

**DIGNITY HEALTH
ADMINISTRATIVE POLICY MANUAL
CLINICAL POLICY AND PROCEDURE**

TITLE: Auxiliary Aids and Services for Effective Communication with Persons with Disabilities

POLICY NUMBER: 100.8.021 **EFFECTIVE DATE:** October 24, 2018

APPLIES TO: System Offices **ORIGINAL** 120.7.005
 Acute Care Entities **EFFECTIVE** March 26, 2008
 Non-Acute Care Entities **DATE:**

I. POLICY

- A. The ability to communicate effectively is critical to enable patients to understand and participate in their care and treatment at Dignity Health Facilities. In order to overcome communication barriers, Dignity Health Facilities will provide Auxiliary Aids and Services to Persons with Sensory or Communication Disabilities, including persons who are Deaf or Hearing-Impaired or who have impaired vision, speaking or manual skills, at no cost. Each patient must be treated as a unique person of incomparable worth, with the same right to life and access to health care possessed by all other persons. Auxiliary Aids and Services help promote access to health care and other services offered at Dignity Health Facilities.
- B. Dignity Health Facilities shall notify and advise Persons with Sensory or Communication Disabilities of the availability of Auxiliary Aids and Services in accordance with this Policy. Dignity Health expects that Facility Staff will consult with Persons with Sensory or Communication Disabilities and consider carefully their self-assessed communication needs before utilizing or acquiring particular Auxiliary Aids and Services. Facility Staff shall consider the nature, length, complexity, and context of the communication as well as the person's normal method(s) of communication in deciding what aid or service is needed for the Person with a Sensory or Communication Disability.
- C. For overcoming communication barriers with Limited English Proficient (LEP) Patients and Companions, please refer to Dignity Health Administrative Policy and Procedure No. 100.8.020, *Language Access for Limited English Proficient (LEP) Patients and Companions*.

II. PURPOSE

- A. Dignity Health is committed to providing Effective Communication through the use of appropriate Auxiliary Aids and Services in accordance with Title III of the Americans with Disabilities Act of 1990 and its implementing regulations, Section 504 of the Rehabilitation Act of 1973, and applicable state laws (collectively, the “ADA”). The purpose of this Policy is to achieve compliance with the ADA and requests for Auxiliary Aids and Services to ensure Effective Communication with Persons with Sensory or Communication Disabilities regarding a patient’s medical conditions and treatment and to ensure access to the services and benefits offered by Dignity Health Facilities.

III. AFFECTED DEPARTMENTS

- A. All Dignity Health Facilities, including but not limited to hospitals, ambulatory surgery centers, home health agencies and Dignity Health-affiliated clinics, and contracted services.

IV. MANDATORY REQUIREMENTS

- A. Facility Compliance Professional/504 Coordinator (“Facility Compliance Professional”)
 1. The Facility Compliance Professional at each Facility shall be responsible for the receipt, investigation and resolution of claims regarding the ADA, including violations of this Policy, at the Facility, in accordance with Dignity Health Administrative Policy and Procedure No. 100.8.022, *Patient and Visitor Grievances*. However, a Facility may choose to designate a 504 Coordinator, other than the Facility Compliance Professional, as the person responsible for carrying out the responsibilities of the Facility Compliance Professional with respect to the receipt, investigation, and resolution of claims regarding the ADA, including violations of this Policy, at the Facility, in accordance with Dignity Health Administrative Policy and Procedure No. 100.8.022, *Patient and Visitor Grievances*.
 2. The Facility Compliance Professional shall also be responsible for coordinating the Facility’s efforts to comply with and carry out its responsibilities under Section 1557 of the Affordable Care Act and its accompanying regulations, including the investigation of any grievance communicated to it by patients or visitors alleging discrimination based on disability or failure to provide Auxiliary Aids and Services for Effective Communication with Persons with Sensory or Communication Disabilities.

B. Notice of Accessibility

1. Each Dignity Health Facility shall post a notice informing disabled persons that Auxiliary Aids and Services are available and free of charge upon request. The notice shall, at a minimum, be posted in the emergency room, the entrance to the Facility, and all admitting areas, including outpatient areas. The text of the notice shall read: ***“For persons with sensory or communications disabilities, this Facility provides free qualified sign language and oral interpreters, TTYs/TDDs, assistive listening devices, and/or other auxiliary aids and services. For assistance, please contact any staff member of this Facility.”*** The notice shall also include the contact information for the Facility Compliance Professional, a State Relay Services number, and the international symbols for interpreters and TTYs/TDDs. The notice shall also include information about where to direct complaints concerning interpreter services as required by law.

C. Training and Questions

1. Facility Staff who have direct contact with patients and their Companions shall be trained in alternative Effective Communication techniques and appropriate measures to access available Auxiliary Aids and Services, including the use of Qualified Sign Language Interpreters.
2. If Facility Staff have questions regarding the implementation of this Policy, Facility Staff shall contact a supervisor, the Facility Compliance Professional, or the Language Access Designee.

D. Effective Communication Determination in Initial Patient Assessment

1. Facility Staff shall perform and document an Effective Communication determination as part of each initial patient assessment. All Effective Communication determinations for a patient and/or the patient’s Companion, including copies of any determination form used, shall be documented and maintained in the patient’s medical record.

E. Procedures to Ensure Effective Communication

1. Written Notification
 - a. Any patient or Companion with sensory or communication disabilities who is participating in treatment discussions and decision-making shall be informed in writing of the availability of Auxiliary Communication Aids and Services at no cost to meet his or her communication needs. Such notice shall be provided at the time of admission, appointment scheduling, or arrival at a Dignity Health Facility, including arrival at the Emergency Department. Facilities must use the Written Notice of Auxiliary Aids and Services form attached as Exhibit A for this purpose.

2. Consultation, Offer and Advice

- a. If Facility Staff recognizes or has any reason to believe a patient or Companion is a Person with Sensory or Communication Disabilities, including Hearing-Impaired or Visually-Impaired, Facility Staff must consult with the person and then make an informed decision regarding assistance necessary to address the particular circumstances. Facility Staff shall advise the person of the availability of Auxiliary Aids and Services. Facility Staff shall offer to provide appropriate Auxiliary Aids and Services for that person at no cost to ensure Effective Communication with the patient or Companion. This advice and offer must likewise be made in response to any express request for a Qualified Sign Language Interpreter and/or for any other Auxiliary Aids and Services. Any determination and offer as to Auxiliary Aids and Services shall be documented in the patient's medical record.
- b. Physicians shall contact Facility Staff for assistance in such circumstances.

3. Appropriate and Qualified Interpreters

- a. Family members, friends, advocates, case managers and other people who are at the Facility to support the patient are not appropriate or qualified interpreters, regardless of their sign language or other communication abilities, and should not be used in place of appropriate Auxiliary Aids and Services. Asking such persons to interpret denies the patient the support needed and compromises the accuracy and effectiveness of Facility Staff communications with the patient.
- b. If a Hearing-Impaired person refuses the offer of a free Qualified Sign Language Interpreter and prefers to use a friend or family member to interpret, the Facility shall obtain a Written Waiver of interpreter services and document the refusal in the patient's medical record. In no circumstances shall a minor be used to facilitate communication with a patient or Companion.
- c. **Emergency Exception:** The Facility may use an adult accompanying a Hearing-Impaired individual to interpret in an emergency involving imminent threat to the safety or welfare of an individual or the public where there is no interpreter available.

4. Refusal and Written Waiver

- a. If a Person with Sensory or Communication Disabilities nevertheless refuses the offer of a free Qualified Sign Language Interpreter or other Auxiliary Aids and Services, Facility Staff shall use its best efforts to secure a Written Waiver. The completed Written Waiver shall be sent to the Records Department for inclusion in the patient's medical record. Facility Staff shall also document the patient's refusal to use a free Qualified Sign Language

Interpreter or other Auxiliary Aids and Services in the patient's medical record.

- b. No payment will be made by Dignity Health or a Dignity Health Facility when a person volunteers his or her own resources for purposes of communication.

F. Redetermination Process Where Communication Not Effective

1. Facility Staff shall document in the patient's medical record any instances where patients or Companions express concern or complain that the Auxiliary Aids and Services provided to them by the Facility failed to provide Effective Communication. Facility Staff, in consultation with the patient or Companion, shall then reassess the Auxiliary Aids and Services determination. Facility Staff shall also document this reassessment process and the Auxiliary Aids and Services determination that results from the reassessment in the patient's medical record. Facilities may use the Reassessment of Auxiliary Aids and Services form attached as Exhibit B for this purpose.
2. If the concern or complaint cannot be immediately resolved at the time raised by staff present, the complaint and any accompanying documentation shall be reported to the Facility Compliance Professional who shall report the complaint as a grievance in accordance with Dignity Health Administrative Policy and Procedure No. 100.8.022, *Patient and Visitor Grievances*.
3. All communications regarding the Facility's failure to provide Effective Communication, all reassessments, and all determinations involving the provision of Auxiliary Aids and Services to a patient or Companion shall be documented in the patient's medical record.

G. Denial of Specifically Requested Auxiliary Aids and Services

1. While reasonable efforts should be made to provide Auxiliary Aids and Services, a Facility may decline to provide particular Auxiliary Aids and Services specifically requested by a patient or Companion if that aid or service would result in an undue burden to the Facility or fundamentally alter any services provided by the Facility.
2. If, after conducting an Effective Communication determination, Facility Staff determine that the circumstances do not warrant providing specifically requested Auxiliary Aids and Services, Facility Staff shall so advise the person requesting the Auxiliary Aids and Services and document in the patient's medical record the date and time of the denial, the name and title of the Facility Staff member making the determination, and the basis for the determination.
3. As an example of circumstances where denial of specifically requested Auxiliary Aids and Services could occur, Facility Staff may decline a Companion's request for a live in-person interpreter when Video Remote Interpreting (VRI) is available,

technically sound and allows for Effective Communication. There is no inherent right to a live in-person interpreter when another method of communication, such as VRI, provides Effective Communication. However, any determination to provide an interpreter through a VRI service when a patient or Companion has requested a live in-person interpreter shall be documented in the patient's medical record. Similarly, Facility Staff shall separately document the date and time of the denial, the name and title of the Facility Staff member making the determination, and the basis for the determination.

V. GUIDELINES FOR USE OF AUXILIARY AIDS AND SERVICES

A. Deaf or Hearing-Impaired Persons

1. Provision of Auxiliary Aids and Services for Effective Communication with Hearing-Impaired Persons

- a. Except where an offer of Auxiliary Aids or Services is explicitly refused, the patient's Healthcare Provider/Designee shall arrange for the requested Auxiliary Aids and Services to ensure Effective Communication and deliver them to the patient and/or the patient's Companion. If a Qualified Sign Language Interpreter is requested, the Facility shall provide one.
- b. Each Facility shall follow the process and procedure set forth in this Policy for assessing what Auxiliary Communication Aids and Services an individual might need and advising patients and their Companions of the availability of Qualified Sign Language Interpreters and other Auxiliary Communication Aids and Services. Ultimately, the key to ensuring Effective Communication with a Deaf or Hearing-Impaired person is to consult with the person and then make an informed decision regarding assistance for the particular circumstances. Facility Staff shall take into account the person's requested accommodation, the effectiveness of alternative accommodations, and the burden to the Facility of providing the accommodation(s).
- c. Physicians shall contact Facility Staff for assistance in such circumstances.

2. Examples of Auxiliary Aids and Services for Effective Communication with Hearing-Impaired Persons

- a. Effective Communication may require different measures based on the circumstances:
 - i. Scheduled Admissions and Appointments
 - a) For scheduled admissions and appointments, if the admitting office is made aware of the need for Auxiliary Aids and Services, arrangements shall be made in advance to ensure that a Qualified

Sign Language Interpreter will be present when a Deaf or Hearing-Impaired person arrives for treatment.

- ii. Medical and Psychiatric Evaluations or Discussions
 - a) If a person 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 through the use of a Qualified Sign Language Interpreter, unless refused by the patient and a signed Written Waiver obtained.

- iii. Assessment, Consent and Discharge
 - a) Auxiliary Aids and Services, including a Qualified Sign Language Interpreter when needed to provide Effective Communication, shall be required for patient assessment, consent, education and discharge, including but not limited to the following circumstances:
 - 1) Determining a patient's history or description of ailment or injury;
 - 2) Obtaining informed consent or permission for treatment;
 - 3) Providing patient's rights;
 - 4) Explaining living wills or powers of attorney (or their availability);
 - 5) Explaining diagnosis or prognosis of ailments or injuries;
 - 6) Explaining procedures, tests, treatment, treatment options or surgery;
 - 7) Explaining the administration and side effects of medications, including side effects and food or drug interactions;
 - 8) Providing discharge instructions or discussing plans;
 - 9) Explaining and discussing advance directives;
 - 10) Explaining blood donations or apheresis;
 - 11) Explaining follow-up treatment, test results, or recovery;
 - 12) Discussing billing and insurance issues;
 - 13) Providing educational presentations, such as classes concerning birthing, nutrition, CPR and weight management;
 - 14) Filing administrative complaints or grievances against a Dignity Health Facility or Facility Staff; and

15) Any other circumstance in which a Qualified Sign Language Interpreter is necessary to ensure a patient's rights provided by law.

b) **NOTE:** The foregoing list of circumstances is not exhaustive and does not imply that there are no other circumstances when it may be necessary to provide Auxiliary Aids and Services for Effective Communication.

iv. Administrative, Routine or Follow-Up Care

a) Administrative, routine or follow-up care may not require Auxiliary Aids and Services. For example, for conversations such as providing admission forms, scheduling an appointment or making a purchase in the hospital gift shop, the use of written notes may be sufficient.

v. TTY/TDD

a) Each Facility shall utilize a TTY/TDD. The TTY/TDD and instructions on how to operate it shall be located in the Facility at a location to be identified by the Facility and accessible to Facility Staff at all times. Some Facilities may have arrangements for sharing a TTY/TDD in the local community. When it is determined by Facility Staff that a TTY/TDD is needed, the appropriate TTY/TDD shall be utilized and documented in the patient's medical record. Some Facilities utilize State Relay Services instead of or in addition to TTY/TDD. When it is determined by Facility Staff that State Relay Services are needed, the Healthcare Provider/Designee shall call "711" to be directed to the appropriate State Relay Services. The use of State Relay Services shall also be documented in the patient's medical record.

3. Emergency Situations

a. It is recommended that each Facility have pictograph flash cards available to facilitate communication with persons who are Hearing-Impaired in an emergency and while awaiting a Qualified Sign Language Interpreter.

b. To be able to act swiftly in an emergency situation, each Facility shall also maintain current contact information for interpreting services and other associations that can provide assistance.

c. The Facility Compliance Professional and/or Language Access Designee shall contact a local vendor to arrange for Qualified Sign Language Interpreters to be included on the list of qualified interpreters. In the event that local vendors are unable to provide a sufficient number of Qualified Sign Language Interpreters to be included on the list, the Facility Compliance

Professional and/or Language Access Designee shall contact the Registry of Interpreters for the Deaf (RID) (www.rid.org) at (703) 838-0030 (voice) or (703) 838-0459 (TTY) to identify and locate additional Qualified Sign Language Interpreters to include on the list and/or ensure Video Remote Interpreting (VRI) is available.

- d. In addition, the written procedures for accessing available Video Remote Interpreting (VRI) services shall be attached to the Facility's VRI equipment where such equipment is available. The complete list of qualified interpreters and the Dignity Health system-wide policies and procedures for accessing VRI services shall be kept at two or more locations within the Facility and updated periodically as necessary. Facility Staff shall be informed of these locations at least annually.

B. Visually-Impaired Persons

1. Provision of Auxiliary Aids and Services for Effective Communication with Visually-Impaired Persons

- a. Facility Staff shall communicate with persons who are Visually-Impaired in a way that ensures Effective Communication. This may require that the content of written materials concerning benefits, services, waivers of rights, and consent to treatment forms are read out loud by Facility Staff to Visually-Impaired persons. Alternatively, it may be more appropriate for Facility Staff to utilize Qualified Readers, taped materials for the blind, and/or large print materials to ensure Effective Communication with Visually-Impaired persons.
- b. The key to ensuring Effective Communication with a Visually-Impaired person is to consult with the person and then make an informed decision regarding the form of assistance needed to meet the person's needs in the particular circumstances. Facility Staff shall take into account the person's requested accommodation, the effectiveness of alternative accommodations, and the burden caused on the Facility of providing the accommodation(s). Each Facility shall follow the process and procedure set forth in this Policy for assessing what Auxiliary Communication Aids and Services an individual might need and advising patients and their family members of the availability of Auxiliary Communication Aids and Services.
- c. Physicians shall contact Facility Staff for assistance in such circumstances.

2. Examples of Auxiliary Aids and Services for Effective Communication with Visually-Impaired Persons

- a. Effective Communication with Visually-Impaired persons may require different measures based on the circumstances. For example, to assist those who are Visually-Impaired, reading the content of written materials out loud and/or utilizing Qualified Readers, taped materials, and/or large print materials may

be required. Auxiliary Aids and Services for Visually-Impaired persons are necessary for patient assessment, consent, and discharge including but not limited to the following circumstances:

- i. Determining a patient's history or description of ailment or injury;
 - ii. Obtaining informed consent or permission for treatment;
 - iii. Providing patient's rights;
 - iv. Explaining living wills or powers of attorney (or their availability);
 - v. Explaining diagnosis or prognosis of ailments or injuries;
 - vi. Explaining procedures, tests, treatment, treatment options or surgery;
 - vii. Explaining the administration and side effects of medications, including side effects and food or drug interactions;
 - viii. Providing discharge instructions or discussing plans;
 - ix. Explaining and discussing advance directives;
 - x. Explaining blood donations or apheresis;
 - xi. Explaining follow-up treatment, test results, or recovery;
 - xii. Discussing billing and insurance issues;
 - xiii. Providing educational presentations, such as classes concerning birthing, nutrition, CPR and weight management;
 - xiv. Filing administrative complaints or grievances against a Facility or Facility Staff; and
 - xv. Any other circumstance in which reading the content of written materials out loud and/or utilizing Qualified Readers, taped materials, and/or large print materials is necessary to ensure a patient's rights provided by law.
- b. **NOTE:** The foregoing list of circumstances is not exhaustive and does not imply that there are no other circumstances when it may be necessary to provide Auxiliary Aids and Services for Effective Communication.

C. Speech-Impaired Persons

1. Writing materials, typewriters, TTYs/TDDs, and/or computers shall be available at Facilities to facilitate Effective Communication concerning program services and benefits, waivers of rights, and consent to treatment forms.

D. Manually-Impaired Persons

1. Assistance will be provided by Facility Staff or through the use of assistive devices. For example, a person with a manual impairment may need an accessible call button that does not require squeezing or grabbing. A person with a manual impairment may also require assistance in completing written

instruments such as intake forms. Auxiliary Communication Aids and Services may include the provision of Facility Staff to write information provided by the patient onto the forms.

VI. DOCUMENTATION

A. General Requirements

1. The patient's Healthcare Provider/Designee shall document in the patient's medical record that assistance has been provided and by whom, or that assistance was offered and the patient refused the service. In the case of a Companion in need of Auxiliary Aids and Services, the offer and provision of Auxiliary Aids and Services or the refusal of such services shall be documented in the medical record of the patient accompanied by the Companion. All use of sign language interpreting agencies shall be documented in the patient's medical record.
2. Physicians shall contact Facility Staff for assistance in such circumstances.

B. Offer and Waiver of Auxiliary Aids and Services

1. Dignity Health facilities shall use the Written Waiver form to document the offer and refusal of Auxiliary Aids and Services by patients and Companions in accordance with this Policy.

C. Maintenance of Documentation

1. A copy of all documentation related to a waiver of Auxiliary Aids and Services, a decision not to provide particular Auxiliary Aids and Services, a redetermination of appropriate Auxiliary Aids and Services for Effective Communication, or a complaint that particular Auxiliary Aids and Services are ineffective shall be maintained in accordance with this Policy. Complaints shall also be forwarded to the Facility Compliance Professional for resolution in accordance with Section VII of this Policy.

VII. COMPLAINTS

- A. All complaints involving access to Facilities for Persons with Sensory or Communications Disabilities, the provision of Auxiliary Aids and Services to such persons, or violations of this Policy may be made by calling the Dignity Health Hotline at 1-800-938-0031, notifying Facility Staff, reporting a complaint as provided in Dignity Health Administrative Policy and Procedure No. 100.8.022, Patient and Visitor Grievances, or as otherwise may be designated and made available by the Facility. The Facility shall promptly investigate and respond to all complaints in

accordance with Dignity Health Administrative Policy and Procedure No. 100.8.022, *Patient and Visitor Grievances*.

VIII. COMMUNICATION OF POLICY; ACCESS TO POLICY; TRAINING

A. Communication

1. This Policy shall be communicated to every Person with Sensory or Communication Disabilities seeking access to a Facility in a way that ensures such persons understand that the Facility will provide Auxiliary Aids and Services to qualified persons with disabilities, including persons who are Deaf or Hearing-Impaired, Visually-Impaired, Speech-Impaired and/or Manually-Impaired.

B. Alternative Formats

1. Auxiliary Aids

- a. If an individual seeking access to a Facility has a sensory or communication disability, this Policy shall be communicated in the requested accessible format, such as audio, large print format, sign language, or other appropriate method, in accordance with this Policy or any successor policy.

2. Foreign Language/Limited English Proficiency

- a. If a Person with Sensory or Communication Disabilities seeking access to a Facility also requires foreign language interpretation services, this Policy shall be made available in accordance with both Dignity Health Administrative Policy and Procedure No. 100.8.021, *Auxiliary Aids and Services for Effective Communication with Persons with Disabilities* and Dignity Health Administrative Policy and Procedure No. 100.8.020, *Language Access for Limited English Proficient (LEP) Patients and Companions*, or successor policies.

C. Facility Staff Training/Education

1. Dignity Health shall instruct all medical personnel and Facility Staff, including security personnel, on the provisions of this Policy through its normal channels of communicating information to employees, including but not limited to its Intranet site, and at employee orientation. Each Facility shall also conduct periodic employee training to ensure its employees are familiar with this Policy. Each Facility shall also train Facility Staff who have direct contact with patients and their Companions on appropriate measures to access available Auxiliary Aids and Services, including the use of Qualified Sign Language Interpreters.

IX. DEFINITIONS

- A. **Auxiliary Aids and Services** – Communication aids and services used to communicate with Persons with Sensory or Communication Disabilities. The term “Auxiliary Aids and Services” includes, but is not limited to:
1. Qualified Sign Language Interpreters; note takers; real-time computer-aided transcription services; written materials; exchange of written notes; telephone handset amplifiers; assistive listening devices; assistive listening systems; telephones compatible with hearing aids; closed caption decoders; open and closed captioning, including real-time captioning; voice, text, and video-based telecommunications products and systems, including Text Telephones (TTYs) and Telecommunication Devices for the Deaf (TDDs), videophones, and captioned telephones, or equally effective telecommunication devices; videotext displays; accessible electronic and information technology; or other effective methods of making orally-delivered information available to individuals who are Deaf or Hearing-Impaired;
 2. Qualified Readers; taped texts; audio recordings; Braille materials and displays; screen reader software; magnification software; optical readers; secondary auditory programs (SAP); large print materials; accessible electronic and information technology; or other effective methods of making visually-delivered materials available to individuals who are blind or Visually-Impaired;
 3. Acquisition or modification of equipment or devices; and
 4. Other similar services and actions.
- B. **Companion** – A family member, friend, or associate of the patient who, along with the patient, is an appropriate person with whom Facility Staff should communicate regarding the care and treatment of the patient and who meets one of the following requirements:
1. A person whom the patient authorizes to: (1) communicate with Facility Staff about the patient; (2) participate in any treatment decision; (3) communicate the patient’s needs, condition, history, or symptoms to Facility Staff; or (4) help the patient act on the information, advice, or instructions provided by Facility Staff; or
 2. A person legally authorized to make health care decisions on behalf of the patient; or
 3. Such other person with whom Facility Staff would ordinarily and regularly communicate concerning the patient’s medical condition including, but not limited to, the patient’s next of kin or health care surrogate, subject to applicable privacy law requirements.

- C. **Deaf** – A person who is unable to hear normal conversation. A deaf person is Hearing-Impaired.
- D. **Effective Communication** – Any form of communication (for example, writing or speech) that leads to understanding and is appropriate for the nature, length, complexity and context of the communication in light of a person’s normal method(s) of communication.
- E. **Facility or Facilities** – All Dignity Health owned or operated sites where care and treatment are provided to patients, including, but not limited to, hospitals, ambulatory surgery centers, home health agencies and Dignity Health-affiliated clinics.
- F. **Facility Compliance Professional** – The person designated to support the Hospital President and Hospital Management team in their efforts to implement the Dignity Health Integrity Program elements in accordance with Dignity Health Board Directives and the Facility Compliance Professional Position Description contained in Dignity Health’s Facility Compliance Professional Orientation Manual and Resource Guide.
- G. **Facility Staff** – All employees and independent contractors who have contracts to work on a full-time, part-time, or per diem basis for a Dignity Health Facility, including clinical, non-clinical, and volunteers, who will have direct contact with patients or Companions.
- H. **Healthcare Provider/Designee** – The healthcare provider employee of the Facility or independent contractor who is on duty or his or her designee. This definition excludes Physicians.
- I. **Hearing-Impaired** – A person who has difficulty hearing normal conversation.
- J. **Language Access Designee** – The person designated by the Facility as responsible for language access and services at the Facility.
- K. **Manually-Impaired** – A person with a physical impairment that affects the ability to communicate.
- L. **Persons with Sensory or Communication Disabilities** – Persons who are Deaf or Hearing-Impaired, are blind or vision impaired, or have difficulties with speech or manual/mobility skills.
- M. **Physicians** – Affiliated physicians or other health care professionals who have privileges that permit them to see and/or treat patients at a Dignity Health Facility.
- N. **Qualified Reader** – A person who is able to read effectively, accurately, and impartially using any necessary specialized vocabulary.

- O. **Qualified Sign Language Interpreter** – An interpreter who, via Video Remote Interpreting (VRI) or an on-site appearance, is able to interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary. Qualified Sign Language Interpreters include, for example, sign language interpreters, oral transliterators, and cued-language transliterators.
- P. **Relay Services** – A free nationwide service that provides telephone services for persons who are Deaf and Hearing-Impaired. This service is useful for calling or receiving calls from a person who is Deaf and uses a TTY/TDD at home.
- Q. **Speech-Impaired** – A person who has difficulty with vocal communication. A non-speaking person is Speech-Impaired.
- R. **TTY/TDD** – A Text Telephone or Telecommunication Device for the Deaf or Hearing-Impaired; a device used by the Deaf community to communicate via telephone.
- S. **Video Remote Interpreting (VRI)** – A video phone or network connection service that provides video transmission to a video capable device such as a video monitor, laptop, tablet, smartphone, or computer that enables a person who is Deaf or Hearing-Impaired to view and sign to a video interpreter (i.e., a live interpreter in another location) who can see and sign to the person who is Deaf or Hearing-Impaired through a camera located on or near the monitor, while others can communicate by speaking.
- T. **Visually-Impaired** – A person who has difficulty seeing or reading. A blind person is Visually-Impaired.
- U. **Written Waiver** – The form contained in the Electronic Health Record for patients and/or available in print for patients and Companions, which shall be used to document any refusal by a patient or Companion to accept a Facility's offer of one or more Auxiliary Aids and Services.

X. REFERENCES

- A. Dignity Health Administrative Policy and Procedure No. 100.8.020, *Language Access for Limited English Proficient (LEP) Patients and Companions*
- B. Dignity Health Administrative Policy and Procedure No. 100.8.022, *Patient and Visitor Grievances*
- C. Dignity Health Administrative Policy and Procedure No. 100.8.023, *Nondiscrimination under ADA, Section 504, Title VI, Title IX, Age Discrimination Act and Section 1557*
- D. Dignity Health Administrative Policy and Procedure No. 100.8.024, *Section 504 Notice of Program Accessibility*

- E. Dignity Health Facility Compliance Professional Orientation Manual and Resource Guide

XI. STATUTORY/REGULATORY AUTHORITIES

- A. Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. § 794 *et seq.*)
- B. U.S. Department of Health and Human Services Regulations Implementing Section 504 of the Rehabilitation Act of 1973 (45 C.F.R. Part 84)
- C. The Americans with Disabilities Act of 1990
- D. Americans with Disabilities Act, Title III (42 U.S.C. § 12181 *et seq.*)
- E. Americans with Disabilities Act, Title III Regulations (28 CFR pt. 36)
- A. Section 1557 of the Patient Protection and Affordable Care Act (ACA) (42 CFR pt. 92)
- F. Nondiscrimination in Health Programs and Activities; Final Rule (42 CFR Part 92)
- G. Comprehensive Accreditation Manual for Hospitals (2000)
- H. Kopp Act - California Health & Safety Code § 1259

XII. EXHIBITS

The following exhibits are linked to the policy on PolicyManager.

To access the exhibits, click on the “Content Linkage” icon



at the upper right hand portion of the screen.

Exhibit A - Written Notice of Auxiliary Aids and Services Flyer

Exhibit B - Reassessment of Auxiliary Aids and Services Form

{End of policy.}