



POLICY NUMBER		ON249PCS
ORIGINAL DATE:		February 2014
TITLE:	PATIENT RIGHTS AND RESPONSIBILITIES	
KEYWORDS:		

ACCOUNTABILITY:

SVP & Chief Nursing Officer
 SVP & Chief Medical Officer
 Mkt VP Missions

OBJECTIVES

The Mission of Catholic Health Initiatives is to nurture the healing ministry of the Church, supported by education and research. Fidelity to the Gospel urges us to emphasize human dignity and social justice as we create healthier communities. To fulfill this mission, CHI St. Vincent will recognize and promote certain basic rights of patients or surrogate decision makers in hospitals and non-hospital settings in accordance with applicable laws, regulations, and accreditation standards. In turn, patients have certain responsibilities, including the responsibility to make their needs and wishes known.

POLICY:

- I. The mission of CHI St. Vincent is to provide high quality, cost-effective health care that delivers the best value to the patients we serve in a spiritual environment of caring, in association with internationally recognized teaching and research. In order to fulfill this mission, each Hospital, its Medical Staff and its patients or surrogate decision makers must acknowledge the existence of shared obligations based upon patients' fundamental rights and responsibilities.
 - A. The right to a reasonable response to their requests and need for treatment or service, within the entity's capacity, mission, and applicable laws and regulations;
 - B. The right to know how CHI St. Vincent is required and permitted by law to use and disclose their health information;
 - C. The right to know their health information rights, including the right to access and request amendment of their health information and to obtain an accounting of disclosures regarding their health information as permitted under applicable law;
 - D. The right to and need for effective communication;
 - E. The right to have a family member or representative and their personal physician notified of admission to the hospital;
 - F. The right to know of his or her visitation rights, including any clinical restriction or limitation on such rights and subject to his or her consent; to receive visitors whom he or she designates, including, but not limited to, a spouse, a domestic partner (including a same sex domestic partner), another family member, or a friend, and his or her right to withdraw or deny such consent at anytime; and the right to know that all visitors will enjoy full and equal visitation privileges consistent with patient preferences.
 - G. The right to considerate and respectful care, including the consideration of developmental age, sensory impairment, psychosocial, spiritual, and cultural variables, and the comfort and

Patient Rights and Responsibilities

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- dignity of dying patients by addressing and treating symptoms that respond to medically appropriate treatment as desired by the patient or surrogate decision maker;
- H. The right to know the name of the physician who has primary responsibility for coordinating the care and the names and professional relationships of other physicians and non-physicians who will see the patient;
 - I. The right to receive information about the illness, course of treatment, and prospects for recovery in terms that the patient can understand;
 - J. The right to make decisions involving their health care, including the acceptance or refusal of treatment to the extent allowed by law and to be informed of the medical consequences of acceptance and refusal;
 - K. The right, to give or withhold consent about the care, treatment, and services that the he or she will receive.
 - L. The right to formulate advance directives and to have the providers of healthcare comply with these directives;
 - i. CHI St. Vincent will provide the patient information on the extent to which the hospital is able, unable, or unwilling to honor advance directives.
 - M. The right to receive, at the time of hospital admission, in a manner tailored to the patient's age, language, or method that the patient understands, information about CHI St. Vincent patient rights policy, and the mechanism for initiation, review, and when possible, resolution of patient complaints regarding quality of care;
 - N. The right to voice a concern to the appropriate entity personnel or administrative action line at (501) 552-2700 (or at 501-622-3991 at CHI SVHS); the Arkansas Department of State Health Services at 5800 W. 10th St., Suite 400, Little Rock, AR 72204. The phone number is 501-661-2201, or by accessing the website at www.healthy.arkansas.gov; or the Joint Commission of Quality Monitoring at One Renaissance Blvd. in Oakbrook Terrace, IL 60181. The phone number is 630-792-5000. The fax number is 630-792-5636 or by the website at www.jointcommission.org.
 - O. The right, when is unable to make decisions about his or her care, treatment, and services, the hospital involves a surrogate decision-maker in making these decisions.
 - i. When a surrogate decision-maker is responsible for making care, treatment, and services decisions, the hospital respects the surrogate decision-maker's right to refuse care, treatment, and services on the patient's behalf
 - P. The right, to have family members involved in care, treatment, and services decisions to the extent permitted by the patient or surrogate decision-maker
 - Q. The right, to have provided to the patient or surrogate decision-maker with the information about the outcomes of care, treatment, and services that the patient needs in order to participate in current and future health care decisions.
 - R. The right, to have end of life preferences respected and executed as communicated.
 - S. The right, respect and consideration of religious and other spiritual services/preferences.
 - T. The right to voice a concern about any healthcare provider licensed by the State of Arkansas;
 - U. For concerns regarding health information privacy, the right to voice the concern to appropriate entity personnel or to the Secretary of the United States Department of Health and Human Services;

- V. The right to participate in, or have their qualified personal representative participate in, the consideration of ethical issues arising in their care;
- W. The right to participate or not to participate in any human experimentation, research, or education projects for which the patient is eligible;
- X. The right, within legal limits, to personal privacy and confidentiality of information. Case discussion, consultation, examination, and treatment are confidential and should be conducted discreetly. The patient has the right to be told the reason for the presence of any individual during these events;
- Y. The right to consent or refuse to consent for internal or external use to recording or filming (photographic, video, electronic or audio material) or use of any personal identifiable information for purposes other than the identification, diagnosis, or treatment of the patient.
 - i. CHI St. Vincent will obtain and document informed consent prior to producing the recording, films, or other images.
 - ii. When the patient is unable to give informed consent prior to the production of the recording, films or other images, the production may occur provided that doing so is permitted by the hospital written policy but can only remain in the hospital possession and is not used for any other purpose until and unless informed consent is obtained. If consent is unable to be obtained the hospital will either destroy the product or remove the non-consenting patient information from the product.
 - iii. CHI St. Vincent will inform the patient of his or her right to request cessation of the production of the recordings, films or other images.
 - iv. Before engaging in the production of recordings, films or other images of patients, anyone who is not already bound by the hospital's confidentiality policy signs a confidentiality statement to protect the patients identify and confidential information.
 - v. CHI St. Vincent will accommodate the patient's right to rescind the consent before the recording, film or image is used.
- Z. The right, within legal limits, to access, or have their qualified personal representative access information contained in their medical records;
- AA. The right of their guardian, next of kin, or qualified personal representative to exercise, to the extent permitted by law, the rights delineated on their behalf if they are incapable of understanding treatment, unable to communicate their wishes, are judged incompetent, or are minors;
- BB. The right to be informed, along with their family, when appropriate, of the outcomes of care including unanticipated outcomes;
- CC. The right, to have the licensed independent practitioner or staff member responsible for managing the patient's care, treatment, and services, or his or her designee, inform the patient about unanticipated outcomes of care, treatment, and services related to sentinel events when the patient is not already aware of the occurrence or when further discussion is needed.
- DD. The right to have their pain managed effectively;
- EE. The right to receive a high standard of patient safety;

- FF. The right to be free from restraint or seclusion of any form that are not medically necessary or are imposed as a means of coercion, discipline, convenience, or retaliation by staff;
 - GG. The right to an environment that preserves dignity and contributes to a positive self-image;
 - HH. The right to be free from mental, physical, sexual, and verbal abuse, neglect, and exploitation;
 - II. The right to access protective and advocacy services;
 - JJ. The right to be informed of continuing health care needs following discharge from the hospital;
 - KK. The right to keep and use personal clothing and possessions, unless this infringes on others' rights or is medically or therapeutically contraindicated based on the setting or services;
 - LL. CHI St. Vincent will offer the patient telephone and mail services
 - MM. CHI St. Vincent will provide access to telephones for patients who desire private telephone conversations in a private space, based on setting and population;
 - NN. The right to exercise the above rights without regard to sex, economic status, educational background, race, color, religion, ancestry, national origin, sexual orientation, gender identity or expression, marital status, disability, age, or the source of payment for care;
 - OO. The right to voice complaints and recommend changes freely without being subject to coercion, discrimination, reprisal, or unreasonable interruption of care;
 - PP. The right to file a grievance/complaint about care and to know about the process used to review and deal with the grievance/complaint. The patient will receive a response from the organization about their grievance/complaint.
- II. In turn, patients should accept certain responsibilities, including:
- A. The responsibility to identify themselves, for providing reasonably accurate and complete information about their medical history and unexpected changes in their current condition, and for asking questions when they do not understand medical information they have received;
 - B. The responsibility for complying with the directions and instructions of their health care providers unless they have exercised their right to refuse treatment
 - C. The responsibility to recognize the effect of their lifestyle on health
 - D. The responsibility for respecting the rights of others, including, but not limited to, other patients and health care providers;
 - E. The responsibility to know the extent and limitations of their health care benefits; and
 - F. The responsibility for assuring that the financial obligations associated with their care are met in a timely fashion.
 - G. Patient should accept the following responsibilities:
 - i. Providing information that facilitates their care, treatment, and services
 - ii. Asking questions or acknowledging when he or she does not understand the treatment course or care decision
 - iii. Following instructions, policies, rules, and regulations in place

Patient Rights and Responsibilities

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- iv. Show mutual consideration and respect by refraining from uncivil language and conduct in interactions with staff and licensed independent practitioners

III. The hospital will inform the patient of his or her rights and responsibilities.

IV. This policy will be communicated to patients, the Medical Staff, and employees. All prudent and reasonable means will be employed to ensure support of patients' rights and patients' awareness of their rights and responsibilities. This policy will be made operational through the application of supporting institutional policies, procedures and practices.

SOURCE:

Centers for Medicare and Medicaid, Conditions of Participation: Patient Rights, 2018
Joint Commission Hospital Accreditation Standards: Ethics, Rights, and Responsibilities,
Health Insurance Portability and Accountability Act of 1996 (HIPAA) Standards for, 2017

Approved by Market Policy Review, November 2023



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Clinical A-018 Auxiliary Aids and Services

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COMMONSPIRIT HEALTH ADMINISTRATIVE POLICY

SUBJECT: Auxiliary Aids and Services**POLICY NUMBER:** Clinical A-0**EFFECTIVE DATE:** April 2, 2023**ORIGINAL EFFECTIVE DATE:** April 2, 2023☒ National/System Offices☒ Acute Care Facilities☒ Non-Acute Care Fa

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POLICY

It is the policy of CommonSpirit Health to providing effective communication through the use of Auxiliary Aids and Services in accordance with Title III of the Americans with Disabilities Act of 1990 and its implementing regulations, Section 504 of the Rehabilitation Act of 1973 and applicable state laws (collectively, the "ADA"). The purpose of this Policy is to achieve compliance with the ADA, to address requests by patients and visitors for Auxiliary Aids and Services, to provide effective communication with Persons during treatment, and to facilitate access to the services and benefits offered by CommonSpirit Facilities.

The ability to communicate effectively is critical to enable patients to understand and participate in their care and treatment at CommonSpirit Facilities. In order to overcome communication barriers, CommonSpirit Facilities will provide, at no cost to the patient, Auxiliary Aids and Services to Persons with Sensory or Communication Disabilities, including persons who are Deaf or Hearing-Impaired or who have impaired vision, speaking or manual skills. Each patient must be treated as a unique person of incomparable worth,

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with the same right to access to health care possessed by all other persons. Auxiliary Aids and Services help promote access to health care and other services offered at CommonSpirit Facilities.

CommonSpirit Facilities shall notify Persons with Sensory or Communication Disabilities of the availability of Auxiliary Aids and Services in accordance with this Policy. CommonSpirit expects that Facility Staff will consult with Persons with Sensory or Communication Disabilities and consider carefully their self- assessed communication needs before utilizing or acquiring particular Auxiliary Aids and Services. Facility Staff shall consider the nature, length, complexity, and context of the communication as well as the person's normal method(s) of communication in deciding what aid or service is appropriate for the Person with a Sensory or Communication Disability.

For overcoming communication barriers with Limited English Proficient (LEP) Patients and Companions, please refer to CommonSpirit Administrative Policy and Procedure Clinical A-020, *Language Access for Limited English Proficient (LEP) Patients and Companions*.

AFFECTED AREAS OR DEPARTMENTS

This Policy applies to CommonSpirit and its Direct Affiliates^[1] and Subsidiaries^[2], as well as any other related entity whose governing documents expressly require or provide for such entity(ies) to comply with CommonSpirit's policies and procedures (Conforming Entity).

ASSOCIATED PROCEDURE

CommonSpirit Administrative Procedure

Clinical A-018P, *Auxiliary Aids and Service for Effective Communication with Person with Disabilities*

REFERENCES

28 CFR §36.303. (2016, July 1). Auxiliary aids and services. Retrieved from <https://www.govinfo.gov/app/details/CFR-2016-title28-vol1/CFR-2016-title28-vol1-sec36-303>

National Association of the Deaf Law Center. (n.d.). Title III of the ADA: Provision of Auxiliary Aids. etrieved from <https://www.sc-deaf.org/uploads/1/1/9/4/119452553/provisionofauxiliaryaids.pdf>

Patient Protection and Affordable Care Act, Section 1557. Retrieved from <https://www.federalregister.gov/documents/2022/08/04/2022-16217/nondiscrimination-in-health-programs-and-activities>, and <https://www.hhs.gov/sites/default/files/2016-06-07-section-1557-final-rule-summary-508.pdf>

Title VI of the Civil Rights Act of 1964. Retrieved <https://www.justice.gov/crt/fcs/TitleVI>

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U.S. Department of Health and Human Services. (2022, October 26). Section 1557 of the Patient Protection and Affordable Care Act. Office for Civil Rights. Retrieved from <https://www.hhs.gov/civil-rights/for-individuals/section-1557/index.html>

U.S. Department of Justice. (2022, January 4). Justice Department secures agreement with hospital to ensure effective communication with deaf patients and companions. Retrieved from <https://www.justice.gov/opa/pr/justice-department-secures-agreement-hospital-ensure-effective-communication-deaf-patients>

U.S. Department of Justice. (2000, August 11). Executive Order 13166: Improving Access to Services for Persons with Limited English Proficiency. Retrieved from <https://www.justice.gov/crt/executive-order-13166>

U.S. Department of Labor. (n.d.). Americans with Disabilities Act. Retrieved from <https://www.dol.gov/general/topic/disability/ada>

STATUTORY/REGULATORY AUTHORITIES

1. Americans with Disabilities Act of 1990
2. Americans with Disabilities Act, Title III (42 U.S.C. § 12181 et seq.)
3. Americans with Disabilities Act, Title III Regulations (28 CFR pt. 36)
4. Comprehensive Accreditation Manual for Hospitals (2000)
5. Kopp Act - California Health & Safety Code § 1259
6. Section 1557 of the Patient Protection and Affordable Care Act (ACA) (42 CFR pt. 92)
7. Nondiscrimination in Health Programs and Activities; Final Rule (42 CFR Part 92)
8. Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. § 794 et seq.)
9. U.S. Department of Health and Human Services Regulations Implementing Section 504 of the Rehabilitation Act of 1973 (45 C.F.R. Part 84)

COMMONSPIRIT HEALTH ADMINISTRATIVE PROCEDURE

SUBJECT: Auxiliary Aids and Services

PROCEDURE NUMBER: A-018P **EFFECTIVE DATE:** April 2, 2023

☒ National/System Offices ☒ Acute Care Facilities ☒ Non-Acute Care Facilities

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CommonSpirit Health Policy

Clinical A-018, *Care of Persons with Disabilities: Auxiliary Aids and Services***AFFECTED AREAS OR DEPARTMENTS**

This Procedure applies to CommonSpirit and its Direct Affiliates^[1] and Subsidiaries^[2], as well as any other related entity whose governing documents expressly require or provide for such entity(ies) to comply with CommonSpirit's policies and procedures (Conforming Entity).

Any CommonSpirit Health departments, units or areas where health care personnel, patients and visitors are allowed to go. This includes patient rooms and other public areas of inpatient and outpatient units, mental health units (including locked mental health facilities).

PROCEDURE OR PROCESS:

The procedures outlined below are intended to facilitate effective communication with patients/visitors involving their medical conditions, treatment, services and benefits. The procedures also apply to, among other types of communication, communication of information contained in important documents, including waivers of rights, consent to treatment forms, financial and insurance benefits forms, etc. All necessary auxiliary aids and services shall be provided without cost to the person being served.

A. General Considerations

1. 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, auxiliary aids and services.
2. Opportunities shall be provided for individuals with disabilities to request auxiliary aids and services free of charge.
3. Each CommonSpirit facility will provide notice informing patients and visitors of the availability of and procedure for requesting auxiliary aids and services free of charge.
 - a. The Notice shall, at a minimum, be posted at the entrance to the facility, in emergency rooms, all admitting areas and in outpatient areas.
 - b. Sample text of the Notice:

For persons with sensory or communications disabilities, this facility provides free, qualified sign language and oral interpreters, TTYs/TDDs, assistive listening devices, and other auxiliary aids and services. For assistance, please contact any staff member at this facility.

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c. The Notice shall also include the contact information for the 504/1557 Coordinator, a State Relay Services number, the international symbols for interpreters, and TTYs/TDDs. The Notice shall also include information about where to direct complaints concerning interpreter services as required by law.

B. Identification and assessment of need:

1. When an individual self-identifies as a person with a disability that affects the ability to communicate, to access or manipulate written materials, or requests an auxiliary aid or service, or staff recognizes or has any reason to believe a patient or companion is a person with sensory or communication disabilities (including being hearing-Impaired or visually-Impaired), staff will consult with the individual to determine what aids or services are necessary to provide effective communication in particular situations.
 - a. Advise/inform the person of the availability of auxiliary aids and services.
 - b. Offer to provide appropriate auxiliary aids and services at no cost to facilitate effective communication with the patient or companion.
 - c. This advice and offer must likewise be made in response to any expressed request for a Qualified/Certified Sign Language Interpreter or for any other auxiliary aids and service.
 - d. Any determination and offer as to auxiliary aids and services shall be documented in the patient's medical record.
2. Facility staff shall perform and document an Effective Communication determination as part of each initial patient assessment. All Effective Communication determinations for the patient or the patient's companion, including copies of any determination form used, shall be documented and maintained in the patient's medical record.
3. Physicians and other providers shall contact facility staff for assistance, as needed.

C. Effective Communication and Provision of Auxiliary Aids and Services:

1. CommonSpirit facilities shall provide services or auxiliary aids to achieve effective communication with Persons with Disabilities (See **Attachment A** for examples of auxiliary aids and services that may be offered). (See **Attachment B** for local offerings).
2. Any identified patient or companion with sensory or communication disabilities who is participating in treatment discussions and decision-making shall be informed in writing of the availability of auxiliary aids and services at no cost to meet their communication needs. Such notice shall be provided at the time of admission, appointment

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scheduling, or arrival at a CommonSpirit facility, including arrival at the Emergency Department.

3. Auxiliary aids and services shall be used for effective communication during:

a. Scheduled Admissions and Appointments: For scheduled admissions and appointments, if the admitting office is made aware of the need for auxiliary aids and services (e.g., interpreter services for limited English Proficiency), arrangements shall be made in advance so a Qualified Medical Interpreter (QMI) can present when the person arrives for treatment.

b. Medical and Psychiatric Evaluations or Discussions: All medical and psychiatric treatment (including individual and group psychotherapy), diagnosis, progress and prognosis must be communicated through the use of a Qualified Medical Interpreter, unless refused by the patient and a signed Written Waiver obtained and documented in the patient's medical record.

c. Assessment, Consent, Education and Discharge: A Qualified Medical Interpreter shall be required for patient assessment, consent, education and discharge, including but not limited to the following circumstances:

1. Determining a patient's history or description of ailment or injury;
2. Obtaining informed consent or permission for treatment;
3. Providing patient's rights;
4. Explaining living wills or powers of attorney (or their availability);
5. Explaining diagnosis or prognosis of ailments or injuries;
6. Explaining procedures, tests, treatment, treatment options or surgery;
7. Explaining the administration and side effects of medications, including side effects and food or drug interactions;
8. Providing discharge instructions or discussing plans;
9. Explaining and discussing advance directives;
10. Explaining blood donations or apheresis;
11. Explaining follow-up treatment, test results, or recovery;
12. Discussing billing and insurance issues;
13. Providing educational presentations, such as classes concerning birthing, nutrition, CPR and weight management;
14. Filing administrative complaints or grievances against a CommonSpirit facility or facility staff; and
15. Any other circumstance in which a Qualified Sign Language Interpreter is necessary to support the rights provided by law.

4. Administrative, routine or follow-up care may not require a Qualified Medical Interpreter. For example, for conversations such as providing admission forms, scheduling an appointment or making a purchase in the hospital gift shop, the use of written notes may be sufficient.

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D. Qualified Medical Interpreters and Qualified Sign Language interpreters

1. Qualified Medical Interpreters provide services using over the phone interpretation (OPI), via video remote interpretation (VRI), or in person. Qualified Sign Language Interpreters may provide services in person or via video remote interpreting.
2. Family members, friends, and others who are not qualified medical interpreters, regardless of their sign language or other communication abilities, are not be used in place of appropriate auxiliary aids and services. Asking such persons to interpret denies the patient the support needed and compromises the accuracy and effectiveness of communications with the patient. See CommonSpirit Administrative Policy A-020, *Limited English Proficiency (LEP): Language Access for Patients and Companions*, for criteria to be qualified as a medical interpreter.
 - a. Some persons 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. Such an offer and the response will be documented in the person's file.

E. Refusal of Offer for QMI, Auxiliary Aids or Services; Written Waiver

1. If a Person with Sensory or Communication Disabilities refuses the offer of a free Qualified Medical Interpreter or other auxiliary aids or services, facility staff shall:
 - a. Use their best effort to secure a Written Waiver.
 1. Staff shall document the patient's refusal to use a free Qualified/Certified Medical Interpreter or other auxiliary aids and services in the patient's medical record.
 2. The completed Written Waiver shall be sent to the Medical Records/Health Information Management (HIM) Department for inclusion in the patient's medical record.
 - b. If the person refuses the offer of a QMI, auxiliary aids or services and chooses to use a family member or friend as an interpreter, issues of competency, accuracy of interpretation, confidentiality, privacy and conflict of interest will be considered. Staff shall utilize a Qualified Medical Interpreter to confirm the accuracy of interpretation provided by a family member or friend.
 - c. No payment will be made by CommonSpirit or a CommonSpirit facility to an individual who volunteers their own resources for purposes of communication
 - d. **NOTE: Children and other residents will not be used to interpret, in order to maintain confidentiality of information and**

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accurate communication.

e. **Emergency Exception:** In an emergency involving imminent threat to the safety or welfare of an individual or the public where there is no interpreter available, the staff may use an adult family member or companion accompanying a Hearing-Impaired individual to interpret.

F. Redetermination Process Where Communication Not Effective

1. Facility staff shall document any instances where patients or companions express concern or complain that the auxiliary aids and services provided to them by the facility failed to provide effective communication.
 - a. Facility staff, in consultation with the patient or companion, shall then reassess the auxiliary aids and services determination. Staff shall document this reassessment process and the auxiliary aids and services determination that results from the reassessment in the patient's medical record.
 - b. If the concern or complaint cannot be immediately resolved by staff at the time the issue is raised, the complaint shall be reported to the 504/1557 Coordinator and the facility grievance process followed.
 - c. Communications, all reassessments, and all determinations involving the provision of auxiliary aids and services to a patient or companion shall be documented in the patient's medical record.
2. Denial of Specifically Requested Auxiliary Aids and Services
 - a. There may be times when facility staff are unable to provide auxiliary aids or services as requested. Staff will document unsuccessful attempts to provide requested auxiliary aids or services, including the aids or services requested, the attempts made and by whom, including date and time.
 - b. While reasonable efforts are to be made to provide the auxiliary aids and services specifically requested by the patient or companion, a facility may decline the request if that aid or service would result in an undue burden to the facility or fundamentally alter any services provided by the facility.
 1. If, after conducting an Effective Communication determination, facility staff determine that the circumstances do not warrant providing specifically requested auxiliary aids and services, facility staff shall notify the person requesting the auxiliary aids and services, and document the date and time of the denial, the name and title of the facility staff member making the determination, and the basis for the determination.
 - a. An example of circumstances where a specific auxiliary aid might be appropriately denied is if an in-person interpreter is requested when Video Remote Interpreting (VRI) is available, functioning appropriately, and allows for Effective Communication.
 - b. There is no inherent right to an in-person interpreter when another method of communication, such as VRI,

provides Effective Communication. However, any determination to provide an interpreter through a VRI service when a patient or companion has requested an in-person interpreter shall be documented in the patient's medical record. Similarly, facility staff shall separately document the date and time of the denial, the name and title of the facility staff member making the determination, and the basis for the determination.

G. Documentation

1. General Requirements

a. Document in the patient's medical record:

1. that assistance or services have been provided and by whom, or
2. that the patient or companion requested specific auxiliary aids or services and whether they were provided. If unable to provide, then staff will document the attempts made to accommodate the request, including the name of the person making the attempt, what actions were taken, as well as the date and time of the attempts to provide the auxiliary aid or service requested.
3. that assistance was offered and the patient refused the service(s). In the case of a companion in need of auxiliary aids and services, document the offer and provision, or the refusal of auxiliary aids and in the medical record of the patient accompanied by the companion.

2. Offer and Waiver of Auxiliary Aids and Services

- a. CommonSpirit facilities shall use the Written Waiver form to document the offer and refusal of auxiliary aids and services by patients and companions in accordance with this Procedure.

3. Maintenance of Documentation

- a. A copy of all documentation related to a waiver of auxiliary aids and services, a decision not to provide particular auxiliary aids and services, a redetermination of appropriate auxiliary aids and services for Effective Communication, or a complaint that particular auxiliary aids and services are ineffective shall be maintained in accordance with this Procedure.
- b. Complaints shall also be forwarded to the 504/1557 Coordinator for information and resolution, as necessary.

H. Communication of and Access to the Procedure: Education / Training

1. Communication

- a. The information in this Procedure shall be communicated to every Person with Sensory or Communication Disabilities seeking access to a CommonSpirit facility in a way that such persons understand that the facility will provide auxiliary aids and services free of charge to qualified

persons with disabilities, including persons who are deaf or hearing-impaired, visually-impaired, speech-impaired or manually-impaired.

2. Alternative Formats: Auxiliary Aids

a. If an individual seeking access to a facility has a sensory or communication disability, this Procedure shall be communicated in the requested accessible format, such as audio, large print format, sign language, or other appropriate method, in accordance with this Procedure, it's associated Policy or any successor policy.

3. Facility Staff Training/Education

a. Each facility shall also conduct employee training during new employee orientation and annually thereafter so its employees are familiar with this Procedure and its associated Policy.

b. Each facility shall also train facility staff who have direct contact with patients and their companions on appropriate measures to access available auxiliary aids and services, including the use of Qualified Medical Interpreters.

DEFINITIONS:

Auxiliary Aids and Services: Communication aids and services used to communicate with Persons with Sensory or Communication Disabilities. The term "Auxiliary Aids and Services" includes but is not limited to:

- a. Qualified Sign Language Interpreters; note takers; real-time computer-aided transcription services; written materials; exchange of written notes; telephone handset amplifiers; assistive listening devices; assistive listening systems; telephones compatible with hearing aids; closed caption decoders; open and closed captioning, including real-time captioning; voice, text, and video-based telecommunications products and systems, including Text Telephones (TTYs) and Telecommunication Devices for the Deaf (TDDs), videophones, and captioned telephones, or equally effective telecommunication devices; videotext displays; accessible electronic and information technology; or other effective methods of making orally-delivered information available to individuals who are Deaf or Hearing-Impaired;
- b. Qualified Readers; taped texts; audio recordings; Braille materials and displays; screen reader software; magnification software; optical readers; secondary auditory programs (SAP); large print materials; accessible electronic and information technology; or other effective methods of making visually-delivered materials available to individuals who are blind or Visually-Impaired;
- c. Acquisition or modification of equipment or devices; and
- d. Other similar services and actions.

Companion: A family member, friend, or associate of the patient who, along with the patient, is an appropriate person with whom facility staff can communicate regarding the care and treatment of the patient and who meets one of the following requirements: A

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person whom the patient authorizes to:

- a. Communicate with facility staff about the patient;
- b. Participate in any treatment decision;
- c. Communicate the patient's needs, conditions, history, or symptoms to facility staff;
- d. Act on the information, advice, or instructions provided by facility staff; or
- e. A person legally authorized to make healthcare decisions on behalf of the patient; or
- f. Such other persons with whom facility staff would ordinarily and regularly communicate concerning the patient's medical condition including, but not limited to the patient's next of kin, or healthcare surrogate, subject to but not limited to applicable privacy law requirements.

Deaf: A person who is unable to hear normal conversation. A deaf person is Hearing-Impaired.

Effective Communication: Any form of communication (for example, writing or speech) that leads to understanding, is appropriate for the nature, complexity, and length of communication, and facilitates communication with people with disabilities is as effective as it is for people who do not have disabilities.

Facility or Facilities: All CommonSpirit owned or operated sites where care and treatment are provided to patients, including, but not limited to, hospitals, ambulatory surgery centers, home health agencies and CommonSpirit-affiliated clinics.

Facility Staff: All employees and independent contractors who have contracts to work on a full-time, part-time, or per diem basis for a CommonSpirit facility, including clinical, non-clinical, and volunteers, who will have direct contact with patients or companions.

Hearing-Impaired: A person who has difficulty hearing normal conversation.

Hearing Impairment: Conditions that affect the frequency or intensity of one's hearing.

Individuals with disabilities: The American with Disabilities Act, a federal law, defines individuals with disabilities as those who have impairments that substantially limit a major life activity, have a record (history) of a substantially limiting impairment, or are regarded as having a disability.

Interpretation/Interpreting: The process of ensuring that the listeners can understand the message of the speaker. Interpreting works on oral communication; its mode of delivery is to deliver a message or to communicate verbally.

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Manually-Impaired: A person with a physical impairment that affects the ability to communicate.

Over-the-Phone Interpreting (OPI): A remote interpretation service that involves a three-way call. The interpreter facilitates the conversation between two parties (e.g., Patient and clinical care provider) who are speaking different languages. The interpreter could be within the same building as the patient/visitor/companion, or in a remote location.

Persons with Sensory or Communication Disabilities: Persons who are Deaf or Hearing-Impaired, are blind or vision impaired, or have difficulties with speech or manual/mobility skills.

Qualified Reader: A person who is able to read effectively, accurately, and impartially using any necessary specialized vocabulary.

Qualified / Certified Sign Language Interpreter: An interpreter who, via Video Remote Interpreting (VRI) or an on-site appearance, is able to interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary. Qualified Sign Language Interpreters include, for example, sign language interpreters, oral transliterators, and cued-language transliterators.

Relay Services: A free nationwide service that provides telephone services for persons who are Deaf and Hearing-Impaired. This service is useful for calling or receiving calls from a person who is Deaf and uses a TTY/TDD at home.

Speech-Impaired: A person who has difficulty with vocal communication. A non-speaking person is Speech-Impaired.

Translation: Translation handles the conversion of written texts from one language to another. The mode of delivery is written whereas the mode of delivery for interpretation is oral/verbal.

TTY/TDD: A **TTY** (Tele**TY**pe), a device like a typewriter that has a small readout, **TDD** (Telecommunications Device for the Deaf) and **TT** (Text Telephone) refer to any type of text-based telecommunications device used by a person who does not have enough functional hearing to understand speech, even with amplification.

Video Remote Interpreting (VRI): A video phone or network connection service that provides video transmission to a video capable device such as a video monitor, laptop, tablet, smartphone, or computer, and that enables a person to view and sign with a remote interpreter (i.e., a live interpreter in another location). It is a video-telecommunications service to provide sign language or spoken language interpreting services.

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Visually-Impaired: A person who has difficulty seeing or reading. A blind person is Visually-Impaired.

Written Waiver: The form contained in the Electronic Health Record for patients or available in print for patients and companions, which shall be used to document any refusal by a patient or companion to accept a facility's offer of one or more auxiliary aids and services.

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STATUTORY/REGULATORY AUTHORITIES

1. Americans with Disabilities Act of 1990
2. Americans with Disabilities Act, Title III (42 U.S.C. § 12181 et seq.)
3. Americans with Disabilities Act, Title III Regulations (28 CFR pt. 36)
4. Kopp Act - California Health & Safety Code § 1259
5. Nondiscrimination in Health Programs and Activities; Final Rule (42 CFR Part 92)
6. Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. § 794 et seq.)
7. Section 1557 of the Patient Protection and Affordable Care Act (ACA) (42 CFR pt. 92)
8. The Joint Commission - Comprehensive Accreditation Manual for Hospitals (2022)
9. U.S. Department of Health and Human Services Regulations Implementing Section 504 of the Rehabilitation Act of 1973 (45 C.F.R. Part 84)

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1. Assistive listening devices; Assistive devices
2. Audio recordings
3. Braille materials and displays
4. Large print materials
5. Note-takers
6. Open and Closed Captioning
7. Qualified Medical Interpreters (QMI); Qualified Sign Language Interpreters
8. Real-time computer-aided transcription services
9. Screen reader software
10. Telephone handset amplifiers
11. Telephone compatible hearing aids
12. Voice, text and video-based telecommunications products and services including Text Telephones (TTYs), and Telecommunication Devices for the Deaf (TDDs), videophones
13. Written Materials

ATTACHMENT B**Auxiliary Aids and Services Available [Template]**

Facility: _____

I. Communicating by Telephone with Persons Who Are Deaf or Hard of Hearing

- ☐ **(Insert name of facility)** utilizes a Telecommunication Device for the Deaf (TDD) for external communication. The telephone number for the TDD is **(insert number)**. The TDD and instructions on how to operate it are located **(insert location)** in the facility;
- ☐ **(Insert name of provider)** has made arrangements to share a TDD. When it is determined by staff that a TDD is needed, we contact **(identify the entity e.g., library, school or university, provide address and telephone numbers)**; OR
- ☐ **(Insert name of facility)** utilizes relay services for external telephone with TTY users. We accept and make calls through a relay service. The state relay service number is **(insert telephone for your State Relay)**.

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For the following auxiliary aids and services, staff will contact (***Insert name of responsible staff person or position and telephone number***), who is responsible to provide the aids and services in a timely manner:

- ☐ Assistive listening devices
- ☐ Assistive listening systems
- ☐ Closed caption decoders
- ☐ Open and closed captioning
- ☐ Computer-aided transcription services
- ☐ Note-takers
- ☐ Telecommunications devices for deaf persons (TDDs)
- ☐ Telephones compatible with hearing aids
- ☐ Telephone handset amplifiers
- ☐ Videotext displays
- ☐ Written copies of oral communications
- ☐ Other _____

II. For Persons Who are Blind or Who Have Low Vision

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 low vision. In addition, staff are 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.

For the following auxiliary aids and services, staff will contact (***responsible staff person or position and telephone number***), who is responsible to provide the aids and services in a timely manner:

- ☐ Audio Taping or recording of print materials not available in alternate format
- ☐ Braille materials and displays
- ☐ Large print materials
- ☐ Magnification software
- ☐ Optical readers
- ☐ Qualified readers
- ☐ Reformatting into large print
- ☐ Screen reader software
- ☐ Secondary auditory programs
- ☐ Taped texts
- ☐ Other _____

III. For Persons With Speech Impairments

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To ensure effective communication with persons with speech impairments, staff will contact **(responsible staff person or position and telephone number)**, who is responsible to provide the aids and services in a timely manner: **(include those aids applicable to your facility)**

- ☐ Alphabet boards
- ☐ Computers
- ☐ Communication board
- ☐ Flashcards
- ☐ TDDs
- ☐ Typewriters
- ☐ Writing materials
- ☐ Other _____

IV. For Persons With Manual Impairments

A person with a manual impairment may need an accessible call button that does not require squeezing or grabbing, or a person with a manual impairment may also require assistance in completing written instruments such as intake forms. Auxiliary aids and services may include the provision of facility staff to write information provided by the patient onto the forms. Staff may 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. For these and other auxiliary aids and services, staff will contact **(responsible staff person or position and telephone number)** who is responsible to provide the aids and services in a timely manner.

- ☐ Computer-aided transcription services
- ☐ Note-takers
- ☐ Speaker phones
- ☐ Other _____

[1] A Direct Affiliate is any corporation of which CommonSpirit Health is the sole corporate member or sole shareholder, as well as Dignity Community Care, a Colorado nonprofit corporation.

[2] A Subsidiary refers to either an organization, whether nonprofit or for-profit, in which a Direct Affiliate holds the power to appoint fifty percent by membership powers or securities conferring certain decision-making authority on the Direct Affiliate) or any organization in which a Subsidiary holds such power or voting rights.

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