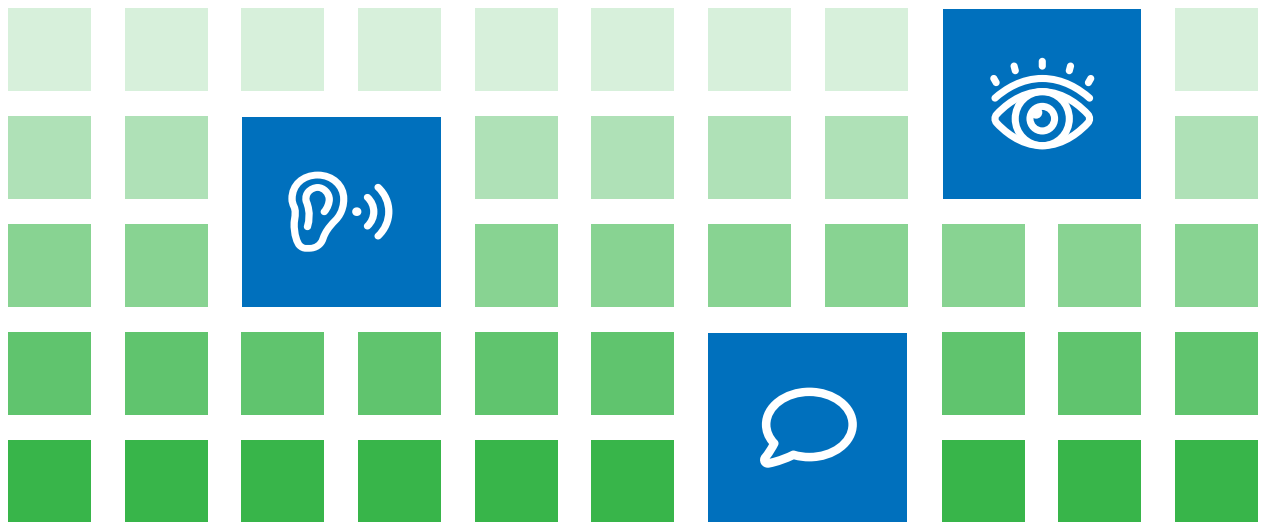


ACCOMMODATING PATIENTS

WITH VISION, HEARING, SPEECH, OR LANGUAGE DISABILITIES IN HOSPITAL AT HOME



This guide was created by members of the Hospital at Home Users Group community in collaboration with the Disability Equity Collaborative.

Like all sites of care, a Hospital at Home (HaH) is legally required to provide accommodations for patients with disabilities, including hearing and vision disabilities. Accommodations for these individuals may include specialized communication equipment, access to appropriate interpreters, and personalized care strategies.

While HaH programs can and should adopt best practices from inpatient care settings, HaH care is unique — combining bedside care with heavy use of video and telephone communication — and may require new or specialized solutions. Identifying patients with disabilities and ensuring effective and accessible communication between the patient and the care team is essential for both patient safety and health equity. Standardized processes for identifying and caring for patients with hearing and vision disabilities should be part of program design and incorporated into staff training and development.

RESPONSIBILITY TO PATIENTS AND THEIR COMPANIONS

The Americans with Disabilities Act (ADA) and Section 504 of the Rehabilitation Act of 1973 require health care providers to ensure effective communication with patients with disabilities. Under the ADA, **all hospital programs and services must implement reasonable modifications to facilitate effective communication with patients and care partners as long as providing the aids or services does not fundamentally alter the nature of the services offered nor result in an undue burden.** “Care partner” includes the parents of a minor child, a patient’s legal guardian or conservator, or any family member, friend, or associate of a person seeking or receiving an entity’s goods or services who has been authorized to engage with their care.

A

ASSESS AND DOCUMENT DISABILITY

The ADA requires hospitals to screen for communication disabilities. Ensure your staff know where to access this information (e.g. Disability Screening Questionnaire) in the electronic health record (EHR). If the information is missing or incomplete, consider including the following questions, adapted from the [Patient-Centered Disability Questionnaire](#), in your patient intake workflow. If a family member or caregiver is going to be involved in the care, you should ask them as well.

1. Are you deaf, or do you have serious difficulty hearing? (Ask the individual how they describe themselves, e.g., as deaf or hearing impaired).
2. Are you blind, or do you have serious difficulty seeing, even when wearing glasses? (Ask the individual how they describe themselves, e.g., as blind, visually impaired, low vision, or legally blind.)
3. Using your usual language, do you have difficulty communicating (for example, understanding or being understood)?
4. Due to a disability, do you need any additional assistance, interpreter services, or other accommodations during your visits? What equipment do you currently use at home?

KEY TIP *Document disability as well as functional ability. Rather than “the patient is blind”, write “the patient is blind and uses braille and audio screen readers” in your hand-off or EHR.*

KEY TIP *Document what accommodations were provided; also document how the patient’s understanding of important health information was confirmed.*

B

PREPARE AND PROVIDE ACCOMMODATIONS

KEY TIP *Ask the expert. The patient/care partner can best tell you what accommodation aid or service is appropriate for them and what is necessary to provide effective communication.*



BLIND OR LOW VISION

- Ensure the patient can access printed information, particularly concerning treatments, consent to treatment, benefits, services, or waivers of rights. For patients with low vision, magnifying glasses, magnifying sheets, or large print documents may suffice. Your hospital may have a set of Braille or large print versions of standardized information that rarely changes — consider adding HaH literature to this set. Consider making available an audio recording of your standardized HaH literature. For patient-specific materials, e.g., the Discharge After Visit Summary, offer large print or electronic copies that can be read by a computer screen-reading program. If the patient cannot read large print or Braille, and there is no audio recording or electronic version that can be read by a screen reading program, important documents must be read to the patient. Program staff can perform this function, although some patients may prefer a qualified reader (a staff member who reads accurately and impartially using necessary specialized vocabulary).
- Don't assume your online website, patient portal, or mobile app are accessible to people with visual disabilities. Those with low vision may find them difficult to navigate, and many online tools are not accessible via screen reader programs. Familiarize yourself with the Web Content Accessibility Guidelines (WCAG) 2.2 standards and ensure digital accessibility compliance.
- Staff in the home should address a patient who is visually disabled by name and identify themselves by name and function and the reason they are there. ("Good morning, Mrs. Smith, I'm Steve from Physical Therapy. I'm here to help get you up to do some exercises.") Explain what you are going to do before you do it. For example, let the individual know before you touch them, when you are moving something, or when you leave the room. Ask the individual what information is helpful. Some like to be provided an overview, others prefer step-by-step information, and others may have enough vision that they prefer not to be provided verbal detail.
- When setting up equipment in the home, do not move the belongings of someone who is visually disabled without first asking their permission. Provide an orientation to the equipment and location of supplies.
- While many HaH programs require that pets be moved to separate rooms during in-home visits, guide dogs or service animals should be allowed to stay in the room with the patient. Staff should refrain from interacting with or distracting service animals.

- When explaining how to contact the care team, note that the blind or low vision patient may require extra support when completing certain tasks (e.g., locating a tablet and clicking a specific button on the touchscreen). Ensure that you review the patient's preferred method to contact or be contacted by the care team – which may be using the patient's own cell phone, a landline, a HaH-supplied backup phone, or a HaH-supplied PERS device – which may differ from the most common practice.
- Assistance with ADLs, such as feeding, would be required by the ADA if this service is typically provided to similar patients in the hospital.



DEAF OR HEARING LOSS

- Ensure the patient is using their amplifier, pocket talker, or other assistive listening device, or consider providing one. If the patient has hearing aids, make sure that they have fresh batteries and that the patient is using them when communicating.
- When communicating with patients with hearing loss, be sure to face the patient when you are speaking, speak clearly at a medium pace, and rephrase what you said if the patient did not understand you. Generally, shouting at a patient is not an effective strategy.
- For commonly-communicated information that changes little (e.g. “what can I expect if I choose HaH care,” or “what to expect on the day of discharge,”), consider providing printed cards or handouts.
- Train your team on best practices for optimal audio transmission during video visits, especially when multiple participants (e.g., physician, nurse, patient with the in-home paramedic, case manager) are joining. Remind everyone to mute themselves when they are not speaking. Ensure ambient noise is minimized. Consider enabling automatic closed captioning for video televisits. This is especially appropriate for shorter interactions or primarily one-way information-sharing. Note that automatic voice-to-text can be inaccurate; review the text and be sure to address any errors in transcription.
- For short, in-person interactions (e.g., a courier visiting to pick up lab samples), a white board and dry erase markers in the home could be useful.
- For interactive communication, or situations involving lengthy or complex information, such as taking a medical history, obtaining informed consent, counseling, or discussing a diagnosis, course of treatment, or outcome, support must be provided to patients who cannot hear. This can include Communication Access Realtime Transcription (CART). For patients who are fluent and use sign language, a sign language interpreter either in-person or remote video is mandated. It is important to note that not all people who are deaf use sign language. *Note: Adult family members or friends often lack the impartiality and specialized vocabulary to interpret effectively and accurately; professional medical interpreters are required. The exceptions are 1) in the case of imminent threat or 2) if the patient requests, the accompanying adult agrees, and reliance on the accompanying adult is appropriate under the circumstances.*

- Inquire if the patient has a teletypewriter (TTY) which has a keyboard and a visual display for exchanging written messages over the phone. The patient/caregiver types a message into the TTY; the operator relays the message by voice to the hospital staff person, listens to the response, then types the response back to the patient/caregiver. The hospital must be prepared to make and receive relay calls, which may take a little longer than voice calls. For outgoing calls to a TTY user, dial 7-1-1 to reach a relay operator.
- If telephones are provided to patients, the service must provide patients who are deaf or hard of hearing comparable accessible equipment upon request, including TTY's or telephones that are hearing-aid compatible and have volume control.



SPEECH DISABILITIES

Speech disabilities include those in which someone has difficulty producing speech sounds. They do not necessarily have difficulty understanding language.

- Consider sending a white board and dry erase markers to home and asking the person to write down what they want to communicate and show it to the staff. Communication boards such as word or alphabet boards may also be useful. Note that these may be suboptimal for patients with low literacy or for whom English is a second language.
- It may be difficult to hear patients during video visits if they have soft or hoarse speech. Consider sending headphones with an embedded microphone to the home for use during video visits.
- Additional communication strategies include providing plenty of time for the patient to speak, not interrupting the patient while they are speaking, and using yes/no questions if they are having difficulty with open-ended responses.



LANGUAGE DISABILITIES

Language disabilities include those in which the person has difficulty producing or understanding oral or written communication. This is not related to whether English is their second language.

- Consider sending a white board and dry erase markers to home for staff to write down key words during the conversation. Communication boards such as word cards or alphabet boards may also be useful. Note that these may be suboptimal for patients with low literacy or for whom English is a second language.
- Consider using pictures to convey instructions.
- Additional communication strategies include providing plenty of time for the patient to speak or process what you said, not interrupting the patient while they are speaking, using yes/no questions if they are having difficulty with open ended responses, using shorter phrases and sentences, and using concrete language.



DEAF-BLIND



- Most persons who are deaf-blind communicate using finger spelling, printing letters in the palm, or tactile American Sign Language. A Brailtalk tactile communicator involves pointing to the appropriate braille or raised character alphabet and numerals. Some may use a combination of braille and print “help cards” containing basic messages.

SOURCES AND MORE INFORMATION

- Disability Equity Collaborative:
<https://www.disabilityequitycollaborative.org>
- Americans with Disabilities Act Business Brief:
<https://archive.ada.gov/hospcombr.htm>
- Northwest ADA Center:
<https://nwadacenter.org/factsheet/effective-communication-healthcare>
- American Telemedicine Association:
<https://www.americantelemed.org/uncategorized/ensuring-accessible-telehealth-for-deaf-hard-of-hearing-patients/>
- WCAG (Web Content Accessibility Guidelines) 2.2:
<https://www.w3.org/TR/WCAG22/>
- American Foundation for the Blind:
 - <https://www.afb.org/research-and-initiatives/serving-needs-individuals-visual-impairments-healthcare-setting>
 - <https://www.afb.org/blindness-and-low-vision/your-rights/advocacy-resources/ada-checklist-health-care-facilities-and>