COMMUNICATION DISABILITY ACCOMMODATION SERVICES IN US HEALTHCARE ORGANIZATIONS

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01 Background

- Effective communication is central to safe and high quality healthcare. Persons with communication disabilities (hearing, speech, language, and cognition) make up roughly 14-16% of the US adult population.

- They experience more emergency department visits, longer lengths of stay and 3 times more adverse events when admitted than those without communication disabilities.

- They also report communication barriers impacting safety and quality of their care.

- Additionally, US healthcare organizations are mandated by law to provide reasonable accommodations which enable effective communication.

02 Questions

1. **What** accommodations are being offered by early adopting US healthcare organizations?

2. **Who** are they offered to?

3. **How** have accommodations been implemented?

03 Methods

Recruitment: Purposeful and chain sampling of disability coordinators leading services for communication accommodations at organizations actively providing services.

Data collection: Semi-structured interviews were conducted through Zoom.

Analytic strategy: Documents and interview transcripts were coded and analyzed using qualitative content analysis. Themes were drawn from analyzing these clusters.

Characteristics of Participants:

19 Participants representing 15 Healthcare organizations, located in the Pacific, Rocky Mountain,   Midwest, Northeast, and Southeast regions of the US

Size of organizations: 1-40 hospitals

Titles of Participants:
Supervisor of Interpreter services: 9
Disability consultant/Disability focused role: 8
Manager of Call Center/Patient Access: 2

04 Results

Theme 1, *THE WHAT* : Accommodations focused on hearing disabilities.

Quote: "...things like amplifiers and amplified phones and captioned phones, whiteboards... That's probably the most formalized of resources or accommodations that we have."

Theme 2, *THE WHO* : A lack of systematic ways to identify patients and document services provided means patients may be missed.
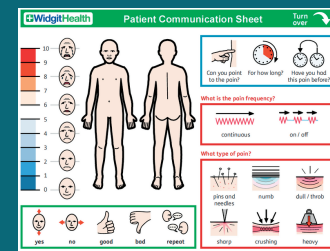
Quote: "We don't know who out there needs the service that we're not providing it to, because perhaps they didn't know they could ask for it. So it's definitely something that we've recognized is a need. And we're struggling like every other mindful health care organization out there as to how to make this happen and how to improve this current state."
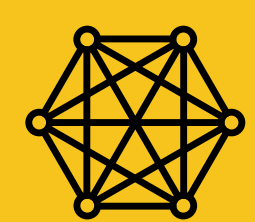
Theme 3, *THE HOW* : Providing communication accommodations was a complex task with few dedicated resources.

Quote: "How can we alert all of the teams that will come in contact with a patient on clinic day, starting with transport, let's say, so that everyone knows, okay, this person's going to need whatever tool to communicate, and this is how we're going to get it to them. We still have a lot of work there to do."

Accommodations:

Services
1. Sign language interpreter services were the most developed.
2. Less developed were document translation services, individualized accommodations and adaptations to the environment or practice.

Aids:
1. Hearing amplifier devices were most common.
2. Examples of others mentioned were clear masks, magnification devices, and communication boards.

Steps in Service Delivery:

1. Identify and document patients with needs.
2. Track needs specific to medical encounters.
3. Alert relevant providers.
4. Provide check-ins for inpatients.
5. Coordinate adaptations to care processes.
6. Individualize accommodations
7. Deliver the accommodation at the point of care.
8. Document that the accommodation was provided.
9. Return the accommodation.

05 Conclusions and Future Directions

- Accommodations offered in these early adopting organizations covered a limited subset of the communication disability population.
- Operationalizing accommodations into care delivery is in early stages of implementation.
- Future studies are needed to evaluate methods for systematic implementation of accommodations and its impact on healthcare outcomes.
- In 2024 the Joint Commission will evaluate provision of communication accommodations in their accreditation surveys.

Is your organization ready for this change?