

DEPARTMENT: Patient Rights	POLICY DESCRIPTION: Accommodating Persons Who are Deaf or Hard-of-Hearing
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APPROVED: MEC: 02/19/15 BOT: 02/25/15	REVIEWED:
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SCOPE:
Housewide

PURPOSE:

To develop a plan that accommodates individuals with the Special needs pursuant to Section 504 of the Rehabilitation Act of 1973 and the Americans with Disabilities Act of 2008 which prohibits discrimination on the basis of disability in the delivery of healthcare services and in employment. The regulation implementing the Acts requires that persons who are deaf or hard-of hearing be provided with auxiliary aids at no cost to allow them an equal opportunity to participate in and benefit from healthcare services. The decision as to the method to be used for communication should include the input of the patient and their choice must be given weight. Failure to properly assess and subsequently provide a reasonable accommodation is punishable by fine to the provider

DEFINITIONS:

- A. Auxiliary aid. Auxiliary aids may include video remote interpreting (VRI) or face-to-face sign-language interpreters, flash cards, communication boards, telephone amplifiers, a TDD/TTY, braille, taped and large print materials, and reading to the patient/surrogate decision-maker. Lip reading, note writing, and use of finger spelling or gestures may also aid communication but are **not** a replacement for interpreters.
- B. Effective communication - Any form of communication (for example, writing or speech) that leads to demonstrate understanding and is appropriate to the severity of the situation.
- C. Interpretation - The oral or physical transmittal of a message from one language into another.
- D. Qualified Interpreter - An interpreter who is able to interpret effectively, accurately and impartially both receptively and expressively, using any necessary specialized vocabulary. No certification is needed to be a qualified interpreter and certified interpreters are not automatically qualified interpreters despite their training and certification. An interpreter's qualification is based on his/her ability to communicate effectively in a specific situation such as in a healthcare setting using complex medical terminology and processes.
- E. Translator – One who transmits/translates written material from one language to another

POLICY:

- A. FACILITY will provide qualified sign-language interpreters and other auxiliary aids to persons who are sensory-impaired when necessary to afford such persons an equal opportunity to access and/or benefit from the services provided.
- B. To achieve that goal, FACILITY employees will inform patients who are sensory-impaired and any family member or friend of the patient who is participating in treatment discussions and decision-making that is sensory-impaired of the availability, at no cost to them, of interpreters (in-person and remote), telecommunication devices for the deaf ("TTY's" or "TDD's"), captioning and/or other auxiliary aids, and to provide such services promptly upon request to effectively communicate.

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PROCEDURE:

A. 504 Coordinator

The VP of Quality is designated the 504 Coordinator and is responsible to maintain the appropriate aspects of the Americans with Disabilities Act, Sections III and IV.

B. Deaf and Hard of Hearing

1. Any patient, and any family member or friend of a patient participating in treatment discussions and decision-making, who is deaf or hard-of-hearing, shall be informed in writing of the availability at no cost to them of qualified interpreters and other auxiliary aids and services to meet his or her communications needs. Such notice shall be provided at the time of admission, appointment scheduling or arrival at the Emergency Department. **All facility personnel will use the attached "Notice of Services for Deaf and Hard-Of-Hearing Persons at Southern Hills Hospital" to inform such persons of services and to determine what services will be needed.**
2. If you recognize or have any reason to believe a patient, relative, friend or companion of a patient, or any other person using facility services is deaf or hard-of-hearing, you must offer to call a sign language interpreter for that person and you must advise the person that the sign language interpreter and/or other appropriate auxiliary aids and services will be provided at facility expense.
3. If a patient/surrogate decision-maker makes an overt request for an interpreter, Southern Hills Hospital must legally provide the service.
 - (a) The clinical coordinator or designee or departmental person in charge should make the call to the Department to request assistance.
 - (b) To the extent possible, the clinical coordinator or designee or departmental person should assess the interpretation need as indicated below in 7(a)-(m) to make every attempt to ensure that the interpreter is qualified for the situation and individual's need. The patient and/or the decision-maker must be consulted in making this determination.
 - (c) Any request to use family or friends by the hearing-impaired person following the offer by the provider to provide an interpreter will be documented in the patient record. This will be documented in the patient record.
 - (d) No payment will be made by the provider when the person volunteers his or her own resources.
 - (e) The provider may exercise discretion as to when an interpreter (as opposed to other forms of communication) is necessary since routine care may not require extensive communication.
4. For scheduled admissions and appointments, arrangements must be made in advance to ensure that an interpreter will be available when the deaf or hard-of-

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- hearing person arrives for treatment.
5. Any and all contacts with interpreting agencies must be documented in patient records.
 6. If a person uses sign language, all medical and psychiatric evaluations or discussions regarding a patient's symptoms, treatment (including individual and group psychotherapy), diagnosis, progress and prognosis must be communicated through the use of a qualified sign language interpreter.
 7. Additional situations in which an interpreter may be required include, but are not limited to, the following:
 - (a) Determining a patient's history or description of ailment or injury;
 - (b) Obtaining informed consent or permission for treatment;
 - (c) Provision of patient's rights;
 - (d) Explanation of living wills or powers of attorney (or their availability)
 - (e) Diagnosis or prognosis of ailments or injuries;
 - (f) Explanation of procedures, tests, treatment, treatment options or surgery;
 - (g) Explaining the administration and side effects of medications, including side effects and food or drug interactions;
 - (h) Discharge instructions or planning;
 - (i) Explaining and discussing advance directives;
 - (j) Explaining blood donations or apheresis;
 - (k) Explaining follow-up treatment, test results, or recovery;
 - (l) Discussing billing and insurance issues; and
 - (m) During educational presentations, such as classes concerning birthing, nutrition, CPR and weight management.

The foregoing list of circumstances is neither exhaustive nor mandatory and does not imply that there are not other circumstances when it may be necessary to provide interpreters for effective communication.

8. Family members, friends, advocates, case managers and other people who are at the facility to support the patient are not appropriate or qualified interpreters, regardless of their sign language abilities. Asking such persons to interpret denies the patient the support they need and compromises the accuracy and effectiveness of Southern Hills Hospital staff communications with the patient. **If a deaf or hard-of-hearing person nevertheless refuses Southern Hills Hospital's offer of a free qualified interpreter and prefers to use a friend or family member to interpret, then the facility shall secure a written "Waiver of Interpreter Services," (which appears on the opposite side of the "Notice of Services" form attached here) and provide a qualified interpreter as well to ensure effective communication.**
9. Family members, friends, or children who are at the hospital to support the patient while not qualified interpreters may be used for interpretation in exigent circumstances only. A qualified interpreter should be secured as soon as practicable

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in such circumstances.

10. The Southern Hills Hospital may have pictograph flash cards available, which may be used to facilitate communication in cases of an emergency and/or while awaiting an interpreter.
11. Telephone contact from or to persons who are deaf or hard-of-hearing may be made through [_____ department_____]. Telecommunication Devices for Deaf people (TDD) which allow for direct phone communication for the patient or relative of patient who is hearing impaired are located at [_____location_____]. Telecommunications can provide a TDD for a patient's room, upon request.
12. All televisions at Southern Hills Hospital are equipped with built-in decoders that facilitate closed captioning and Southern Hills Hospital staff shall assist patients in activating the captioning on televisions in patient rooms.
13. If you have any questions regarding the implementation of this policy, contact your supervisor, the VP of Quality or other designee].

C. Policy Implementation

1. [Facility to insert VENDOR USED FOR INTERPRETER SERVICES]
2. [Facility to insert VENDOR CONTACT INFORMATION for interpreter services]
3. [Facility to insert DETAILED PROCEDURE TO USE INTERPRETER SERVICES PROVIDED]

D. Complaints

1. Complaints concerning 504 accommodations will be documented on the Medical Center Complaint form and sent to the 504 Coordinator for resolution.
2. Complaints concerning the provision of Auxiliary Aids will be reviewed and acted upon by the appropriate Manager/Director or designee for resolution. A copy of the completed form must also be sent to the [504 Coordinator or other designee].
3. All complaints will be investigated to determine validity. The person making the complaint has the right to representation by another person. All interested parties and their representatives shall have an opportunity to submit relevant information to the complaint.
4. Resolution of the complaint will be accomplished as expeditiously as possible.

E. Undue Hardship

“Undue Hardship” refers to actions that create significant difficulty or expense to the Facility. In this respect, Facility reserves the right to assess patient requests for accommodations. Undue Hardship will be determined on a case-by-case basis. The following considerations will be weighed in Facility’s assessment of whether a requested accommodation creates an “Undue Hardship”:

- (a) Range of available accommodations and sufficiency of available

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- accommodations to address request at issue;
- (b) The net cost of the accommodation, including the overall financial resources compared to the size of the facility;
 - (c) Nature and extent of the accommodation;
 - (d) Type of construction required;
 - (e) Impact or accommodation upon the operation of the facility; and/or
 - (f) No adverse outcome in patient care.

DOCUMENTATION:

The contacted staff member will document in the medical record that assistance has been provided or offered.

REFERENCES:

- [Language Services Providers](#) (approved by HPG).
- Comprehensive Accreditation Manual for Hospitals, 2000.
- Rehab Act of 1973, Section 504.
- American Disabilities Act of 1990 (42 U.S.C. 12181), including changes made by the ADA Amendments Act of 2008 (P.L. 110-325).
- 28 CFR Part 36, revised as of July 1, 1994 entitled "Non Discrimination on the Basis of Disability by Public Accommodations and in Commercial Facilities".
(http://www.ada.gov/regs2010/titleIII_2010/titleIII_2010_regulations.htm)

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**NOTICE OF SERVICES FOR PERSONS WHO ARE DEAF AND HARD-OF-HEARING
AT Southern Hills Hospital**

Our staff wants to communicate effectively with you and your family members. Please circle the best answer to the questions below and return it to Southern Hills Hospital employee so that we can provide appropriate language service assistance. **All of the language services are free of charge to you.**

- | | | | |
|--|--|-----|----|
| Do you want an American Sign Language (ASL) Interpreter to help us communicate with you? |  | YES | NO |
| Do you want a TTY with a Light Signaler (if available)? |  | YES | NO |
| Do you want an Amplified Telephone Receiver (if available)? |  | YES | NO |
| Do you want an Assistive Listening Device (if available)? |  | YES | NO |
| Do you want a Closed Caption TV? |  | YES | NO |
| Do you want a Cued Speech Interpreter (if available)? | | YES | NO |
| Do you want a Computer Assisted Real Time Captioning (CAART) (if available)? | | YES | NO |
| Do you want Signed English or Oral Interpreter (if available)? | | YES | NO |

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

Signature

Date

Time a.m. /p.m.

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A copy of NOTICE OF SERVICES FOR PERSONS WHO ARE DEAF AND HARD-OF-HEARING
AT Southern Hills Hospital

Our staff wants to communicate effectively with you and your family members. Please circle the best answer to the questions below and return it to Southern Hills Hospital employee so that we can provide appropriate language service assistance. All of the language services are free of charge to you.

Do you want an American Sign Language (ASL) Interpreter to help us communicate with you?
YES NO

Do you want a TTY with a Light Signaler (if available)? YES NO
Do you want an Amplified Telephone Receiver (if available)? YES NO

Do you want an Assistive Listening Device (if available)? YES NO

Do you want a Closed Caption TV? YES NO
Do you want a Cued Speech Interpreter (if available)? YES NO

Do you want a Computer Assisted Real Time Captioning (CAART) (if available)?
YES NO

Do you want Signed English or Oral Interpreter (if available)? YES NO

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

Signature

Date

Time a.m. /p.m.

A copy of _____'s policy for effective communications with deaf and hard-of-hearing persons is available free upon request. Please initial here if you received a copy of this policy.

WAIVER OF INTERPRETER SERVICES

(Initials)

COMPLETE THIS SIDE ONLY IF YOU DO NOT WANT _____
_____ TO PROVIDE A SIGN LANGUAGE INTERPRETER

I, _____, understand that I have a right to be provided a free qualified sign language interpreter by NOTICE OF SERVICES FOR PERSONS WHO ARE DEAF AND HARD-OF-HEARING

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AT Southern Hills Hospital

Our staff wants to communicate effectively with you and your family members. Please circle the best answer to the questions below and return it to Southern Hills Hospital employee so that we can provide appropriate language service assistance. All of the language services are free of charge to you.

Do you want an American Sign Language (ASL) Interpreter to help us communicate with you?

YES NO

Do you want a TTY with a Light Signaler (if available)?

YES NO

Do you want an Amplified Telephone Receiver (if available)?

YES NO

Do you want an Assistive Listening Device (if available)?

YES NO

Do you want a Closed Caption TV?

YES NO

Do you want a Cued Speech Interpreter (if available)?

YES NO

Do you want a Computer Assisted Real Time Captioning (CAART) (if available)?

YES NO

Do you want Signed English or Oral Interpreter (if available)?

YES NO

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

_____/p.m. _____ a.m.

Signature

Date

Time

A copy of _____'s policy for effective communications with deaf and hard-of-hearing persons is available free upon request. Please initial here if you received a copy of this policy.

_____ (Initials)

WAIVER OF INTERPRETER SERVICES

COMPLETE THIS SIDE ONLY IF YOU DO NOT WANT _____
_____ TO PROVIDE A SIGN LANGUAGE INTERPRETER

I, _____, understand that I have a right to be provided a free qualified sign language interpreter by _____ to communicate with its staff and doctors effectively. However, I DO NOT WANT A FREE QUALIFIED SIGN LANGUAGE INTERPRETER to be provided to me by NOTICE OF SERVICES

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AT Southern Hills Hospital**

Our staff wants to communicate effectively with you and your family members. Please circle the best answer to the questions below and return it to Southern Hills Hospital employee so that we can provide appropriate language service assistance. All of the language services are free of charge to you.

Do you want an American Sign Language (ASL) Interpreter to help us communicate with you?

YES NO

Do you want a TTY with a Light Signaler (if available)?

YES NO

Do you want an Amplified Telephone Receiver (if available)?

YES NO

Do you want an Assistive Listening Device (if available)?

YES NO

Do you want a Closed Caption TV?

YES NO

Do you want a Cued Speech Interpreter (if available)?

YES NO

Do you want a Computer Assisted Real Time Captioning (CAART) (if available)?

YES NO

Do you want Signed English or Oral Interpreter (if available)?

YES NO

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

Signature

Date

Time a.m. /p.m.

A copy of Southern Hills Hospital's policy for effective communications with deaf and hard-of-hearing persons is available free upon request. Please initial here if you received a copy of this policy.

_____ (Initials)

WAIVER OF INTERPRETER SERVICES

COMPLETE THIS SIDE ONLY IF YOU DO NOT WANT Southern Hills Hospital TO PROVIDE A SIGN LANGUAGE INTERPRETER

I, _____, understand that I have a right to be provided a free qualified sign language interpreter by Southern Hills Hospital to communicate with its staff and doctors effectively. However, I DO NOT WANT A FREE QUALIFIED SIGN

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LANGUAGE INTERPRETER to be provided to me by Southern Hills Hospital I prefer to communicate using:

OR

I prefer to use sign language interpreter sources provided by:

Name _____

Address _____

Phone _____

I understand that at any time I can change my mind about this request by telling Southern Hills Hospital's employee that I want a qualified interpreter to be provided by Southern Hills Hospital because:

I prefer to communicate using:

OR

I prefer to use sign language interpreter sources provided by:

Name _____

Address _____

Phone _____

I understand that at any time I can change my mind about this request by telling Southern Hills Hospital's employee that I want a qualified interpreter to be provided by Southern Hills Hospital.

to communicate with its staff and doctors effectively. However, I DO NOT WANT A FREE QUALIFIED SIGN LANGUAGE INTERPRETER to be provided to me by Southern Hills Hospital

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because:

I prefer to communicate using:

OR

I prefer to use sign language interpreter sources provided by:

Name _____

Address _____

Phone _____

I understand that at any time I can change my mind about this request by telling Southern Hills Hospital's employee that I want a qualified interpreter to be provided by Southern Hills Hospital.

's policy for effective communications with deaf and hard-of-hearing persons is available free upon request. Please initial here if you received a copy of this policy.

_____ (Initials)

WAIVER OF INTERPRETER SERVICES

COMPLETE THIS SIDE ONLY IF YOU DO NOT WANT Southern Hills Hospital TO PROVIDE A SIGN LANGUAGE INTERPRETER

I, _____, understand that I have a right to be provided a free qualified sign language interpreter by Southern Hills Hospital to communicate with its staff and doctors effectively. However, **I DO NOT WANT A FREE QUALIFIED SIGN LANGUAGE INTERPRETER** to be provided to me by Southern Hills Hospital because:

I prefer to communicate using:

OR

I prefer to use sign language interpreter sources provided by:

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Name _____

Address _____

Phone _____

I understand that at any time I can change my mind about this request by telling Southern Hills Hospital's employee that I want a qualified interpreter to be provided by Southern Hills Hospital.