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Owner:	Maria Mendoza: Officer-Safety EBR
Policy Area:	Administrative
References:	
Applicability:	Sutter Delta Medical Center

Patient/Visitors with Disabilities: Communication Assistance

Policy

It is the policy of Sutter Delta Medical Center to provide **communication assistance** through; Auxiliary Aids and Services, such as Alternative Formats for print materials, where necessary for effective communication between Sutter Delta Medical Center 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, patient rights (including privacy), confidential information, conferences, and health education/training sessions provided to the public. After consultation with the patient or visitor with a disability, Sutter Delta Medical Center 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 Delta Medical Center 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 Delta Medical Center'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. Sutter Delta Medical Center is responsible for working with a patient/visitor to determine the method of communication Accommodations/assistance needed by doing the following:
 1. Consult with the patient or visitor:
 - a. Determine the communication method(s) that will best provide effective communication with the care team.
 - b. Disabilities may affect the ability to communicate, access written materials, and require an

Auxiliary Aid or Service.

- c. Staff must engage the method, format, aids or services necessary to provide the patient or visitor with effective communication for the particular situation.
 - d. Where more than one method is effective, Sutter Delta Medical Center's staff should consider the method preferred by the patient or visitor; however, where more than one method is equally effective staff may choose from among the methods.
 - e. Where the most effective communication method is the use of a patient or visitor's personal resource and the patient or visitor advocates use of the personal resource, Sutter Delta Medical Center may use the resource and reimburse accordingly. For example, a paid caregiver may routinely voice for a person with a severe impairment and outside interpreters (if in existence) are not likely to be as effective as the person who routinely works with the patient.
 - f. Effective communication requires the communication Accommodation be available at the appropriate point in time—e.g. interpreters need to be there during important care discussions and other interactive communications, discharge instructions should be provided in a format the person can use upon discharge, etc. SDMC will use its best efforts to provide live, in-person interpretation or Video Remote Interpretation (“VRI”) or a combination of both, including successive round-the-clock interpretation services, whenever warranted by the patient’s communication methods, skills, health status, and treatment requirements. Use of VRI will be in accordance with Appendix B to this policy—Guidance on Use of Video Remote Interpreting.
 - g. To be effective, the Auxiliary Aid or Service must be designed for the type of communication involved. Some methods are Accommodations for telephone communication such as the relay service or speech to speech, others are for in-person visits or hospitalization such as sign language interpretation.
2. Consider the type of communication and the disability involved:
- a. **Simple Communication:** 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 might 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. Regardless of the complexity of the communication, however, the method chosen must be effective for the patient or visitor with the disability.
 - b. **Complicated and/or interactive communication:** 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 Delta Medical Center 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 electronic documents to ensure effective communication.
 - c. 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, after-care, 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.

B. Methods for various disabilities (full list of specific auxiliary aids & services , are found in Appendix A of this policy):

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

- Sutter Delta Medical Center's personnel should offer pen/pencil and paper to individuals who are deaf or hard of hearing for the purpose of communication 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.
- Live sign language interpreters should be used for any significant communications about medical care, if effective for the patient or visitor.

2. Some examples for a visually impaired or blind patient or visitor:

- Sutter Delta Medical Center's staff 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 electronic document formats, such as accessible PDF or Word files when appropriate.
- Consents, forms, and other information must be read to the patient, consistent with the patient's privacy rights. If the patient cannot act on his or her own behalf and has a guardian or other

authorized representative, such information should be read to the representative, as appropriate, and in a private place. 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 patient has specifically requested that the accompanying adult interpret or facilitate communication, 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. Some 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.

C. 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 Delta Medical Center at the time the request is made, to the extent possible, will be transmitted to Sutter Delta Medical Center's Alternative Format vendor by the close of business on the day of the request, and Sutter Delta Medical Center 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 impairment:

- **For a scheduled appointment:** When an individual requests an interpreter, at least 2 hours in advance of the time when the services of the interpreter are required, Sutter Delta Medical Center will make an interpreter available at the time of the scheduled appointment or need.
- **For an emergency:** In the event of an **emergency**, Sutter Delta Medical Center will use reasonable efforts to assure communication assistance is available as soon as practicable given the circumstances.
- Absent events outside the control of Sutter Delta Medical Center, 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:** 90 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.

- **For contract interpreting services or off-site interpreter:** 24 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 will 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.
- If services are unavailable or there is a difficulty finding appropriate service for an identified need, **go up your chain of command** until services can be found.

D. 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. Further, staff may not rely on a minor child to interpret or facilitate communications, 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 will record such permission in the patient's records.

E. Patient's Request for specific service:







Sutter Delta Medical Center 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 Delta Medical Center.

Education and Training

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

More Information and Resources

For more information about this policy, contact the Director, Facilities & Guest Services at Sutter Delta Medical Center.

- For Sign Language Interpretation services the primary contact is **International Effectiveness**, call 866-788-4149   . The secondary contact is **American Sign Language Interpreter Services**, call 800-292-9246   .
- For **Video Remote Interpreting Service**, call your nurse/charge nurse.
- For **Assistive Listening Systems** (Pocket Talkers), call the Nursing Supervisor.
- For an **Amplified Telephone Handset**, call the TTY phone or the Nursing Supervisor.
- **Braille, Large Print or Audio format not available at this time.**

Attachments

Appendix A - "Use of Specific Auxiliary Aids and Services" for information on the use of specific Auxiliary Aids

and Services.

Appendix B - "Guidance on the Use of Video Relay" for persons with Sensory Disabilities.

All revision dates:

1/28/2021, 7/20/2018, 6/1/2012, 12/1/2011

Attachments

[Appendix A: Use of Specific Auxiliary Aids and Services for Persons Who Are Deaf, Hard Of Hearing or Have a Speech Disability](#)

[Appendix B: Guidance on Use of Video Remote Interpreting](#)

Approval Signatures

Step Description	Approver	Date
SBH Board of Directors	Kristina Gray: Med Staff [LG]	1/28/2021
MECC	Kristina Gray: Med Staff [LG]	11/20/2020
Administrative Team Policy and Procedure Committee	Liniqua Rose Gebroskv: Assistant-Executive	11/20/2020
EOC Committee	Kathy Smith: Administrative Assistant	10/27/2020
Asst. Admin	Tim Bouslog: Asst Admin, Ancillary/Suppt Sv [KS]	10/22/2020
Policy Owner	Maria Mendoza: Officer-Safety EBR	10/22/2020