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Communication Assistance

POLICY

It is the policy of SCP to provide **communication assistance**, Auxiliary Aids and Services, **and** Alternative Formats for print materials, where necessary for effective communication between SCP employees, health care providers, and persons with disabilities, particularly those who are deaf, hard-of-hearing, blind or visually, cognitively or speech impaired. This includes any communication including, but not limited to, those concerning patient care, privacy rights, confidential information conferences and health education/training sessions provided to the public. After consultation with the patient or visitor with a disability, SCP will be responsible for identifying the format and/or service that will provide effective communication for that person, and will use that method in communications with the patient or visitor. The term "Auxiliary Aids and Services" is defined in the Policy entitled "Patients with Disabilities: Responsibility for Accessible Facilities and Services." SCP shall not impose any fees or charges on patients or visitors with disabilities for providing any Auxiliary Aids or Services.

PURPOSE

To identify and provide Auxiliary Aids and Services to meet the communication needs of patients and visitors with disabilities. This policy provides guidance to assure SCP's compliance with the relevant and applicable standards set forth in California Civil Code §§ 51, *et seq.* ("the Unruh Act"), and/or 54, *et seq.* ("the Disabled Persons Act"), California Government Code § 11135, *et seq.*, Title III of the Americans with Disabilities Act, 42 U.S.C. § 12181, *et seq.*, and/or Section 504 of the Rehabilitation Act of 1973, 29 U.S.C. §§ 701, *et seq.* and/or the regulations promulgated under these statutes.

PROCEDURE

A. Consult with the patient or visitor:

Consult with the patient or visitor about his or her need for communication assistance and the kinds of Auxiliary Aids and Services, including alternative communication methods, or Alternative Formats, that will provide effective communication. SCP will be responsible for identifying the Auxiliary Aid or Service that will provide effective communication of the particular information to the patient or visitor. If more than one Auxiliary Aid(s) or Service(s), would be effective to communicate particular information to the patient or visitor, SCP may select the effective method of its choice. SCP is not required to provide the Auxiliary Aid or Service the individual prefers if there is another method that results in effective communication, although SCP will provide the individual the Auxiliary Aid or Service he or she prefers, if possible.

B. Consider the type of communication and the disability involved:

1. Simple Communications:

Simple communication methods may be used where limited interaction is involved or the communication is less significant (e.g., short in duration; simple concepts; information does not need to be referenced in the future, etc.). Examples of methods for simple communication may include pencil and paper, lip reading, or pictures.

2. Complicated and/or interactive communications:

Where communication between the healthcare staff and the patient or visitor is more involved, the most effective method of communication for that person shall be used. It may be necessary for SCP to provide Auxiliary Aids and Services, such as a qualified sign language interpreter, a qualified oral interpreter, an assistive listening device, computer-assisted real time transcription, or Alternative Formats such as Braille, Large Print, audio recordings, or computer disks to ensure effective communication.

Examples of circumstances when the communication may be sufficiently lengthy and/or complex to require consideration of these or other Auxiliary Aids or Services include the following:

- Discussing a patient's symptoms and medical condition, medications, and medical history.
- Discussing or providing medication/prescription information, such as the name of the prescription, dosage, and side effects.
- Explaining medical conditions, treatment options, tests, medications, surgery and/or other procedures.
- Admissions instructions and paperwork.
- Obtaining informed consent for treatment.
- Advising about Patient's Rights.
- Discharge and other follow-up instructions.
- Providing mental health services, including group or individual counseling for patients and family members.
- Discussing powers of attorney, living wills and/or complex billing and insurance matters.
- During educational presentations, such as birthing or new parent classes, nutrition and weight management programs, and CPR and first-aid training.

C. Examples:

1. Examples for a deaf or hard of hearing patient or visitor:

- SCP personnel should offer pen/pencil and paper to individuals who are deaf or hard of hearing for the purpose of communicating messages, instructions and for answering questions when appropriate.
- Written forms or information sheets may provide effective communication in situations where there is limited need for interactive communications (i.e. simple communication) such as filling out admission forms and medical history inquiries, providing billing information, etc. Pictures may also be useful where an individual has a speech disability or cognitive impairment.
- Lip reading may be useful for a short, limited period of time. When using this form of communication, personnel should be directly facing the patient and should provide clear, simple instructions. It may be less effective for any complex, lengthy and/or complicated conversation.

For more information on use of specific Auxiliary Aids & Services, see Appendix A in this policy.

2. Examples for a visually impaired or blind patient or visitor:

- SCP personnel should provide specific oral cues for simple instructions and for answering questions when appropriate. Where written communication or signage is relied upon, oral information may need to be provided. Staff should provide this in a way that allows for patient privacy.
- Instructions may need to be provided in large print (for persons with some vision) which may be a Sans Serif or Arial font of 18 points or larger, verbally by staff or through audio recording, Braille, or computer disk when appropriate.
- Consents, forms, and other information may be read to the patient or his or her representative, as appropriate, consistent with the patient's privacy rights. Any such information must be read to the person with a visual impairment completely, effectively, accurately, and impartially. However, the information should also be offered in an Alternative Format for the patient's personal record keeping. Staff should request that the patient or patient's representative sign the form if the patient agrees to the terms and conditions. The staff member shall document the agreement by including the phrase, "I have accurately and completely read the foregoing document to (insert patient or patient's representative's name). He/she orally stated that he/she understood all of the terms and conditions and acknowledged his/her agreement by signing the document in my presence."

3. Examples for a patient or visitor with a speech or cognitive disability:

- In addition to the options for written communication described above, pictures may be useful where an individual has a speech disability or cognitive impairment.

D. Time Frame:

1. Alternative Formats for persons with visual impairments:

Alternative Formats for persons with visual impairments will be made available within a reasonable time frame to ensure effective communication. Requests for Alternative Formats that cannot be provided by SCP at the time the request is made, to the extent possible, will be transmitted to SCP's Alternative Format vendor by the close of business on the day of the request, and SCP will request that the vendor produce and send the materials to the patient within seven (7) days of transmittal of the request to the vendor.

2. Auxiliary Aids and Services for persons with hearing impairments:

- **For a scheduled appointment:** when an individual requests an interpreter at **least _____ *** **hours** in advance of the time when the services of the interpreter are required, SCP will make an interpreter available at the time of the scheduled appointment or need.
- **For an emergency:** In the event of an **emergency**, SCP will use reasonable efforts to assure communication assistance is available as soon as practicable given the circumstances.
- Absent events outside the control of SCP, such as severe weather problems, unanticipated illness or injury of the interpreter while en route, and unanticipated transportation problems the time within which the interpreter is provided will be no more than the following:
- **For video interpreting or on-site interpreter:** _____ * minutes from the time the request is made if the service is provided through video interpreting services or a qualified interpreter who is on site at the time of the request or need for an interpreter; or

- **For contract interpreting services or off-site interpreter:** _____ * hours for non-emergency requests, if the service is provided through a contract interpreting service or a qualified interpreter who is located off-site at the time the need arises.
Between the time when an interpreter is requested and when an interpreter is made available, personnel shall continue to try to communicate with a person with a disability for such purposes and to the same extent as they would have communicated with the person but for the disability, using the most effective means of communication available, particularly written notes and/or sign language pictographs.

***SCP must fill in these timelines, upon consultation with the local Disability Access Coordinator.**

- E. **Use of family members, companions or minors:** Use of family members, companions, or any minor as interpreters is discouraged, except for the most extraordinary circumstances, such as medical emergencies. Use of any of these individuals may violate patient confidentiality or may compromise care. However, patients may request such services and give permission to the health care team to share information with any of those individuals. Staff should record such permission in the patient's records.
- F. **Patient's Request for specific service:** SCP does not charge a fee for Auxiliary Aids and Services that it provides. However, patients may elect to provide their own communication aids and/or interpreters at their own cost to assist them while obtaining services from SCP.

G. **Education and Training**

All patient _____ are required to _____ on this policy _____ hire, _____ annually.

H. **MORE INFORMATION AND RESOURCES**

For more information about this policy, contact _____, at _____ [Generally the Disability Access Coordinator.]

For **American Sign Language Interpreter** Services, call _____.

For **Assistive Listening Systems** (Pocket Talkers), call _____.

For the **Relay Service**, call 711.

For **Speech to Speech**, call 711 and ask for Speech to Speech.

For an **Amplified Telephone Handset**, call _____.

For a **Braille, Large Print or audio format** provider, call _____.

[Add other Local Contacts or contacts including affiliate specific information on where to obtain specific Auxiliary Aids and Services]

Refer to Appendix A "Use of Specific Auxiliary Aids and Services" for information on the use of specific Auxiliary Aids and Services for persons with Sensory Disabilities Refer to Appendix B for Guidance on the Use of Video Relay.

APPENDIX A:

Use of Specific Auxiliary Aids and Services for Persons Who Are Deaf, Hard Of Hearing or Have a Speech Disability

A. **Communication services**

1. **Qualified interpreter or Sign Language interpreter services** -- A person who interprets for an individual with a disability; Interpreters generally are used to communicate with persons who are deaf, hard of hearing, or have a speech disability. This may include methods of communication such

as the use on lip reading, American Sign Language (ASL), oral, and signed English and often includes both translating spoken communication into sign and the signed communication into speech. To be considered qualified, the individual, whether a staff member or contracted service, must have formal training or certification in interpretation, demonstrated expertise in the target language, and knowledge of medical terminology.

2. **Relay Service (dial 711)** — The nationwide relay network is a telephone service that allows persons with hearing or speech disabilities to place and receive telephone calls by using operators to facilitate telephone calls between a TTY/TDD and a standard telephone. **The nationwide number to reach a relay operator is 711.** Individuals may use this network to call the hospital from a TTY device. This relay consists of an operator with a TTY who receives the call from a TTY user and then places the call to the hospital. If you receive a relay call from a TTY user, the operator will explain this to you. You should expect that relay system calls will take a little longer than voice calls.

If you need to contact a deaf or hearing-impaired person by telephone who is away from the hospital (for example, to confirm a patient appointment, speak to a patient's relative, etc.), simply dial 711 (or xx-xxx if calling from an internal telephone line). An operator will answer and ask the number that you are calling.

3. **Speech to Speech Relay Service for Persons who are Speech-Impaired (Dial 711 and ask for "Speech to Speech")** – This is a free relay service network to handle calls with persons who have speech impairments so that the caller can be understood. Individuals may use this network to call the hospital or medical professional, using an operator who is able to voice the caller's speech and ensure that the caller's speech can be understood. When using a speech to speech relay, speak directly and clearly to the person with whom you are communicating; the operator will relay your communication to the individual and will relay his or her responses to you as they are made.
4. **Computer-aided transcription services (CART):** Real-time reporters trained as court stenographers with medical terminology expertise type what is said in a meeting and the text is immediately displayed on a video monitor or projection screen.
5. **Video Relay Service (VRS)** – this service allows a person who is deaf or hard of hearing to make a telephone call via an Internet video connection between the user and the relay center, which is staffed with sign language interpreters. This Internet-based form of relay service allows persons whose primary language is American Sign Language (ASL) to communicate with a Communication assistant in ASL using video conferencing equipment. The Communication Assistant speaks what is signed to the called party, and signs the called party's response back to the caller. (This guidance applies only to facilities that have *VRS-Video Relay capabilities in-place*).

B. **Communication devices or equipment**

The department using the communication device or equipment is responsible for ensuring the return of that equipment to _____ **[insert contact information of name, title, or department and phone number]** when no longer needed.

1. **Amplified Telephone Handset** – This device amplifies the sound of telephone receiver. Amplified telephone handsets provided by SCP can be installed on any patient phone, no longer than 4 hours after the request is made to the to _____ **[insert contact information of name, title, or department and phone number]**.
2. **Assistive Listening Systems (ALS)** — Devices designed to help people with hearing loss improve their ability to hear in difficult or large-area listening situations. Assistive Listening Systems are not

intended as substitutes for hearing aids but as a supplement to hearing aids. ALS can also be used to improve functional hearing abilities for people who don't use hearing aids. *Note: Because ALS amplify sound, they are not helpful for individuals who have no hearing.*

3. **TTY /TDD** (*Stands for telecommunications display devices or telecommunications devices for deaf person*) -- A text telephone device allowing a "telephone" call to take place in a text format. The device contains a keyboard and visual text display designed to exchange written messages that are commonly used for telephonic communication. This allows patients who are deaf, hard of hearing, or have a speech impairment to communicate with personnel.

TTY teletypewriter phones provided by the hospital will be installed in a patient's room, upon request, no longer than 4 hours after request is made. Requests for TTY phones are made by calling the shift House Supervisor at 386-3030.

The following statement is not applicable to SCP: Charges for telephone calls made from the patient's room shall be billed in accordance with hospital policy for voice calls.

The ordering department is responsible for ensuring the return of TTY sets to the Nurse Manager (when they are no longer needed; equipment also may be returned after normal business hours to the to shift House Supervisor.

Patient-owned communication devices, such as TTY teletypewriter phones or amplified phone sets, may be used within the hospital as long as they are compatible for use within the hospital and the patient assumes full responsibility for liability and operation. See standard practice [insert reference to applicable policy].

TTY phones are also located at public phone banks in the following areas:

1. *Summit Unit Nursing Station*
2. *Sanctuary Nursing Station East Wall*
3. *Haven Unit Nursing Station*

Personnel should be able to direct patients, or visitors to the nearest public TTYs as needed.

4. **Telephone handset amplifiers** — Equipment that amplifies the telephone volume for someone who is hard of hearing.
5. **Telephones compatible with hearing aids** — A telephone that an individual with a hearing aid can use without making a loud screeching noise.
6. **Closed caption decoders** — Closed captioning is text that scrolls on a television screen so that an individual who cannot hear the content can read the text of the audio content. The televisions located in the day rooms on [*Summit, Haven and Sactuary*] are equipped with *Closed Caption* features. The Closed Caption feature can be activated by utilizing the television menu.

C. Tips

1. Some persons who are deaf can speak; others may not have this skill.
2. Not all persons who are deaf lip-read.
3. American Sign Language is not another form of English. It is a separate, unique language with its own grammar, syntax and rules. Signed English uses Standard English grammar.
4. Not all persons who are deaf use sign language (either ASL or signed English).

5. Lip-reading, while helpful without sound clues, is only 30%-50% effective, and sometimes less.
6. More persons who are deaf or hearing impaired have some hearing rather than no hearing at all.
7. Not all persons who are deaf write and read well.
8. Long conversations with persons who lip-read can be very fatiguing to the person who has the impairment.

The following is not applicable to SCP:

APPENDIX B:

Guidance on Use of Video Relay

[Applies only to facilities with Video Relay capabilities in place]

Video Relay Service (VRS) - Allows a person who is deaf or hard of hearing person to make a telephone call via an Internet video connection between the user and the relay center which is staffed with sign language interpreters. This Internet-based form of relay service allows persons whose primary language is American Sign Language (ASL) to communicate with a Communication assistant in ASL using video conferencing equipment. The Communication Assistant speaks what is signed to the called party, and signs the called party's response back to the caller. **(This guidance applies only to facilities with VRS-Video Relay capabilities in-place).**

Interpreter service delivered through video-conferencing technology (the "Deaf-Talk" system) is available for usage in several pre-wired locations throughout the Hospital. These locations are:

1. SCPX
2. Admitting (1st floor SCPX)
3. SCPX
4. SCPXX

So long as it is effective and in accordance with the criteria below, video interpreting services is the preferred means for providing sign language interpreter services in the Hospital for those areas in which the system is available. This service will not be used in _____[insert departments such as Labor & Delivery] due to conflicts with equipment or other constraints. Where this service is available, it can be utilized 24 hours a day, without advance notice.

When using video interpreting services, SCP shall ensure that:

1. The service delivers high quality, clear, delay-free full-motion video and audio over a dedicated high-speed Internet connection;
2. The service provides a clear, sufficiently large, and sharply delineated picture of the interpreter's and the patient or visitor's heads, arms, hands, and fingers, regardless of the body position of the patient or visitor;
3. Voices being transmitted are clear and easily understood; and
4. Personnel can set up and operate, within thirty (30) minutes, the video interpreting equipment.

Video interpreting services may not be effective in certain circumstances, including:

1. Where patients have limited ability to move their heads, hands, or arms; vision limitations (i.e. depth perception); cognitive or consciousness issues; or pain issues;

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Attachments:

No Attachments

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