

<b>POLICY TITLE:</b> <b>Accommodating Persons Who are Deaf or Hard-of-Hearing</b>		<b>IDENTIFICATION NUMBER:</b> <b>RI102</b>	
<b>POLICY LEVEL:</b>	System Wide	<b>ORIGINATION/EFFECTIVE DATE</b>	10/25/2024
<b>FACILITY:</b>	All Family Hospital Facilities	<b>REVIEW CYCLE:</b>	Two Years
<b>DEPARTMENT(S):</b>	All departments	<b>LAST REVIEW DATE:</b>	10/20/2025
		<b>LAST REVISION DATE:</b>	10/20/2025
<b>REVISION:</b>	A		

**POLICY STATEMENT**

Family Hospital is committed to compliance with federal and state laws prohibiting discrimination on the basis of disability in the offering or delivery of healthcare services. Family Hospital recognizes its legal obligation to ensure effective communication with persons with disabilities and makes every effort to pro-actively assess communication needs as well as providing the most compassionate care.

**PURPOSE**

To develop a plan that accommodates individuals pursuant to Section 504 of the Rehabilitation Act of 1973, Section 1557 of the Patient Protection and Affordable Care Act (ACA 2010) and the Americans with Disabilities Act of 2008 which prohibits discrimination on the basis of disability in the offering or delivery of healthcare services.

**SCOPE**

- Applies to all Family Hospital owned or managed healthcare facilities

**DEFINITIONS**

- Auxiliary aid: Auxiliary aids may include video remote interpreting (VRI) or face-to- face sign-language interpreters, flash cards, communication boards, telephone amplifiers, amplified hearing devices, assisted listening devices, or a TDD/TTY. Lip reading, note writing, and use of finger spelling or gestures may also aid communication but are not a replacement for interpreters.
- Companion: means a person who is deaf or hard of hearing and is a family member, friend or associate of an individual seeking access to, or participating in, the goods, services, facilities, privileges, advantages, or accommodations of Family Hospital, who, along with such individual, is an appropriate person with whom Family Hospital should communicate. 28 C.F.R. § 36.303(c)(1)(i).
- Effective communication: Communication sufficient to provide individuals that may be deaf or hard-of-hearing with substantially the same level of services received by individuals who are not deaf or hard-of-hearing.
- Equity Compliance Coordinator (ECC): (previously known as the 504 Coordinator/ADA Administrator) is responsible for the applicable aspects of Section 504 of the Rehabilitation Act of 1973 (28 U.S.C. 794), Section 1557 of the Patient Protection and Affordable Care Act (2010) and the Americans with Disabilities Act of 1990 (42 U.S.C. 12181) including changes made by the ADA Amendments Act of 2008 (P.L. 110-325).
- Interpretation: The act of listening to a communication in one language (source language) and orally converting it to another language (target language) while retaining the same meaning.
- Language Assistance Services: Oral and written language services needed to assist individuals who may be deaf or hard-of-hearing to communicate effectively with staff and to provide persons who are deaf or hard-of-hearing meaningful access to and equal opportunity to, participate fully in the services, activities, or other programs.
- Meaningful Access: Language assistance that results in accurate, timely, and effective communication at no cost to the individual who may be deaf or hard-of- hearing. Meaningful access denotes access that is not significantly restricted, delayed or inferior as compared to programs or services provided to persons who are not deaf or hard-of-hearing.
- Qualified Interpreter: A qualified interpreter (or translator) is an interpreter who has had their specialized vocabulary (medical or legal terminology) proficiency assessed. A qualified interpreter 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.

## **RESPONSIBILITIES**

- The ECC and the Compliance and Risk Management Committee monitor and maintain compliance with this policy.
- The ECC is responsible for the coordination of the required accessibility training, including effective communication techniques for all staff members annually. They will conduct regular reviews of the language access needs of the patient population as well as the monitoring and updating of the implementation of this policy as needed.
- All staff and contractor workers are expected to comply with this policy

## **POLICY**

1. This policy requires development of a language access plan that accommodates individuals who are deaf or hard-of-hearing by providing free auxiliary aids in order to ensure equal opportunity to participate in and benefit from healthcare services.
2. ADA regulations require 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.
3. The decision as to the method to be used for communication requires the input of any individual requiring auxiliary aids, and their choice must be given primary consideration.
4. Family Hospital will take appropriate steps to ensure persons with disabilities, including persons who may be deaf or hard-of-hearing, have an equal opportunity to participate in our services, activities and other benefits.
5. All necessary language assistance services shall be provided free of charge.
6. Staff will inform individuals who may be deaf or hard-of-hearing – including individuals seeking access to services at Family Hospital and their companions of the availability, at no cost to them, of language services to effectively communicate.
7. All Family Hospital staff and contractors will be provided with this policy.
8. All personnel that may have direct contact with individuals with disabilities will receive training as it relates to this policy and procedures.
  - a. Training will be provided as part of the new hire General Orientation process and facility/unit specific orientation.
  - b. Annual refresher training will be provided on an ongoing basis.
9. Concerns about or violations of these policies should be reported to one's supervisor, the facility's Equity Compliance Coordinator (ECC), and the Compliance and Risk Management Committee (CRMC).
  - a. The ECC and CRMC can be reached by email at [compliance@FHSMC.com](mailto:compliance@FHSMC.com)
  - b. Refer to policy LD106 concerning Disability Discrimination Grievances.

## **PROCEDURES**

### Identification and Assessment

1. Facility staff will identify the language and communication needs of persons who may be deaf or hard-of-hearing as needed to ensure effective communication.
2. As soon as staff becomes aware of such needs, staff will use the form, "20X-50 Services for Persons Who are Deaf or Hard-of-Hearing" to inform such persons of services and determine what language assistance services may be needed. This form will be included in the patient's medical record.
3. If language services are declined by an individual who may be deaf or hard-of-hearing, staff will then use the Waiver of Language Assistance section to not only document the refusal but also to serve as notice to the individual that they may still request a free qualified interpreter at any time

### Providing Notice

1. Family Hospital facilities shall inform patients and their companions who may be Deaf or Hard of Hearing of the availability of free qualified language assistance.
2. A nondiscrimination statement will be posted at intake areas and other points of entry, including but not limited to the emergency room, admitting and outpatient areas.

Obtaining a Qualified Interpreter

1. If a patient or their companion 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 using a qualified sign language interpreter.
2. Examples of situations where an interpreter may be required (this list is not exhaustive):
  - 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 follow-up treatment, test results, or recovery
  - k. Discussing billing and insurance issues
  - l. Providing patient education
3. Family Hospital has contracted with Certified Languages International to provide Video Remote Interpretation (VRI) Services for American Sign Language (ASL). This service is available 24 hours a day, 7 days per week.
  - a. See attachment 1 for VRI instructions and facility specific login information.
  - b. Facility login information will be clearly posted at clinical and registration work areas.
4. In the event that Certified Languages is unavailable, Family Hospital has an agreement with Communication by Hand to provide ASL interpretation services.
  - a. Communication by Hand may be reached by calling (512) 467-1917
5. If staff are unable to reach either interpreter service, the on-call Nursing Supervisor or the Administrator on Call should be immediately contacted by phone.

The Use of Family or Friends for Interpretation

1. Family members or friends will not be used for language assistance except:
  - a. in an emergency involving an imminent threat to the safety or welfare of an individual or the public where there is no interpreter available.
  - b. where the individual in need of communication services specifically requests that the accompanying adult interpret or facilitate communication, the accompanying adult agrees to provide such assistance, and reliance on that adult for such assistance is appropriate under the circumstances.
    - i. Permitted only after the patient has been offered free qualified language assistance and the patient has completed a waiver of language assistance services.
2. Children or other patients will not be used for interpreting to ensure the confidentiality of information and effective communication.
3. If a family member or friend is not competent or appropriate for any of the previous reasons, then a qualified interpreter must be provided to ensure effective communication.

Documentation

1. All contacts with interpreting services will be documented in the Electronic Medical Record (EMR) or downtime paper documentation. Documentation must include:
  - a. Date and Time for each instance the service was contacted.
  - b. Interpreter ID Number for each instance the service was contacted.
  - c. Date and Time service was unable to be reached.
  - d. Date, time, and name of supervisor or administrator that was contacted if unable to reach a service provider.
2. ED Triage and Inpatient Nursing Assessments must include the patients preferred language/communication method and any communication barriers that may be present.
3. Staff must document in the medical record any time a patient waives their right to certified language services including when the patient elects to use a family member for translation.
4. Staff will document the following on the Auxiliary Aids & Services Log
  - a. The name of the Patient or Companion for whom the request was made.

- b. The name of the staff member who received the request.
- c. The nature of the auxiliary aid or service requested.
- d. If an interpreter was requested, the vendor used.
- e. The time and date staff made the request to secure the service or aid.
- f. The time and date the request was fulfilled.
- g. The nature of the auxiliary aid or service provided.
- h. Reasons for any delays or decision to use a service other than what was requested by the patient or companion.

**REFERENCES**

- The Americans with Disabilities Act of 1990 (42 U.S.C. 12181), known as the ADA, 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](http://www.ada.gov/regs2010/titleIII_2010/titleIII_2010_regulations.htm))
- Rehabilitation Act of 1973, Section 504
- Americans with Disabilities Act, Access To Medical Care For Individuals with Mobility Disabilities, published by the U.S. Department of Justice, dated July 2010 ([http://www.ada.gov/medicare\\_mobility\\_ta/medicare\\_ta.htm](http://www.ada.gov/medicare_mobility_ta/medicare_ta.htm))

**APPROVAL**

<b>POLICY OWNER</b>	Matt Alewine Chief Nursing Officer
<b>COMMITTEE</b>	Compliance and Risk Management Committee
<b>MEDICAL EXECUTIVE COMMITTEE</b>	Nathaniel Greenwood, DO. Chief Medical Officer
<b>GOVERNING BODY</b>	Family Hospital Management Company Governing Body

REVISION	CHANGES	DEPARTMENT APPROVAL	COMMITTEE APPROVAL	MEC APPROVAL	GB APPROVAL
New	Initial Release	10/25/2024	10/25/2024	10/25/2024	10/25/2024
A	Added companion to the scope of this policy. Added the definition of companion. Added documentation requirements for Auxiliary Aids & Services Log.	10/20/2025	10/21/2025	10/21/2025	10/21/2025