I. SCOPE:

This policy applies to Paradise Valley Hospital (“Facility”).

II. 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. 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. Qualified 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.

III. 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 “companion” refers to a family member, friend, or associate of a patient, who, along with the patient, is an appropriate person with whom the Facility should communicate.

D. 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.
E. The term “auxiliary aids and services” refers to those auxiliary aids and services that are necessary to ensure (i) effective communication between persons with disabilities and Facility personnel, and (ii) that persons with disabilities are not excluded, denied services, segregated, or otherwise treated differently than other persons because of the absence of auxiliary aids and services, unless it would result in an undue burden to the Facility. Auxiliary aids may include the following; the aids available at Paradise Valley Hospital are indicated with an asterisk (*):

- qualified interpreters on-site or through video remote interpreting (VRI) services *
- notetakers *
- real-time computer-aided transcription services
- written materials; exchange of written notes *
- telephone amplifiers*
- assistive listening devices
- assistive listening systems
- telephones compatible with hearing aids
- closed caption decoders
- open and closed captioning, including real-time captioning * (on request)
- voice, text, and video-based telecommunications products and systems, including text telephones (TTYs), videophones, and captioned telephones, or equally effective telecommunications devices *
- videotext displays
- accessible electronic and information technology (wireless internet) *
- other effective methods of making aurally delivered information available to individuals who are deaf or hard of hearing
- qualified readers *
- taped texts
- audio recordings
- Brailled materials and displays
- screen reader software
- magnification software
- optical readers
- secondary auditory programs (SAP)
- large print materials
- other effective methods of making visually delivered materials available to individuals who are blind or have low vision

F. The term “qualified interpreter” means an interpreter who, via a video remote interpreting (VRI) service or an on-site appearance, is able to interpret effectively,
accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary. Qualified interpreters include, for example, sign language interpreters, oral transliterators, and cued-language transliterators. 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.

G. The term “qualified reader” means a person who is able to read effectively, accurately, and impartially using any necessary specialized vocabulary.

H. The term “video remote interpreting” (VRI) service means an interpreting service that uses video conference technology over dedicated lines or wireless technology offering high-speed, wide-bandwidth video connection that delivers high-quality video images.

I. The term “text telephone” (TTY) – also known as TDD – refers to a device that allows people with hearing or speech impairments to communicate over the telephone using some form of keyboard input and visual display output.

IV. POLICY:

Facility personnel will provide qualified sign-language interpreters and/or other appropriate auxiliary aids and services where necessary to ensure effective communication with individuals with disabilities. This includes an obligation to provide effective communication to the companions of patients who are persons with disabilities.

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

V. PROCEDURE

A. Facility Implementation

1. ADA Coordinator

The Facility will designate one or more employees or officers to serve as its ADA Coordinator(s). The ADA Coordinator will know where the appropriate auxiliary aids are stored and how to operate them, and will be responsible for ensuring their maintenance, repair, replacement, and distribution. The Facility will circulate broadly within the Facility the
name, telephone numbers, function, and office location of its ADA Coordinator. The ADA Coordinator will be responsible for providing training to Facility personnel. The ADA Coordinator will distribute this policy as well as information regarding the Facility’s sign language interpreting agency. In addition, the ADA Coordinator will ensure that all Facility personnel are trained on the auxiliary aids and services described in this Policy.

The ADA Coordinator is responsible for maintenance of the log described in Section V.A.5 below.

2. Procedure for Hearing Impaired or Deaf 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 deaf person is being transported to the Facility.

      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 the Hearing Impaired form (EDEMF3560), 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 personnel will help the deaf person complete the Notice when necessary.

      After the above-referenced Notice is returned to the admitting station, Facility personnel will 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, are properly
expressed on the Notice. Facility personnel will then promptly inform the ADA Coordinator 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, text telephones (TTYs), and other aids and services to persons who are deaf or hard of hearing. These services are provided by the hospital free of charge. Please ask your nurse or other Facility personnel for assistance.

b. Interpreting Services

(1) Prompt Call for Interpreters

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 a qualified 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 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 patient’s receipt of Facility services.

(2) Video Remote Interpreting (VRI) Services

If the Facility chooses to provide qualified interpreters via a VRI service, the Facility will ensure that it provides (i) real-time, full-motion video and audio over a dedicated high-speed, wide-bandwidth video connection or wireless connection that delivers high-quality video images that do not produce lags, choppy, blurry, or grainy images, or irregular pauses in communication; (ii) a sharply delineated image that is large enough to display the interpreter’s face, arms, hands, and fingers, and the participating individual’s face, arms, hands, and fingers, regardless of his or her body position; (iii) a clear, audible transmission of voices; and (iv) adequate training to users of the technology and other involved individuals so that they may quickly and efficiently set up and operate the VRI.

(3) Qualified ASL Interpreters

When the patient refuses the use of VRI the Facility will provide service in accordance with this policy, by contacting the Valley Center for the Deaf at 602-267-1921. An ASL interpreter will be dispatched: the center requests 24 hours advance notice whenever possible; however, will make every effort to provide service on an emergency basis. When calling the center, please be prepared with the patient’s name, location, Facility contact person, phone number and extension. This service will be provided at no cost to the patient.
(4) Restricted Use of Other Interpreters

Except in the limited circumstances described below, the Facility shall not rely on 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 (i) specifically requests that an accompanying adult interpret or facilitate communication, (ii) the accompanying adult agrees to provide such assistance, and (iii) reliance on that adult is appropriate under the circumstance, the Facility may rely on that adult to facilitate communications with the patient. The Facility must secure a signed waiver form; (EDEMF3560) 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 medical record.

In an emergency involving an imminent threat to the safety or welfare of an individual or the public where there is no interpreter available, the Facility personnel will 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.

The Facility will not rely on a minor child to interpret or facilitate communication except in the emergency scenario outlined above.

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. Additional Facility Services

In addition to interpreting services and the other auxiliary aids and services defined previously, the Facility will 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 will promptly offer TTYs or telephones with amplified sound and which are hearing aid compatible, as appropriate, for persons who are deaf.

(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 televisions sets) shall be provided by the Facility for persons who are deaf while they are using such rooms or common areas.

(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.

3. Procedure for Visually Impaired Patients

a. Initial Intake of Visually Impaired Patients

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 visually impaired person is being transported to the Facility.

Facility personnel will direct all questions and requests for services to the Facility’s ADA Coordinator. Visually impaired patients
should similarly direct all requests for services to the Facility’s ADA Coordinator.

The Facility will provide appropriate auxiliary aids and services for visually impaired patients in all circumstances where necessary for effective communication as required by the ADA, including, but not limited to the following circumstances:

1. determination of a patient’s medical history or description of ailment or injury;
2. provision of patient rights, informed consent or permission for treatment;
3. explanation of living wills or powers of attorney (or its availability);
4. diagnosis or prognosis of an ailment or injury;
5. explanation of procedures, tests, treatment, treatment options or surgery;
6. explanation of medications prescribed including dosage as well as how and when the medication is to be taken and any possible side effects;
7. explanation regarding follow-up treatment, therapy, test results or recovery;
8. discharge instructions;
9. provision of psychiatric evaluation, group and individual therapy, counseling and other therapeutic activities, including grief counseling and crisis intervention;
10. explanation of any billing or insurance issues that may arise;
11. classes concerning birthing, nutrition, CPR, weight management, etc.;
12. informational presentations for patients or the public; and
13. blood and organ donation or apheresis.
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| **Effective Date:** | 04/2015 |
| **Retires Policy Dated:** | |
| **Previous Versions Dated:** | |

The health care professional in charge of coordinating the care for a patient who is 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 auxiliary aids and services throughout the patient’s receipt of Facility services.

b. **Available Services**

Service Animals are allowed in the Facility. See Animals – Service and Pets Policy.

Qualified readers are available upon request. Selected documents can be read to the patient by the ADA Coordinator or its designee.

4. **Non-Patient Companions with Disabilities**

Whenever a patient, whether disabled or not, is accompanied by a companion who is deaf, hard of hearing, or visually impaired, 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 companion (or patient) those auxiliary aids and service, including qualified sign language interpreters, necessary for effective communication.
5. 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 or V.A.3.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 or its designee.

6. 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.
Physician-related complaints or concerns will be forwarded to the ADA Coordinator for investigation and handling.

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 (EDEMF3559).

(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 forwarded 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.

7. 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. Responsible Person

The Facility’s ADA Coordinator is responsible for ensuring that all personnel adhere to the requirements of this policy, that these procedures are implemented and followed at the Facility, and that instances of noncompliance with this policy are reported to Kathy Evans, Director of Risk Management.

C. Auditing and Monitoring

Audit Services will audit compliance with this policy. The Facility will monitor the ADA grievance procedure as outlined in the Patient Complaint and Grievance Process policy.

D. 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 performance management pursuant to all applicable policies and procedures, up to and including termination. Such performance management may also include
modification of compensation, including any merit or discretionary compensation awards, as allowed by applicable law.

VI. REFERENCES

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