I. PURPOSE STATEMENT:

To develop a plan that accommodates individuals pursuant to Section 504 of the Rehabilitation Act of 1973, Section 1557 of the Patient Protection and Affordable Care Act (ACA 2010) and the Americans with Disabilities Act of 2008 which prohibits discrimination on the basis of disability in the delivery of healthcare services. The regulation implementing the Acts requires that persons who are deaf or hard-of-hearing be provided with auxiliary aids at no cost to allow them an equal opportunity to participate in and benefit from healthcare services. The decision as to the method to be used for communication requires the input of the patient and their choice must be given weight. Failure to properly assess and subsequently provide a reasonable accommodation is punishable by fine to the provider.

Sunrise Hospital and Medical Center and Sunrise Children’s Hospital is committed to compliance with federal and state laws prohibiting discrimination on the basis of disability. Sunrise Hospital and Medical Center and Sunrise Children’s Hospital recognizes its legal obligation to ensure effective communication with persons with disabilities and makes every effort to pro-actively assess communication needs as well as providing the most compassionate care.

This policy requires development of a language access plan that accommodates individuals who are deaf or hard-of-hearing by providing free auxiliary aids in order to ensure equal opportunity to participate in and benefit from healthcare services.

II. RESPONSIBLE PERSONS:

All Sunrise Hospital and Medical Center and Sunrise Children’s Hospital staff.

III. DEFINITIONS:

A. Auxiliary aid. Auxiliary aids may include video remote interpreting (VRI) or face-to-face sign-language interpreters, flash cards, communication boards, telephone amplifiers, a TDD/TTY, taped and large print materials, and reading to the patient/surrogate decision-maker. Lip reading, note writing, and use of finger spelling or gestures may also aid communication but are not a replacement for interpreters.
B. **Effective communication.** Communication sufficient to provide individuals that may be deaf or hard-of-hearing with substantially the same level of services received by individuals who are not deaf or hard-of-hearing.

C. **Interpretation.** The act of listening to a communication in one language (source language) and orally converting it to another language (target language) while retaining the same meaning.

D. **Language Assistance Services.** Oral and written language services needed to assist individuals who may be deaf or hard-of-hearing to communicate effectively with staff and to provide persons who are deaf or hard-of-hearing meaningful access to and equal opportunity to, participate fully in the services, activities, or other programs.

E. **Meaningful Access.** Language assistance that results in accurate, timely, and effective communication at no cost to the individual who may be deaf or hard-of-hearing. Meaningful access denotes access that is not significantly restricted, delayed or inferior as compared to programs or services provided to persons who are not deaf or hard-of-hearing.

F. **Qualified Interpreter.** A qualified interpreter (or translator) is an interpreter who has had their specialized vocabulary (medical or legal terminology) proficiency assessed. A qualified interpreter is able to interpret effectively, accurately and impartially both receptively and expressively, using any necessary specialized vocabulary. No certification is needed to be a qualified interpreter and certified interpreters are not automatically qualified interpreters despite their training and certification. An interpreter’s qualification is based on his/her ability to communicate effectively in a specific situation such as in a healthcare setting using complex medical terminology and processes.

### IV. **POLICY STATEMENT:**

Sunrise Hospital and Medical Center and Sunrise Children’s Hospital will take appropriate steps to ensure persons with disabilities, including persons who may be deaf or hard-of-hearing, have an equal opportunity to participate in our services, activities and other benefits. The procedures outlined below are intended to ensure the effective communication with patients involving medical conditions, treatment, services and benefits. All necessary language assistance services shall be provided free of charge.

Sunrise Hospital and Medical Center and Sunrise Children’s Hospital staff will be provided notice of this policy and procedure. Staff that may have direct contact with individuals with disabilities will be trained in effective communication techniques. Sunrise Hospital and Medical Center and Sunrise Children’s Hospital staff will inform patients who may be deaf or hard-of-hearing and any family member or friend of the patient who is participating in treatment discussions and decision-making that is deaf or hard-of-hearing of the availability, at no cost to them, of language services in order to effectively communicate.
V. PROCEDURE:

A. Equity Compliance Coordinator
The Equity Compliance Coordinator (previously known as the 504 Coordinator) is responsible for the applicable aspects of Section 504 of the Rehabilitation Act of 1973 (28 U.S.C. 794), Section 1557 of the Patient Protection and Affordable Care Act (2010) and the Americans with Disabilities Act of 1990 (42 U.S.C. 12181) including changes made by the ADA Amendments Act of 2008 (P.L. 110-325).

The Equity Compliance Coordinator is responsible for the coordination of the required accessibility training, including effective communication techniques for all staff members annually. They will conduct regular reviews of the language access needs of the patient population as well as the monitoring and updating of the implementation of this policy as needed.

B. Identification and Assessment of Persons who may be Deaf or Hard-of-Hearing
Sunrise Hospital and Medical Center and Sunrise Children’s Hospital will identify the language and communication needs of persons who may be deaf or hard-of-hearing as needed to ensure effective communication.

All staff may use the “Notice of Language Assistance Services for Persons who may be Deaf or Hard-of-Hearing” to inform such persons of services and determine what language assistance services may be needed.

If language services are declined by the patient (or anyone involved in making medical decisions) staff will then use the “Waiver of Language Assistance” to not only document the refusal but also to serve as notice to the patient (or person involved in making medical decisions) that they may still request a free qualified interpreter at any time.

The “Notice of Language Assistance Services for Persons who may be Deaf or Hard-of-Hearing” and/or the “Waiver of Language Assistance” will be saved to the patient’s medical record.

C. Providing Notice to Persons who May be Deaf or Hard-of-Hearing
Sunrise Hospital and Medical Center and Sunrise Children’s Hospital shall inform persons who may be Deaf or Hard of Hearing of the availability of free qualified language assistance. A nondiscrimination statement will be posted at intake areas and other points of entry, including but not limited to the emergency room, admitting and outpatient areas. Notification will also be provided through outreach documents.

Sunrise Hospital and Medical Center and Sunrise Children’s Hospital utilizes relay services for external telephone with TTY users. Calls are accepted through a relay service. The state relay service number is:

Dial 7-1-1 to use Hamilton Relay in Nevada or call one of the toll free numbers below:
TTY/ASCII/HCO: 800-326-6868
Voice: 800-326-6888
Spanish: 800-877-1219
STS: 888-326-5658
VCO: 800-326-4013

D. Obtaining a Qualified Interpreter
The EQUITY COMPLIANCE COORDINATOR or designee is responsible for obtaining a qualified interpreter when needed to effectively communicate.

E. The Use of Family or Friends for Professional Language Services
Family members or friends will not be used for language assistance unless specifically requested by the patient and only after an offer of free qualified language assistance is offered and documented by the use of the “Notice of Language Assistance Services for Persons who are Deaf or Hard of Hearing.”

Persons that request (or prefer) the use of a family member or friend as interpreters must take into consideration issues of competency, confidentiality, privacy and conflicts of interest. A “Waiver of Language Assistance” will be used if any language services are provided by persons not procured specifically by the Facility.

If a family member or friend is not competent or appropriate for any of the previous reasons then a qualified interpreter must be provided to ensure effective communication.

Minor children or other patients will not be used to interpret in order to ensure the confidentiality of information and effective communication.

F. Providing Written Translation
The EQUITY COMPLIANCE COORDINATOR will coordinate the translation of vital documents into alternative formats as needed which shall be provided free of charge to persons who may be deaf or hard-of-hearing.

G. Monitoring Language Needs and Implementation
The EQUITY COMPLIANCE COORDINATOR will assess changes in the demographics, types of services or other needs that may require the modifications to the implementation of this policy. Regular assessment of the effectiveness of these procedures, equipment necessary for the delivery of qualified language services and the complaint process will be conducted.

VI. POLICY IMPLEMENTATION:

A. Vendor information:
   1. The language assistance vendor is CyraCom
   2. The auxiliary aid vendor for communication boards is Interactive Therapeutics, Inc., an AliMed Company.
3. The vendor for in-person sign language interpreter is American Sign Language Communication services.

B. Vendor Contact Information:
   1. CyraCom can be reached by contacting the account manager at 520-745-9447
   2. Communication Board vendor contact information: AliMed Inc. 297 High Street Debham, MA 02026. 781-329-2900; www.alimed.com
   3. The vendor for an in-person sign language interpreter is American Sign Language Communication services who can be reached at 702-610-4722.

C. Auxiliary Aid Procedure for The Language Interpreter Services on the CyraCom iPads:
   The hospital provides mobile iPads on wheels for sign language interpretation. The iPads are located in the PBX operator office. The PBX office is open 24/7 and iPads will be checked out with instructions for the employee to return the iPad immediately after patient is transferred to another unit or discharged. A form must be completed prior to checking out an iPad (attached).
   1. Sign-in – Select the CyraCom app icon to login. Select your unit which will then auto-populate the PIN
   2. Select American Sign Language. Make sure volume is turned up (lower right side of the back of the speaker)
   3. Make a Call – Select Video call to initiate connect to an interpreter
   4. Record Interpreter ID – Document your interpreter’s name and ID number in the patients chart
   5. Set up web camera to be on patient so that your interpreter can see your patient and interpret for you. Again, make sure that the volume is turned up so you can hear the interpretation from the interpreter.
   6. Problems? Call IT 18700 or call 1800-481-3289 (800 number for the CyraCom.

VII. COMPLAINT PROCESS:
   It is the policy of Sunrise Hospital and Medical Center and Sunrise Children’s Hospital not to discriminate on the basis of a person’s disability. An internal grievance procedure has been adopted to provide for the prompt and equitable resolution of complaints alleging any action prohibited by Section 504 of the Rehabilitation Act of 1973 (28 U.S.C. 794), Section 1557 of the Patient Protection and Affordable Care Act (2010) and the Americans with Disabilities Act of 1990 (42 U.S.C. 12181) including changes made by the ADA Amendments Act of 2008 (P.L. 110-325).

   Any person who believes he or she has been subjected to discrimination on the basis of his or her disability may file a grievance under this procedure [or under the regular Sunrise Hospital and Medical Center grievance policy]. It is against the law for Sunrise Hospital and Medical Center to retaliate against anyone who files a grievance or participates in the grievance process.
The EQUITY COMPLIANCE COORDINATOR will make appropriate arrangements so that persons who may be deaf or hard-of-hearing are provided other accommodations if needed to participate in the grievance process.

1. Complaints concerning language assistance must be submitted to the EQUITY COMPLIANCE COORDINATOR within 30 days of the date the patient becomes aware of the alleged discriminatory act.
2. The complaint shall be in writing, containing the name and address of the person filing the complaint. The complaint must also state the problem or action alleged to be discriminatory and the remedy or relief sought.
3. The EQUITY COMPLIANCE COORDINATOR shall conduct a thorough investigation providing an opportunity for all relevant evidence to be submitted as it relates to the alleged discriminatory act.
4. Every effort will be made to issue a written decision no later than 30 days after the complaint has been filed. All records of grievances will be maintained by the EQUITY COMPLIANCE COORDINATOR.
5. The person filing the grievance may appeal the initial decision by writing to the PATIENT ADVOCATE: Cyndi Tierney, RISK MANAGER: Andrew Rothenberger, ADMINISTRATOR: David Hoffenberg within 15 days of receiving the initial decision. The PATIENT ADVOCATE, RISK MANAGER, & ADMINISTRATOR will make every effort to issue a final written decision to the appeal within 30 days of the appeal being filed.

The filing of a complaint of discrimination based on a person’s disability does not prevent the filing of a complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office of Civil Rights Complaint Portal, available at: https://ocrportal.hhs.gov/ocr/portal/lobby.jsf, or by mail or phone at:
U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, DC 20201
1-800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at: http://www.hhs.gov/ocr/office/file/index.html

Undue Hardship
“Undue Hardship” refers to actions that create significant difficulty or expense to the Facility. In this respect, Facility reserves the right to assess patient requests for accommodations. Undue Hardship will be determined on a case-by-case basis. The following considerations will be weighed in Facility’s assessment of whether a requested accommodation creates an “Undue Hardship”:
1. Range of available accommodations and sufficiency of available accommodations to address request at issue;
2. The net cost of the accommodation, including the overall financial resources compared to the size of the facility;
3. Nature and extent of the accommodation;
4. Type of construction required;
5. Impact or accommodation upon the operation of the facility; and/or
6. No adverse outcome in patient care.

VIII. DOCUMENTATION:

The staff member will document in the medical record that assistance has been provided, offered or refused by the use of the “Notice of Language Assistance Services for persons who are Deaf or Hard of Hearing” which may be attached to this policy.

A “Waiver of Language Assistance” may be used if any language services are refused by the patient (or person involved in healthcare decisions).

IX. RESOURCES:

1. Language Services Providers (approved by HPG).
5. 28 CFR Part 36, revised as of July 1, 1994 entitled “Non Discrimination on the Basis of Disability by Public Accommodations and in Commercial Facilities”.

NOTICE OF LANGUAGE SERVICES FOR PERSONS WHO ARE DEAF OR HARD-OF-HEARING

Our staff wants to communicate effectively with you and your family members. Please circle the best answer to the questions below and return it to a staff member in order for us to provide appropriate language service assistance.

All of the language services are free of charge to you.

Do you want a qualified American Sign Language (ASL) Interpreter to help us communicate with you through Video Remote Interpreting?  

YES  NO

Do you want a TTY with a Light Signaler (if available)?

YES  NO

Do you want an Amplified Telephone Receiver (if available)?

YES  NO

Do you want an Assistive Listening Device (if available)?

YES  NO

Do you want a Closed Caption TV?

YES  NO

Do you want a Cued Speech Interpreter (if available)?

YES  NO

Do you want a Computer Assisted Real Time Captioning (CART) (if available)?

YES  NO

Do you want Signed English or Oral Interpreter (if available)?

YES  NO

Is there any other way by which we may communicate better with you? Please explain:

___________________________________________________________________________

Signature ____________________________ Date ___________ a.m./p.m. 

Time

A copy of Accommodating Persons Who may be Deaf or Hard-of-Hearing is available free upon request. Please initial here if you received a copy of this policy.
We want to provide you with the best care possible including the use of a qualified medical interpreter who understands your primary (or preferred) language as well as complex medical terms. All qualified interpreters are also trained to protect your privacy.

We want to make sure you understand the risks if an interpreter is used who is not qualified to interpret complex medical terminology. If you choose a family member or friend to interpret for you, that person may not understand what the provider is communicating and may not know the correct medical translation or explanation. Information may be left out or inaccurately conveyed to you that may hurt your medical treatment.

I, ____________________________________________, understand that I have a right to be provided free language assistance in order to communicate with Facility staff and doctors effectively.

However, I DO NOT WANT LANGUAGE SERVICES to be provided to me.

_________________________  ____________  ____________  a.m./p.m.
Signature                     Date                Time

I understand that at any time I can change my mind about this request.

A copy of Sunrise Hospital and Medical Center and Sunrise Children’s Hospital’s policy for Accommodating Persons who may be Deaf or Hard-of-Hearing is available free of charge upon request.

Please initial here if you have received a copy of this policy.

__________________________ (Initials)
Sunrise Hospital and Medical Center and Sunrise Children’s Hospital Accommodating Persons who are Deaf or Hard of Hearing policy requires that a qualified medical interpreter be provided free of charge to patients (and persons involved in healthcare decisions) who may be Deaf or Hard of Hearing in order to ensure patient safety and effective communication between the patient and provider.

Patients have the right to refuse a qualified medical interpreter and request that a family (or friend) provide interpreting services. An offer of free qualified language assistance must be offered and documented in the medical record by the use of the Notice of Language Assistance Services for Persons Who are Deaf or Hard of Hearing. The potential risks of using an interpreter that is not qualified must be explained to the patient (or person involved in making medical decisions) in the person’s primary (or preferred) language by the use of the Waiver of Language Assistance which will be documented in the medical record.

Patients must sign the Waiver of Language Services each and every time qualified language services are refused by the patient (or person involved in making medical decisions) and this Waiver must be saved to the medical record.

Providers may request, at their discretion, that a qualified medical interpreter is used despite the signing of the Waiver.