

## Auxiliary Aids and Services for Persons with Disabilities

## PURPOSE:

To provide guidelines and resources for all staff who encounter persons with disabilities covered under this policy such that the staff will be able to provide medical care as needed.

SCOPE:
Applies to Hoag Orthopedic Institute (HOI)

## POLICY:

1. Hoag Orthopedic Institute (HOI) will take appropriate steps to ensure that persons with disabilities, including persons who are deaf, hard of hearing, or blind, or who have other sensory or manual impairments, have an equal opportunity to participate in our services, activities, programs and other benefits.
2. All necessary auxiliary aids and services shall be provided without cost to the person being served.
3. All staff will be provided written notice of this policy and procedure, and staff that may have direct contact with individuals with disabilities will be trained in effective communication techniques, including the effective use of interpreters.

## PROCEDURE:

1. Identification and assessment of need: HOI provides notice of the availability of and procedure for requesting auxiliary aids and services through notices in our brochures and through notices posted in the lobby and registration area. When an individual self-identifies as a person with a disability that affects the ability to communicate or to access or manipulate written materials or requests an auxiliary aid or service, staff will consult with the individual to determine what aids or services are necessary to provide effective communication in particular situations.

## 2. For Persons Who Are Deaf or Hard of Hearing:

a. For persons who are deaf/hard of hearing and who use sign language as their primary means of communication:
i. HOI's primary sign language interpreter service is AMN (formerly Stratus) InDemand that provides Video Remote Interpreting (VRI) via a VRI unit. Many languages are offered with a video connection including sign language. When connection is made with an interpreter, please provide the patient's medical record number, if available, and the department cost center.
ii. Med Surg 2nd Floor and Pre-Op are equipped with VRI units. The VRI unit must have a screen protector applied to allow for a hospital-approved disinfectant to be used to disinfect the device and screen.
iii. Although the use of the Video Remote Interpreting (VRI) unit is the primary method for providing sign language interpretation because it is available $24 / 7$, if an in-person sign language interpreter is needed, one can be arranged. Call the Hoag PBX operator to be connected to the below resources or staff can call directly. Note the availability of in-person interpreters is not guaranteed. Any costs associated with in-person interpreters will be charged to HO .
Language People - 707-538-8900
LifeSigns - 888-930-7776 or after hours 800-633-8883
iv. Communicating by Telephone: a Telecommunication Device for the Deaf/ TeleTYpewriter (TDD/TTY) for external communication is located in the Communications Department for Hoag Newport/Irvine and in the Emergency Departments at Newport and Irvine. Below are the numbers that can be provided to the community for the TDD/TTY phones: TDD/TTY number for the Communications Department is 949-645-8099 TDD/TTY number for Irvine Emergency Department is 949-450-0153
b. Some persons who are deaf or hard of hearing may prefer or request to use a family member or friend as an interpreter. However, family members or friends of the person will not be used as interpreters unless specifically requested by that individual and after an offer of an interpreter at no charge to the person has been made by the facility.
i. Such an offer and the response will be documented in the person's electronic medical records. If the person chooses to use a family member or friend as an interpreter, issues of competency of interpretation,
confidentiality, privacy and conflict of interest will be considered.
ii. If the family member or friend is not competent or appropriate for any of these reasons, competent interpreter services will be provided.
iii. Children and other clients/patients/residents will not be used to interpret, in order to ensure confidentiality of information and accurate communication.
iv. Contact Risk Management for guidance.

## c. For Persons Who are Blind or Who Have Limited Vision

i. Staff will communicate information contained in written materials concerning treatment, benefits, services, waivers of rights, and consent to treatment forms by reading out loud and explaining these forms to persons who are blind or who have limited vision.
ii. Qualified readers; lighted magnifying glasses; or other effective methods that help make visually delivered materials available to individuals who are blind or who have low vision. In addition, staff is available to assist persons who are blind or who have low vision in filling out forms and in otherwise providing information in a written format.

## d. For Persons With Speech Impairments

i. To ensure effective communication with persons with speech impairments, staff will provide writing materials; - and note-takers; TDD/ TTYs; and other communication aids.

## e. For Persons With Manual Impairments

i. Staff will assist those who have difficulty in manipulating print materials by holding the materials and turning pages as needed, or by providing one or more of the following:

1. Note-takers; speaker phones; or other effective methods that help to ensure effective communication by individuals with manual impairments.

## Reference:

1. US Department of Health \& Human Services. (n.d.) Effective Communication for Persons who are Deaf or Hard of Hearing. Retrieved from: https://www.hhs.gov/guidance/document/ effective-communication-persons-who-are-deaf-or-hard-hearing-0

## Approval Signatures

Step Description Approver Date

| SVP/CEO Approval | Kim Mikes: VP SR AND CEO | $1 / 23 / 2024$ |
| :--- | :--- | :---: |
|  | HOI |  |
| Policy Management - P \& P | Katheryn Von Bargen: | $1 / 19 / 2024$ |
| Committee Approval | ADMINISTRATIVE SPECIALIST |  |
| Owner Approval | Ann Marie Svolos: PRINCIPAL | $1 / 2 / 2024$ |
|  | RISK, ACCREDITATION \& |  |
|  | REGULATORY COMPLIA |  |

## Applicability

Hoag Orthopedic Institute

