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 should include 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.

Riverside Community Hospital is committed to compliance with federal and state laws prohibiting discrimination on the basis of disability. Riverside Community 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 Riverside Community 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, braille, 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 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 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.

Policy Statement: Riverside Community 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.

Riverside Community 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. Riverside Community 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.

IV. Procedure:
A. Equity Compliance Coordinator (Director of Patient Relations/Risk)
The Equity Compliance Coordinator (previously known as the 504 Coordinator) and 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
Riverside Community 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
Riverside Community 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.

Riverside Community Hospital utilizes relay services for external telephone with TTY users. Calls are accepted through a relay service. The state relay service number is 711.

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.

V. Policy Implementation

A. American Sign Language Interpretation:

1. For patients that are deaf, American Language Line interpreters are available via webcam. Contact PBX and/or Liaison office for VRI laptop location. Anyone using a laptop must sign it out by logging the date, employee name, patient’s MRN, department and time. Upon returning the laptop, employee must sign the laptop back in with employee name, date and time. The department checking the laptop out is responsible for returning it in a timely manner. Laptops are set up in the same manner as the phones. Instructions are included with each laptop.

2. Laptops are set up to automatically log onto Client Login Video Remote Interpreting (VRI) sign in screen.

3. In the event the laptop does not automatically log onto the sign in screen, go to https://interpretrac.lsaweb.com/;

4. Sign in with username and password (Label sticker located on laptop).

5. Click on the VIDEO REMOTE INTERPRETING link.

6. Enter appropriate information in fields displayed (Department, Callers name, MR# and language).

7. Click GET INTERPRETER.

8. Next you will see the main LSA VRI window and will be connected to an interpreter (you will hear music). Once the session is complete click DISCONNECT button on the top right hand corner of the screen.

B. In the event that the patient is deaf as well as sight-impaired, follow the process below:

1. Notify department manager/director during normal business hours for an in person interpreter.

2. Notify Nursing Liaison during evenings, nights and weekends for an in person interpreter.

3. Once approved, the department manager/director or Nursing Liaison will notify the hospital operator to contract sign language interpreter (Start with LSA at 877-274-9745; if LSA is not available then call Lifesigns at 888-930-7776).

Note: Staff is not permitted to call the contracted sign language interpreter without department leadership approval.
VI. Complaints

It is the policy of Riverside Community 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 Riverside Community Hospital grievance policy. It is against the law for Riverside Community Hospital 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.

A. 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.

B. The compliant 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.

C. 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.

D. 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.

E. The person filing the grievance may appeal the initial decision by writing to the Patient Relations Department within 15 days of receiving the initial decision. The Patient’s Relations Department 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 Riverside Community Hospital. In this respect, Riverside Community Hospital 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 Riverside Community Hospital’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 Riverside Community Hospital;
3. Nature and extent of the accommodation;
4. Type of construction required;
5. Impact or accommodation upon the operation of the Riverside Community Hospital; and/or
6. No adverse outcome in patient care.

VII. Documentation

The contacted 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).

VIII. Resources:

- Language Services Providers (approved by HPG).
- Rehab Act of 1973, Section 504.
PROCEDURE /GUIDELINES
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 Riverside Community employee so that we can provide appropriate language service assistance.

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

<table>
<thead>
<tr>
<th>Question</th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>Do you want an American Sign Language (ASL) Interpreter to help us communicate with you?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Do you want a TTY with a Light Signaler (if available)?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Do you want an Amplified Telephone Receiver (if available)?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Do you want an Assistive Listening Device? (NOT AVAILABLE AT THIS TIME)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Do you want a Closed Caption TV?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Do you want a Cued Speech Interpreter? (NOT AVAILABLE AT THIS TIME)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Do you want a Computer Assisted Real Time Captioning (CAART)? (NOT AVAILABLE AT THIS TIME)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Do you want Signed English or Oral Interpreter (if available)?</td>
<td>YES</td>
<td>NO</td>
</tr>
</tbody>
</table>

Is there any other way by which we may communicate better with you? Explain:
___________________________________________________________________________________
___________________________________________________________________________________
___________________________________________________________________________________
Is there any other way by which we may communicate better with you? Explain:
___________________________________________________________________________________
___________________________________________________________________________________
___________________________________________________________________________________

Signature     Date     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.

___________________________ (Initials)
PROCEDURE /GUIDELINES

WAIVER OF INTERPRETER SERVICES
[REFUSING TO HAVE A MEDICAL INTERPRETER]

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.

_____________________________ (Initials) a.m./p.m.

Signature     Date     Time

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

A copy of Riverside Community 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)
**Explanation of Document (for providers and staff)**

Riverside Community Hospital’s *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*.