who have received, sought or intend to seek medical services (including medical educational services) or medical care from the Facility.
C. The term “Facility personnel” includes all of the employees, independent contractors and volunteers involved in the delivery of health care services at the Facility including, without limitation, nurses (both those on staff and in the pool of floaters), physicians, social workers, technicians, admitting personnel, therapists and security staff.
D. The term “auxiliary aids and services” are those auxiliary aids and services that are necessary to ensure (i) effective communication between deaf persons or visually impaired persons and Facility personnel, and (ii) that persons who are deaf, hard of hearing or visually impaired have the opportunity to participate in and benefit from the Facility’s goods, services, facilities, advantages and accommodations that is equal to the opportunities available to hearing or seeing persons. Auxiliary aids may include sign-language interpreters, flash cards, communication boards, telephone amplifiers, telecommunication devices for the deaf (TDDs), assistive listening systems and devices (ALDs), qualified note-takers, Braille, tape recorded materials, large print materials, and reading to the patient and/or decisionmaker. Lip reading, note writing, and use of gestures may also aid communication but are not a replacement for interpreters or the other auxiliary aids described above.
E. The term “telecommunication device for the deaf” (TDD) – also known as TTY – is a device designed to provide visual communication over the telephone lines consisting of a standard computer keyboard and screen as well as an acoustic coupler.

F. The term “assistive listening device” (ALD) is used in conjunction with an amplification system designed to help people hear better in a variety of difficult listening situations. The basic function of an ALD is to improve the “signal to noise ratio” for the listener. ALDs can be used to improve enjoyment of televisions, general use amplification systems, and conversations. ALDs typically employ infrared or FM technology.

G. The term “qualified sign language interpreter” or “interpreter” means an interpreter who has the knowledge and demonstrated understanding of the code of ethics as written by the Registry of Interpreters for the Deaf, Inc. and who is able to interpret competently, accurately, and impartially both receptively and expressively, using any specialized terminology necessary for effective communication in a medical setting. Someone who has only a rudimentary familiarity of sign language or finger spelling is not a “qualified interpreter” under this Policy or the ADA. Likewise, someone who is fluent in sign language but who does not possess the ability to process spoken communication into the proper signs or to observe someone else signing and change his or her signed or finger-spelled communication into spoken words is not a qualified sign language interpreter.

III. POLICY:
Facility personnel will provide qualified sign-language interpreters and/or other auxiliary aids to sensory-impaired persons where necessary to afford such persons an equal opportunity to benefit from the services provided.

To achieve that goal, Facility personnel will inform sensory-impaired patients and the sensory-impaired relatives of patients of the availability, at no cost to them, of interpreters, TDD, captioning, Braille materials, qualified readers and/or other auxiliary aids, and will provide each service promptly upon request.

IV. PROCEDURE:
1. ADA COORDINATOR IS THE DIRECTOR OF HOUSE SUPERVISION:
The ADA Coordinator will direct staff to availability and storage of auxiliary aids and how to operate them, and will be responsible for ensuring their maintenance, repair, replacement, and distribution. Signage will be posted at initial points of entry with telephone number of house supervision. The ADA Coordinator will be responsible for providing oversight to the training of Facility personnel. The house supervisors will contact the contracted sign language interpreting agency as appropriate. In addition, the ADA Coordinator shall ensure that all Facility personnel are trained on the auxiliary aids and services described in this
Policy. The ADA Coordinator shall be responsible for maintenance of the log described in Section V.A.2.e below.

2. **PROCEDURE FOR HEARING IMPAIRED OR DEAF PATIENTS OR VISUALLY IMPAIRED PATIENTS:**
   a. **Initial Intake of Patients:**
      (1) **Proactive Assessment:**
      The Facility will begin assessing the individual needs of a patient either at the time an appointment or admission is scheduled, upon arrival at its Facility emergency department, upon admission, or upon receipt of notification that a hearing impaired, deaf person or visually impaired patient is being transported to the Facility.
      A. **Hearing Impaired/deaf person**
      As part of this initial assessment, the Facility will determine whether the patient is a person who is deaf. When such a determination is made, and as soon as the patient’s condition reasonably allows, the nurse, physician or other Facility personnel overseeing the provision of care will present the person who is deaf with a copy of “Services for Deaf and Hard of Hearing Persons” in the form of Attachment A to this Policy (hereinafter, “the Notice”). If the deaf individual is a minor or is unable to provide consent for medical treatment, the presentation will be made to an appropriate person, if any. Admitting station will contact the house supervisor to help the deaf person complete the Notice when necessary. After the above-referenced Notice is returned to the admitting station, Facility personnel shall consult with the person who is deaf to ensure the deaf person’s preferred method(s) of communication, as well as the equipment preferred, to ensure effective communication issues are properly expressed on the Notice. Facility personnel will then promptly inform the supervisor of any equipment needs requested by or on behalf of the deaf person. In order to alert Facility personnel to a deaf person’s communication and equipment needs, the completed Notice, or all information contained in the completed Notice, will then be included with the deaf person’s medical chart for the remainder of his or her stay at the Facility, and the chart itself will be conspicuously labeled (such as with a sticker, a tab, or the Notice itself used as a cover) to alert Facility personnel to the fact that the patient is a deaf person. The Facility will retain the Notice, and any Refusal signed, in the patient’s record.

      (2) **Posting of Signs:**
The Facility will post and maintain signs of conspicuous size and print at all Facility admitting stations and at all general public entrances stating:
To ensure effective communication with Patients and their companions who are deaf or hard of hearing, this hospital provides sign language interpreting services, telecommunication devices (TDDs), and other aids and services to persons who are deaf or hard of hearing. These services are provided by the hospital free of charge.

B. Visually impaired:
As part of this initial assessment, the Facility will determine whether the patient is a person visually impaired. When such a determination is made, and as soon as the patient’s condition reasonably allows, the nurse, physician or other Facility personnel overseeing the provision of care will notify appropriate members of the healthcare team.

b. Interpreting Services:
(1) Prompt Call for Interpreters/appropriate auxiliary aids and services for Visually Impaired
Immediately upon completing the assessment and Notice requirements and determining that a person scheduled to be a patient is a person who is deaf, Facility personnel involved with the patient will promptly schedule or otherwise promptly call for an interpreter to be provided.
The Facility will provide a qualified sign language interpreter and/or other appropriate auxiliary aids and services in all circumstances where necessary for effective communication as required by the ADA, including, but not limited to the following circumstances:
(a) determination of a patient’s medical history or description of ailment or injury;
(b) provision of patient rights, informed consent or permission for treatment;
(c) explanation of living wills or powers of attorney (or its availability);
(d) diagnosis or prognosis of an ailment or injury;
(e) explanation of procedures, tests, treatment, treatment options or surgery;
(f) explanation of medications prescribed including dosage as well as how and when the medication is to be taken and any possible side effects;
(g) explanation regarding follow-up treatment, therapy, test results or recovery;
(h) discharge instructions;
(i) provision of psychiatric evaluation, group and individual therapy, counseling and other therapeutic activities, including grief counseling and crisis intervention;
(j) explanation of any billing or insurance issues that may arise;
(k) classes concerning birthing, nutrition, CPR, weight management, etc.;
(l) informational presentations for patients or the public; and
(m) blood and organ donation or apheresis.

The health care professional in charge of coordinating the care for a patient who is deaf/visually impaired shall continue to assess in consultation with the patient (and, where appropriate, the patient’s family members or close friends) the need for qualified interpreters and other auxiliary aids and services throughout the deaf/visually impaired patient’s receipt of Facility services.

(2) Guaranteed Access to Qualified Interpreters:
The Facility has an agreement with a qualified sign language interpreting agency. The agreement specifies that an interpreter shall be made available as soon as possible after the request is made.

(3) Restricted Use of Other Interpreters:
Except in the limited circumstances described below, the Facility shall not request a family member, companion, case manager, advocate or friend of a person who is deaf to interpret communications between Facility personnel and that person.

If a person who is deaf rejects the Facility’s offer of a free qualified interpreter and instead requests that a family member, companion, advocate, case manager, friend or other person be used to facilitate communication, the Facility must secure a signed waiver form (Attachment A to this Policy) from the person who is deaf (or note in the patient’s chart that the patient has both refused a Facility-supplied interpreter and refused to sign the Refusal form) and such forms should be maintained in the patient’s file. The Facility should also ascertain that the family member, companion, advocate or friend is willing and able to facilitate communication.

In an emergency situation in which the patient has not refused interpreter services and where the patient’s medical condition might be compromised by waiting for an interpreter to arrive before beginning the assessment and treatment, the Facility personnel shall immediately contact a qualified interpreter, and, until the interpreter’s arrival, the Facility personnel may use flash cards, pictograph forms, written notes, charts, diagrams and its best efforts to provide the most effective communication possible until such time as the qualified interpreter arrives at the Facility, including, in appropriate circumstances the use of family members or friends who are not qualified sign language interpreters.

A deaf patient who initially executes the waiver can change his or her mind at any time simply by telling a Facility employee that they want an interpreter to be provided by the Facility.

c. Available Services for the Visually Impaired:
The Facility will provide appropriate auxiliary aids and services for visually impaired patients including qualified readers, documents in Braille, large print materials, audio tape recordings of Facility policies and procedures, and reading to the patient and/or decisionmaker. Specifically, Facility documents and policies will be made available in Braille upon request to the ADA Coordinator. Facility documents and policies may also be available in large print for use by visually impaired patients. A limited selection of Facility documents and policies will be made available on audio tape from the Facility’s ADA Coordinator upon request. Service Animals are allowed in the Facility. See Service Animals Policy. Qualified readers are available upon request. Selected documents can be read to the patient by the ADA Coordinator or its designee.

d. Additional Facility Services:

In addition to interpreting services and the other auxiliary aids and services defined previously, the Facility shall make the following services available to deaf or hard of hearing patients:

(1) Telephones

In all circumstances where the Facility makes the use of a telephone available for patients or others, the Facility shall promptly offer TDDs or telephones with amplified sound and which are hearing aid compatible, as appropriate, for persons who are deaf. Contact House supervisor or Plant Operations to obtain TTDs.

(2) Captioned Televisions

In all patient rooms containing televisions and common areas where patients and others are able to watch televisions, televisions with caption capability (or caption decoders for standard television sets) shall be provided by the Facility for persons who are deaf while they are using such rooms or common areas. The House Supervisor will contact Plant Operations to enable the close caption.

(3) Fire Alarms

While visual alarms are not specifically required in patient rooms, the Facility agrees that Facility evacuation procedures will include specific measures to ensure the safety of patients and visitors who are deaf or hard of hearing.

e. Non-Patient Deaf Persons and Facility Services

Whenever a patient, whether deaf or not, may be accompanied by a deaf family member, relative, companion, friend or any other person who is deaf and who would reasonably be expected to desire or be authorized to communicate with Facility personnel about the patient -- including those who would normally receive information concerning the status of a patient’s health, participate in any treatment decision, play a role in communicating the patient’s needs, condition, history or symptoms to Facility personnel, or help the patient act on any information, advice or instructions provided by Facility personnel, the Facility will offer at no charge to the person who is deaf (and no charge to the patient, whether the patient is deaf or hearing) those auxiliary aids and
services, including qualified sign language interpreters, that would be offered to a patient who is deaf.

The Facility shall not deny equal services, accommodations, or other opportunities to any individual because of the known hearing impairment of a patient with whom the individual is known to have a relationship or association.

\(f\). Maintenance of Log:
The Facility will maintain a log of: (i) each request for an auxiliary aid or service; (ii) the type of auxiliary aid requested by the patient or companion; (iii) the time and date the request is made; (iv) the type of auxiliary aid provided by the Facility; (v) the identity of the patient or companion in a manner that appropriately protects the confidentiality of the patient; (vi) the name of the Facility personnel who performed any communication assessment under Section V.A.2.a.; (vii) the name of the Facility personnel responsible for the determination of the auxiliary aid(s) or service(s) to be provided; (viii) the time and date the auxiliary aid(s) or service(s) was provided, or a statement that the auxiliary aid or service was not provided and the basis for such determination. The log shall be maintained by the ADA Coordinator in the House Supervisor’s office.

4. GRIEVANCE PROCEDURE:
Any patient dissatisfied with a decision made concerning auxiliary aids and services should follow the following Grievance Procedure. It is the policy of the Facility that any complaint or grievance received from a patient or their representative will be investigated and an appropriate resolution will be communicated. Further, complaints and concerns are welcome and the patient and their representative has the right to express them without fear any future care will be affected.

\(a\). Complaints and Concerns
(1) Complaints or concerns may be given to any staff member using any form of communication convenient to patients or their representatives.
(2) Complaints or concerns that can be addressed and remedied by the staff present at the time the complaint or concern is voiced will be considered resolved. Any issue resolved on the same day will remain in the complaint or concern category.
(3) Complaints and concerns received and resolved by the Facility staff will be logged in a log to be maintained by the ADA Coordinator.
(4) Physician-related complaints or concerns will be forwarded to the ADA Coordinator for investigation and handling.
(5) The ADA Coordinator, or its designee, will review the complaint or concern and will follow-up with the patient or patient representative within their first scheduled shift after a complaint or concern is expressed to ensure the issue was resolved satisfactorily.

\(b\). Grievances:
(1) Definition
A complaint or concern may rise to the level of a grievance when:

(a) The complaint or concern is received in written form during or after hospitalization.
(b) The complaint or concern is communicated in any form post-hospitalization.
(c) The patient or patient’s representative requests that their complaint be handled as a grievance or requests a written response from the Facility.

(2) The ADA Coordinator, or its designee, will respond to the grievance regarding patients currently in the Facility as follows:

(a) Interview the individual reporting the grievance as soon as possible after the grievance is received.
(b) The ADA Coordinator, or its designee, will investigate the concern and provide an appropriate response or an update to the patient within 24 hours of the interview and report and maintain the same on the Grievance Form attached.
(c) All attempts will be made to resolve the grievance while the patient is still hospitalized and should not exceed the timeframes listed below for grievances received after patient discharges.
(d) Documentation of the investigation should be recorded on the Grievance Investigation Report and attached to the Grievance Form and maintained by the ADA Coordinator.
(e) Irresolvable grievances will be presented to the ADA Coordinator and its supervisor and will follow the processes and timeframes listed below.

(3) All grievances received after patient discharge will be handled as follows:

(a) The Grievance Form will be forward to the ADA Coordinator or its designee as soon as possible.
(b) The ADA Coordinator or its designee will communicate directly with the patient or their representative within 24 hours of receipt of the grievance to either resolve the grievance or to notify the patient or patient representative that further investigation will be necessary and offer an anticipated closure date. If direct communication with the patient or patient representative is not possible, a letter will be mailed.
(c) All closed grievances will be documented on the Grievance Form and maintained by the ADA Coordinator within 48 hours of closure.
(d) Investigations are to be completed within 7 days of receipt of the grievance.
(e) Once the Grievance Form has been completed and submitted to the ADA Coordinator, final notification of the disposition of any grievance will be generated and may include a meeting, phone call or letter to the patient or patient representative.
(f) The ADA Coordinator will bring together the appropriate individuals, including, at a minimum, the ADA Coordinator and its supervisor, to reach a decision on unresolved grievances and document the issue by using the Grievance Form.
After an investigation, a written notice of the Facility’s decision will be mailed to
the patient or patient representative within 30 days of receipt of the grievance.
The response should include the following information:

(i) Name of Facility;
(ii) Name of Contact Person;
(iii) Grievance Filed;
(iv) Steps Taken to Investigate Grievance;
(v) Results of the Process; and
(vi) Date of Completion.

The ADA Coordinator shall share information regarding any complaints,
concerns or grievances raised under this Policy with the Facility’s Grievance
Policy.

5. PROHIBITION OF SURCHARGES:
All actions, auxiliary aids and services required by this Policy will be provided free of
charge to persons who are deaf or visually impaired and to those individuals with whom
they are associated.

B. Enforcement:
All employees whose responsibilities are affected by this policy are expected to be familiar
with the basic procedures and responsibilities created by this policy. Failure to comply with
this policy will be subject to appropriate disciplinary action pursuant to all applicable
policies and procedures, up to and including termination. Such disciplinary action may also
include modification of compensation, including any merit or discretionary compensation
awards.

V. REFERENCES:
A. Policies:
1. Complaints/grievance by patients family or visitors
2. Interpreter
3. Animals, ADA accommodation:
   US Department of Health and Human Services Office for Civil Rights Fact Sheet on
   Section 504 of the Rehabilitation Act of 1973

   U.S. Department of Justice Americans with Disabilities Act ADA HOME PAGE

VI. ATTACHMENT:
A. Attachment A: Services for Deaf and Hard of Hearing Persons Notice
B. Attachment B: Grievance Form
Services for Deaf and Hard of Hearing Persons

1. ASSESSMENT (to be filled out by staff in consultation with the patient or family member or other appropriate person)

Date ___________________ Time __________________ am/pm

____________________________________________________
Name of Person with Disability
(deaf, hard of hearing, or speech impairment)

____________________________________________________
Patient's Name

Nature of Disability:

_____ Deaf
_____ Hard of Hearing
_____ Other:

Relationship to Patient:

_____ Self
_____ Family member
_____ Friend
_____ Other:
II. Notice for Patient and/or their Family Member

Our staff wants to communicate effectively with you and your family members. By answering the questions below, the Hospital can better provide for you and your family's communication needs.

All of the services listed below will be provided to you free of charge (please circle your response):

<table>
<thead>
<tr>
<th>Service</th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>Do you want an American Sign Language (ASL) Interpreter to help us communicate with you?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Do you want a TTY with a Light Signaler?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Do you want an Amplified Telephone Receiver?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Do you want an Assistive Listening Device?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Do you want a Closed Caption TV?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Do you want a Cued Speech Interpreter?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Do you want Signed English or Oral Interpreter?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Is there any other way by which we may communicate better with you? Explain:
III. Waiver

I, _____________________, understand that I have a right to be provided a qualified sign language interpreter by the Hospital, free of charge, to communicate with the hospital staff.

However, I DO NOT WANT A FREE QUALIFIED SIGN LANGUAGE INTERPRETER TO BE PROVIDED TO ME BY THE HOSPITAL BECAUSE:

A. I prefer to communicate using ______________________
   ______________________________________________________
   ______________________
   or

B. I prefer to have sign language interpreter services provided by:
   Name: __________________________________________
   Address: ________________________________________
   Phone: _________________________________________
   This person is my _________________________________

I understand that I can change my mind about this election at any time by telling an employee of the Hospital that I want an interpreter to be provided by the hospital.

Signature _____________________ Date __________
GRIEVANCE FORM

Date Received: _________________________________________________________________

Name of Complainant: ___________________________________________________________

Patient Name, if different from complainant: _______________________________________

Phone (Patient): ________________________________________________________________

Phone (Complainant): ___________________________________________________________

Grievance Received By:  □ Phone  □ Letter  □ Survey  □ In Person  □ E-Mail  □ Other

Nature of Grievance: ____________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

Steps taken to investigate Grievance: ______________________________________________

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

Hospital Decision: ______________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

Completion Date: _____________________________

Original Grievance, Grievance Form, documentation and all attachments will remain on file for ten (10) years by the ADA Coordinator.

Grievance Form.doc