

Implementing Disability Access in Health Care



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Sutter Health

- Large non-profit health system throughout Northern California
 - Large and small hospitals
 - Clinics
 - Physician networks
 - Program of All-Inclusive Care for the Elderly and Care at Home
 - Advanced Illness Management program
- Sutter Health support and learn from the more than 3 million people in their care—nearly 1 percent of the U.S. population

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Program Structure

- System Level Positions:
 - Disability Access Officer brought on in 2007 to design the program
 - Accessibility Architect
 - ADA Equipment Officer
 - Information Services Online Services Team
- Each patient care entity
 - Designated an ADA Coordinator
 - 28 Coordinators are now in place

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Sutter Resources for our Affiliates



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Elements of a Successful Program



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Depict People with Disabilities for Care Professionals



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Disability Facts

- The most frequently reported disabilities were in mobility and cognition and higher prevalence among older age groups but 93-95% of people with disabilities are not wheelchair users
- At least 1 in 5 persons is reported to have a disability
- Disability-specific disparities in health care access were common, particularly among young (18–44) and middle-aged (45–64) adults [Reported by the CDC]

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Care Disparities

- Living with a disability presents barriers to accessing health care and navigating the health care system ([World Health Organization, 2016](#))
- People with disabilities were more than twice as likely to not receive medical care because of cost in 2009 ([CDC, 2010b](#))
- People with disabilities are significantly less likely to receive preventive care ([Krahn et al., 2015](#))

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Use the Experts!

- Due to barriers, individuals with disabilities are less likely to get routine preventative medical care than people without disabilities. Accessibility is not only required, it is important medically so that minor problems can be detected and treated before turning into major and possibly life-threatening problems.

**--U.S. Department of Justice & U.S. Department
of Health and Human Services**

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Help Care Providers Understand Culturally Competent Care

- Cultural competence is the ability to provide effective care to cultural groups
- This ability rests on
 - Attitudes
 - Skills
 - Policies
 - Practices

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Train about Attitudinal Barriers

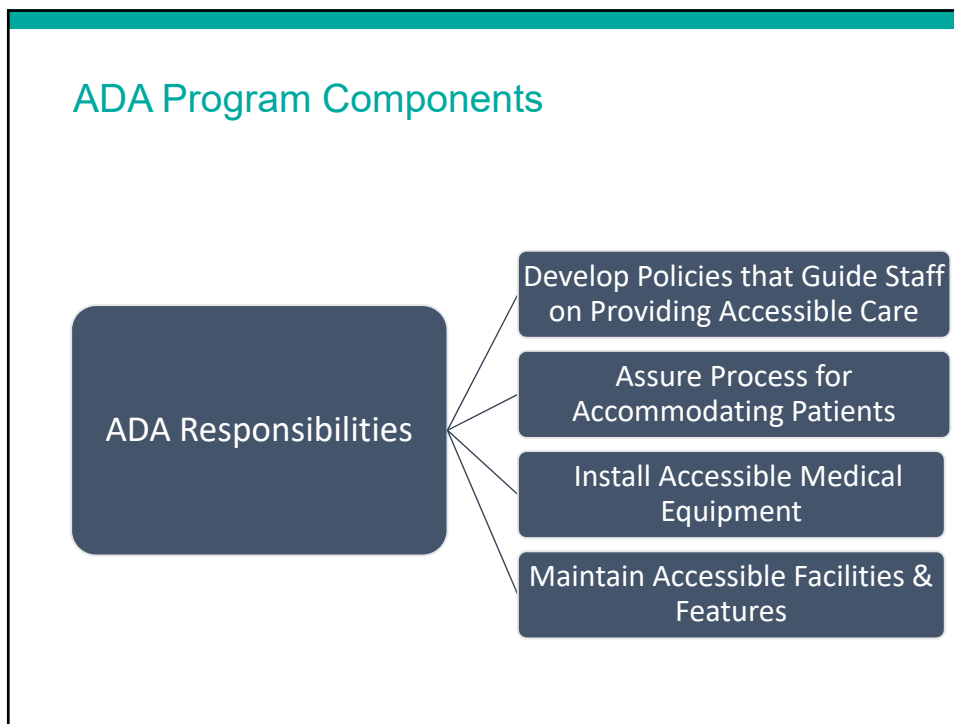
- **Stereotyping**
 - Assuming poor quality of life or
 - Persons with disabilities are unhealthy
- **Stigma, prejudice, and discrimination**
 - Beliefs that a person with a disability cannot care for themselves
 - Disability is a personal tragedy
 - Cannot make decisions, or
 - Participate in society

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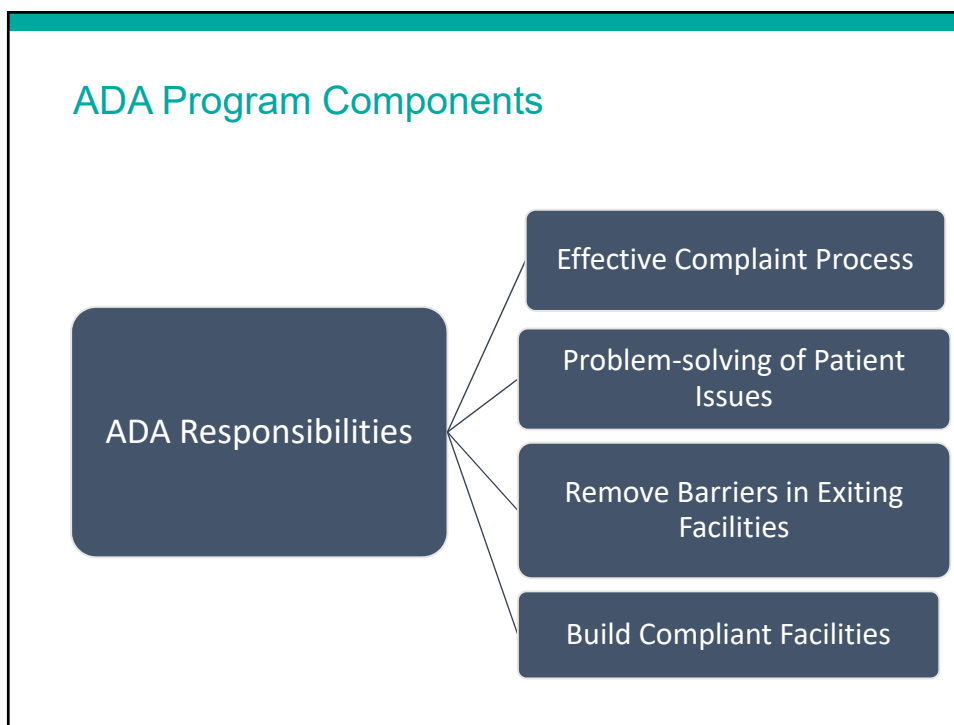
Train about Attitudinal Barriers

- The views and beliefs care providers can get in the way of care
- Use positive, independent pictures of people with disabilities
- **Must work toward the same clinical outcomes**
 - E.g. providers must not examine a patient in a wheelchair because of difficulty in transferring a patient to the examination equipment
 - Unless examination does not rely on position of the patient to achieve the outcome—for example blood draw

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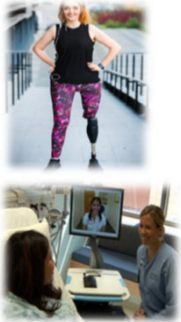


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The law requires us to provide the same care to our patients

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Our policies guide us on how to do this



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Policies Must Incorporate Practices & Procedures for Accessible Care Practices

| | | |
|---|----------------------------|--|
| Responsibility For Accessible Facilities and Services | Communication Assistance | Accessible Inpatient/Outpatient Medical Facilities and Equipment |
| Medical Imaging And Diagnostic/Therapeutic Procedures | Adaptations in Mammography | Mobilizing Lifting and Transferring: Inpatient/Outpatient Services |
| Weight Measurement | Service Animals | Guidance for Maintaining an Accessible Environment |

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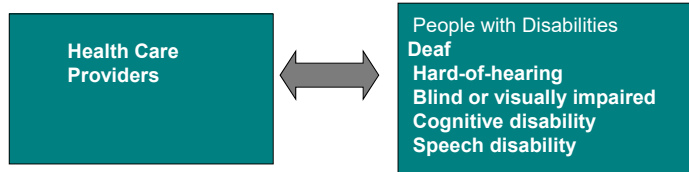
Specific Policy Elements



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Effective Communication Policy

- Communication assistance is necessary through auxiliary aids & services or other accommodations



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Effective Communication Policy

- Communication policy may be needed for:
 - Difficulty understanding spoken or written language
 - Difficulty producing speech or verbal or written language
 - Difficulty hearing (hard of hearing or D/deaf)
 - Difficulty with vision or blindness affecting written communication

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Effective Communication Policy

- Communication must be **EFFECTIVE** for the person considering the complexity of the communication
- Consult about what will be most effective for the person and the situation
- Communication accommodation must be available at the time needed

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Effective Communication Policy

- Include practical considerations and contact information
- Policy guidance on how to engage vendors or contacts for all auxiliary aids and services necessary to assure participation
- Spell out how to evaluate simple vs. complex communication

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Effective Communication Policy

- The auxiliary aid or service must be designed for the type of communication involved
 - Telephone: relay service or speech to speech
 - In person: video remote interpreting or onsite interpreting



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Effective Communication Policy

Effective communication with family/companions is particularly critical in health care settings for several reasons:

- Legally authorized to make health care decisions
- May need to help with information or instructions
- May be next of kin or health care surrogate with whom medical staff need to communicate
- Designated by the patient to communicate with medical staff about the patient's symptoms, needs, condition, or medical history

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Effective Communication Policy

Types of Auxiliary Aides & Services that Provide Effective Communication

- Qualified readers, taped texts, audio recordings
- Braille materials and displays
- Screen reader software
- Magnification software
- Large print materials
- Accessible electronic and information technology
- Real-time computer-aided transcription services
- Other effective methods of making visually delivered materials available to individuals who are blind or have low vision

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Effective Communication Policy

- Tools that can be made readily available in a clinic if a patient has communication limitations:
 - Alphabet or picture board
 - White board or other way for patient to draw or write
 - Pock talker
 - Pictograms

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Service Animals Policy

- Key elements:
 - How to determine whether an animal is a service animal
 - Understand the appropriate questions that can be asked
 - Know that there is no need for jacket or marking
- Current regulations specify service animals are dogs or, in some cases, miniature horses

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Service Animals Policy

- Know when a service animal can be asked to leave
- Must always allow person to return to get care
- Lay out the decision-maker and considerations when there are decisions to be made
 - For example: Conflicts with immuno-compromised conditions or other care issues

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Maintaining an Accessible Environment Policy

- Create a procedure and designate staff responsible for periodic review and maintenance of spaces so they are free of movable, “low hanging fruit,” and other non-construction barriers
- Policy should include specific requirements for how the entity will maintain the site free of barriers
- Procedure: specific process and the staff designated to maintain the spaces so movable and non-construction elements are not barriers to access for persons with disabilities

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Maintaining an Accessible Environment Policy

Movable barriers that obstruct required clearances:

- Trash cans and carts
- Linen hampers
- Clinical & procedural carts
- Hallway stored items such as IT equipment
- Chairs and end tables
- EVS cleaning equipment & supplies
- Landscape maintenance and tools
- Bicycle parking
- Group gatherings



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Policies that Adapt Care Procedures

- Patients with disabilities will require adaptation to receive the same care – which includes:
 - Weight Measurement
 - Inpatient & Outpatient Mobilizing Lifting and Transferring
 - Mammography Adaptations
 - Medical Imaging and Diagnostic/Therapeutic Procedures

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Policies that Adapt Care Procedures

- Persons with disabilities may have functional limitations that require adaptations to the imaging procedures or other accommodations for a successful image

| Examples can include, but are not limited to: | |
|---|-------------------------------------|
| Inability or limited ability to walk, balance, or stand | Difficulty lifting arms or reaching |
| Spasticity or tremors | Fatigue or chronic pain |
| Kyphotic, atypical, slumped posture or a protruding abdomen | Lack of sensation/coordination |
| Lack of flexibility | Limb abnormalities |

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Accessible Equipment & Spaces

- Provide accessible space in patient rooms, examination/treatment/procedure rooms, an accessible route to services, restrooms, etc.
- Defines accessible medical equipment and ancillary equipment needed for examination/treatment/procedure rooms & spaces
- Maintain equipment necessary to accommodate patients with disabilities – including visual notification devices, assistive listening devices, telephones with amplified headsets, TTY, etc.

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Install & Use Accessible Medical Equipment



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Accessible Medical Equipment

- DOJ expects that equipment will be used to make examinations, procedures, and treatment accessible
- Federal standards are in development & Sutter participated in the development
- There is no mandated scoping criteria so evaluate what makes sense for each practice
 - Minimum of 1 accessible piece of equipment for each practice/office/clinic
 - More if large practice or several physicians who do not share office space

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Accessible Medical Equipment

- Your system will need to examine your model of care, size and figure out what works in your system/facilities
- Sutter used knowledge of disability access plus healthcare practices to create its own standards to fulfill the needs of our patients
- Sutter is tracking the process and bringing in the requirements into our sourcing process to assure our use of the most accessible equipment
- Sutter standards must be used in all new and existing spaces

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Accessible Medical Equipment



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Problem-Solving for Patient/Family/Companion Issues

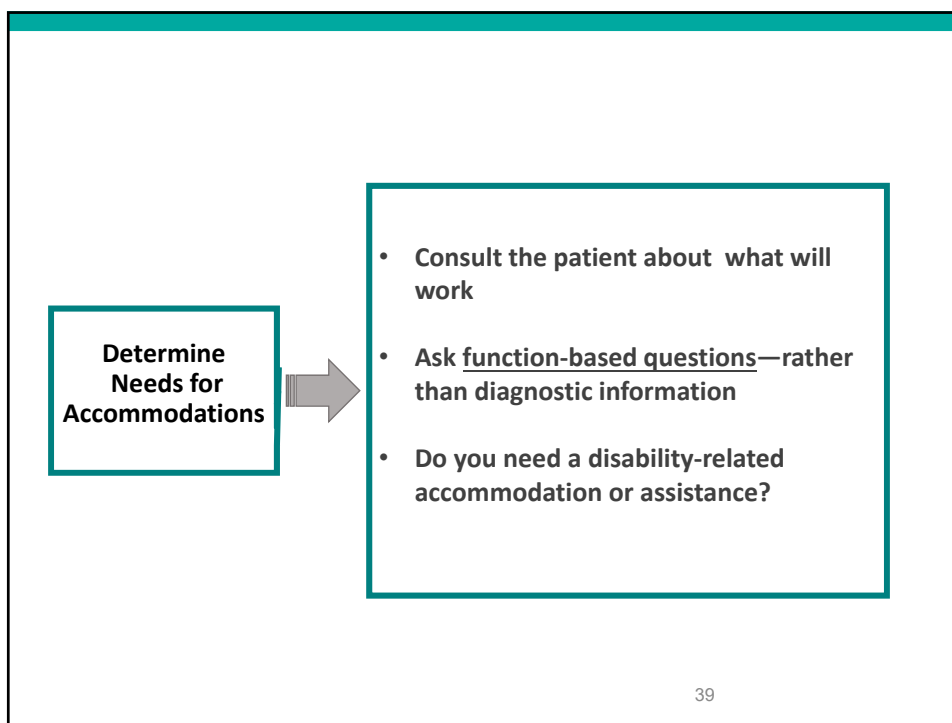
- Designate & train staff who can assist in problem-solving patient issues
- Best Practice: Need to have knowledge of disability and how people with disabilities navigate and live in the world
- This differs from a clinical understanding of diagnoses

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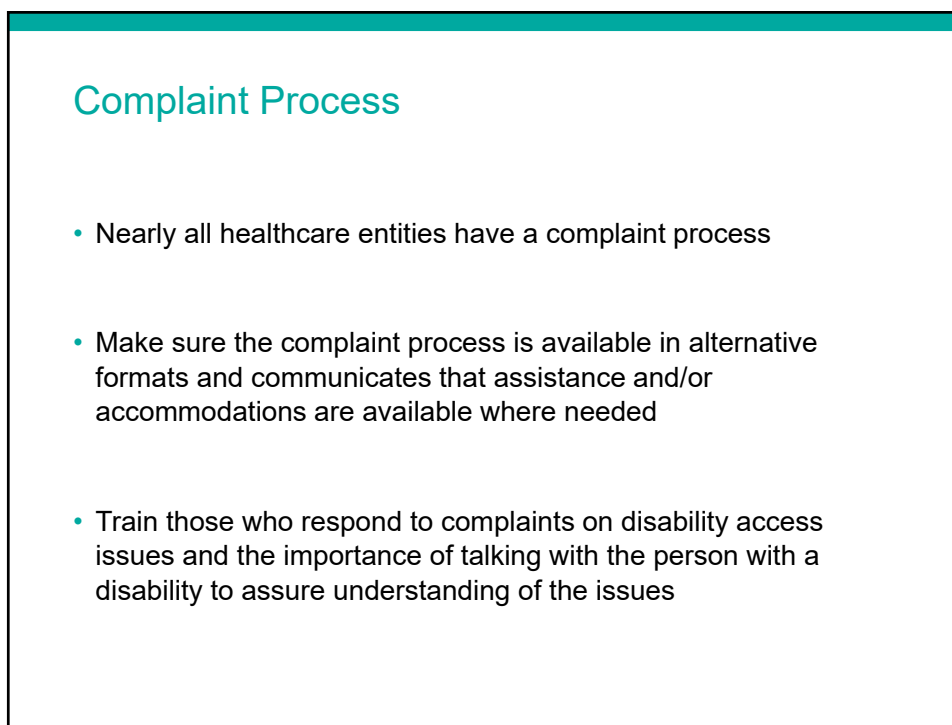
Accommodation

- Accommodations are assistance or alterations made to equipment, procedures, or systems that enable a person with a disability to participate in care, get on and position selves for care, communicate effectively and participate in care to the maximum extent possible
- An accommodation may be a modification to an existing environment or process to increase the participation by an person with a disability --CDC

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Remove Barriers in Existing Facilities

- Building codes provide accessibility to buildings but are triggered only when you remodel or construct new facilities
- Architects may not understand this obligation unless you hire someone with specific training or focus on disability access
- It is a common belief that having the plans approved by the building official assures full accessibility

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Physical Accessibility: Beyond the Survey

- Barrier removal should prioritize the biggest barriers prohibiting people with disabilities from navigating your space and benefiting from all programs and services
- An effective method is to have a survey done by a knowledgeable access expert who includes this information in the survey data
- Another method could be to use an advisory group of persons with disabilities using your service to weigh in on the issues

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Physical Accessibility

Accessibility

- Remove barriers & bring existing buildings into compliance over time
- Affirmative action required to make spaces accessible & provide accessible care
- Key is to provide accessible care even if you need to use other methods, i.e. moving the location, directional signage

Building Code

- Need to follow most recent building code when you build or alter facilities
- No affirmative obligation—triggered when you alter or construct facilities
- The only focus is to follow the code when you engage in construction

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Additional Disability Access Principles



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Discrimination

- A failure to take steps necessary to ensure that no individual with a disability is excluded, denied services, segregated or otherwise treated differently
- It is essential that a person with a disability receives medical services equal to those received by a person without a disability
- If you provide a service, benefit, education, etc. everyone should have access to it

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Basic Principle to Underlie All Activities



**If you provide
It, you must
provide it for
all**

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Eligibility Criteria Must be Relevant & Neutral

- The criteria used for the eligibility for a service must be relevant to the service offered
- May not discriminate due to disability
- Examples:
 - Requirement that you must be able to transfer yourself for entry into a psychiatric facility
 - Require a drivers license for loaning equipment

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Legitimate Safety Requirements Necessary for Safe Operation Allowed When Based on Actual Risks

- All safety requirements must be based on actual risks—not stereotypes or assumptions
- Service animal with health conditions may be barred but must be based on situation

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No Surcharge for Access!

- Clear policy guidance for staff
- Often comes up on alternate format requests or ASL interpreter costs
- Especially where the involvement is for a deaf family member and not the patient

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Modify Policies and Procedures if Required to Provide Access

- May need to modify policies and procedures to permit the use of power-driven mobility devices by individuals with mobility disabilities or miniature ponies
- Modify scheduling practices to include a procedure that allows for getting accommodation needs for patients
- Address care practices that must be modified such as capturing weight

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Remove Barriers That Are Readily Achievable

- Where barriers are not removed through a construction fix, use other methods!
- Directional signage to the accessible facilities
- Relocating activities to accessible locations

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Methods for Providing Program Access

- Acquisition of equipment
- Reassignment of services to accessible sites
- Staff assistance
- Alteration of existing facilities and construction of new facilities
- Other methods that result in making its services, programs, or activities readily accessible to and usable by individuals with disabilities
 - Example: Where doors are not easily managed by persons may use automatic door openers to accommodate
 - Building code experts will say: "This isn't required by code!"

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DOJ Requires Web Accessibility

- The obligation to make websites accessible exists *right now*
- The current regulations do not spell out how to make websites accessible
- The best practices for website and application accessibility is found in Web Content Accessibility Guidelines, an international collaboration by experts in digital accessibility

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Everyone Brings Expertise to the Table

- Stress to care providers--you know more about healthcare and your responsibilities
- The patient is an expert at her/ his capabilities and types of accommodation(s) needed
- Understanding the patient's expertise will assure an effective care partnership

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Training Relevant to Roles

- Training that is relevant to the specific roles in health care
 - For example
 - Safety officers and plant operations are very involved in the physical environment in care centers
 - Train on how to assist in maintaining the physical space free of movable barriers
- Specialized training for staff where job requires specific in-depth training

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