



Origination 8/1/2008  
Final 11/10/2023  
Approved  
Effective 11/10/2023  
Last Revised 10/18/2023  
Next Review 11/9/2024

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Applicability Sutter Amador Hospital

## Patients/Visitors With Disabilities--Communication Assistance

### I. POLICY

It is the policy of Sutter Amador Hospital to provide **communication assistance** through Auxiliary Aids and Services, such as Alternative Formats for print materials, where necessary for effective communication between SAH 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, SAH 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." SAH shall not impose any fees or charges on patients or visitors with disabilities for providing any Auxiliary Aids or Services.

### II. 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 SAH'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., California Health and Safety Code Assembly Bill No. 389, Chapter 327 Section

1259 and/or the regulations promulgated under these statutes.

### **III. PROCEDURE**

**A. SAH 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, SAH 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, SAH may use the resource and reimburse accordingly. For example, a paid caregiver may routinely voice for a person with a severe speech 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. SAH 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 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 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 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 SAH 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:**

- SAH 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.
- 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:**

- SAH 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 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. **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 SAH at the time the request is made, to the extent possible, will be transmitted to SAH's Alternative Format vendor by the close of business on the day of the request, and SAH 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 2 business hours** in advance of the time when the services of the interpreter are required, SAH will make an interpreter available at the time of the scheduled appointment or need.
- **For an emergency:** In the event of an emergency, SAH will use reasonable efforts to assure communication assistance is available as soon as practicable given the circumstances.
- Absent events outside the control of SAH, 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 remote interpreting or on-site interpreter:** 2 hours from the time the request is made if the service is provided through video remote interpreting service 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:** 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 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.

**D. 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.

**E. Patient's Request for specific service:**

SAH 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 SAH.

**F. Education and Training**

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

**G. More Information and Resources**

For more information about this policy, contact SAH ADA Coordinator, at (916) 887-4454

For **Sign Language Interpreter Services**, call EATON (916) 721-3636 .

For Video Remote Interpreting Service, call Nursing Supervisor.

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

For a **Braille, Large Print or audio format** provider, contact

Sacramento Braille Transcribers, Inc

2791 24th Street, Sacramento, CA 95818 (916) 455-9121

sbt@sacbraille.com

Lighthouse for the Blind( San Francisco)

(415) 431-1481

madlab@lighthouse-SF.org

**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 Remote Interpreting.**

# 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** – means an interpreter who, via a video remote interpreting (VRI) service or an on-site appearance, is able to interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary. Qualified interpreters include, for example, sign language interpreters, oral transliterators, and cued-language transliterators.

Interpreters generally are used to communicate with persons who are deaf, hard of hearing, or have a speech disability. This includes methods of communication such as the use of lip reading, American Sign Language (ASL), Certified Deaf Interpretation, Signed English, and other forms of sign language. Sign language interpreters often -interpret spoken communication into sign and 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 should 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 "0" if calling from an internal telephone line). An operator will answer and ask the number that you are calling.

3. **Video Relay Service (VRS)** – VRS allows persons who are deaf or hard-of-hearing and primarily use American Sign Language (ASL) to communicate through the telephone system with hearing persons. The individual using sign language communicates with a sign language interpreter, known as a Communication Assistant (CA), using video conferencing equipment. The CA relays the message to the hearing party via standard telephone. This method of placing calls is increasingly popular because it allows a more natural flow in communication between the parties.
4. **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.

5. **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.
6. **Video Remote Interpreting (VRI)** – means an interpreting service that uses video conference technology over dedicated lines or wireless technology offering high-speed, wide-bandwidth video connection that delivers high-quality video images. This service allows a person who is deaf or hard of hearing to communicate via a wireless network video connection between the user and the video remote interpretation service, which is staffed with certified sign language interpreters using American Sign Language (ASL) and other sign languages. The Communication Assistant speaks what is signed to the hearing participant, and signs the hearing participant's response back to the sign language user.

#### B. **Communication devices or equipment**

The department using the communication device or equipment is responsible for ensuring the return of that equipment to Central Supply when no longer needed.

1. **Amplified Telephone Handset** – This device amplifies the sound from a telephone receiver. Amplified telephone handsets provided by SAH can be installed on any patient phone, no longer than 4 hours after the request is made to or Nursing Director.
2. **Assistive Listening Devices** – Devices designed to help people with hearing loss improve their ability to hear in difficult or large-area listening situations. Assistive listening devices are not intended as substitutes for hearing aids but as a supplement to hearing aids. These devices can also be used to improve functional hearing abilities for people who don't use hearing aids. *Note:* Because assistive listening devices amplify sound, they are not helpful for individuals who have no hearing.
3. **TTY /TDD** (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 "0" for the operator. 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 operator.

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. In the switchboard room next to Administration Office

**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 reception/visitor waiting areas, and patient rooms are equipped with Closed Caption features. The Closed Caption feature can be activated by pressing "cc" button on remote/nurse call.

### C. Tips

1. Some persons who are deaf can speak; others may not have this skill.
2. Not all persons who are deaf can lip-read.
3. Deaf individuals may use one of several signed languages to communicate, such as American Sign Language, Signed Exact English or another type of Manually Coded English, or Cued Speech.
4. American Sign Language is not another form of English. It is a separate, unique language with its own grammar, syntax and rules.
5. Signed Exact English uses Standard English grammar.
6. Not all persons who are deaf use sign language (either ASL, Signed Exact English or another type of Manually Coded English, Cued Speech).
7. Lip-reading, while helpful without sound clues, is only 30%-50% effective, and sometimes less.
8. More persons who are deaf or hearing impaired have some hearing rather than no hearing at all.
9. Not all persons who are deaf write and read well.
10. Long conversations with persons who lip-read can be very fatiguing to the person who has the impairment.

## APPENDIX B:

### Guidance on Use of Video Remote Interpreting

Video Remote Interpreting (VRI) is a recent advance in technology allowing patients who are Deaf and Hard-of-Hearing to communicate through a certified sign language interpreter via web-based software on a computer, laptop or tablet device. This service provides on demand access to certified sign

language interpreters 24 hours a day, seven days a week.

Interpreter service delivered through video remote interpreting mobile carts or devices is available for use throughout the Hospital. VRI cart(s) are located in the following hospital locations:

1. 1st floor Emergency Services Department
2. 2nd floor Med/Surg

For more information contact SAH ADA Coordinator (916) 887-4454.

VRI interpretation services should not be considered as a replacement for on-site sign language interpreters. SAH's patient care team should assess the patient's medical situation and use the patient's input to help determine what will work best for the patient in their current medical situation.

So long as it is in accordance with the criteria below, video remote interpreting is an effective means for providing sign language interpreter services where it is available. When using video interpreting services, SAH shall ensure that:

1. Real-time, full-motion video and audio over a dedicated high-speed, wide-bandwidth video connection or wireless connection that delivers high-quality video images that do not produce lags, choppy, blurry, or grainy images, or irregular pauses in communication;
2. A sharply delineated image that is large enough to display the interpreter's face, arms, hands, and fingers, and the participating individual's face, arms, hands, and fingers, regardless of his or her body position;
3. A clear, audible transmission of voices; and
4. Adequate training to users of the technology and other involved individuals so that they may quickly and efficiently set up and operate the VRI.

Personnel using the technology, as well as other involved individuals, are adequately trained so that they can quickly and efficiently set up and operate, within five(5) minutes.

Please note, that although VRI is an effective tool for communicating with sign language users, there are certain circumstances where the use of VRI may not be appropriate. Those include:

1. Where patients have limited ability to move their heads, hands, or arms; or consciousness issues; or pain issues;
2. Where patients have cognitive, psychiatric or linguistic difficulties;
3. Where patients are deaf children or are patients in childbirth, are highly emotional or experiencing trauma, or where end of life decisions or terminal illnesses diagnosis and sensitive issues are discussed;
4. Where patients have vision impairments, such as low vision or Usher's Syndrome;
5. Where patients will be treated in rooms where the treatment area cannot accommodate the service; or
6. Where patients are under the influence of alcohol, narcotics, medication or are tired.

Video remote interpreting services may be requested in the same manner as live interpreter services.

When a patient or visitor requests video interpreting services, staff will deliver and connect the

necessary video equipment for utilizing the service. Basic instructions for using the service are posted on each VRI unit. Employees should be familiar with the system as well as their location (see list above).

## All Revision Dates

10/18/2023, 12/28/2021, 12/9/2020, 1/25/2019, 3/29/2016, 8/12/2015, 11/1/2012

## Approval Signatures

Step Description	Approver	Date
Senior Management Team	Jessica Fuller: Administrative Assistant III	11/10/2023
Policy Owner	Kendria McKnight: Disability Access Consultant	11/6/2023

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