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 Owner: Vickie Sargetis: Mgr, Food & Nutrition Services
 Policy Area: Disability Access (ADA)
 References:
 Applicability: Sutter Davis Hospital

Patients/Visitors with Disabilities: Communication Assistance 200-3

POLICY

It is the policy of Sutter Davis Hospital to provide **communication assistance**, Auxiliary Aids and Services, **and** Alternative Formats for print materials, where necessary for effective communication between Sutter Davis Hospital 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, Sutter Davis Hospital will be responsible for identifying the format, aid 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." Sutter Davis Hospital 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 Sutter Davis Hospital'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. Sutter Davis Hospital 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, Sutter Davis Hospital may select the effective method of its choice. Sutter Davis Hospital is not required to provide the Auxiliary Aid or Service the individual prefers if there is

another method that results in effective communication, although Sutter Davis Hospital 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 interactions where simple communication methods would be appropriate would include situations that do not involve substantial communication (such as when blood is drawn), and when regular allergy shots are administered. 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 Sutter Davis Hospital 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 Auxiliary Aids and 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:

- Sutter Davis Hospital 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. Staff must confirm this method will work for a particular patient since most people do not lip read. 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:

- Sutter Davis Hospital 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. However, staff may not require that the patient bring a representative to the hospital with him/her, and may not rely on any adult accompanying the patient with a disability to interpret or facilitate communication, unless it is an emergency situation or the patient has specifically requested 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.
- Any written 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 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'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.
- Allow extra time during the appointment for communication between the provider and patient.

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 Sutter Davis Hospital at the time the request is made, to the extent possible, will be transmitted to Sutter Davis Hospital Alternative Format vendor by the close of business on the day of the request, and Sutter Davis Hospital 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 24* hours** in advance of the time when the services of the interpreter are required, Sutter Davis Hospital will make an interpreter available at the time of the scheduled appointment or need.
- **For an emergency:** In the event of an **emergency**, Sutter Davis Hospital will use reasonable efforts to assure communication assistance is available as soon as practicable given the circumstances.
- Absent events outside the control of Sutter Davis Hospital, 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 (N/A) or on-site interpreter:** 30 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:** 4 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. During this time, personnel should also keep individuals with disabilities apprised of the status of the expected arrival of an interpreter or the delivery of other requested or anticipated auxiliary aids and services.

E. Use of family members, companions or minors:

Use of family members or companions 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. Further, staff may not rely on a minor child to interpret or facilitate communication, except in an emergency where there is an imminent threat to the safety or welfare of the patient or the public and no interpreter is available. 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:

Sutter Davis Hospital 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 Sutter Davis Hospital.

G. Education and Training

All patient care staff are required to be trained on this policy upon initial hire, and annually.

H. MORE INFORMATION AND RESOURCES

For more information about this policy, contact Sutter Davis Hospital's ADA Coordinator at (530) 756-6440.

For **Eaton Interpreting Services**, call 916-721-3636.

For **Assistive Listening Systems** (Pocket Talkers), call Dept. Manager or Nurse Supervisor.

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

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

For an **Amplified Telephone Handset**, call Dept. Manager or Nurse Supervisor.

For a **Braille, Large Print or audio format** provider, call Dept. Manager or Nurse Supervisor.

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.

All revision dates:

11/29/2016

Attachments:

[APPENDIX A 200-3.docx](#)

[APPENDIX B 200-3.docx](#)

Approval Signatures

Step Description	Approver	Date
A Team	Christina Miller: Asst, Administrative	11/29/2016
Facilities Manager	Victoria Sargetis: Mgr, Food & Nutrition Services	11/29/2016

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