



NAD Model Policy for Effective Communication in Hospitals

I. DEFINITIONS

A. The term “auxiliary aids and services” includes but is not limited to: qualified interpreters on-site or through video remote interpreting (VRI) services; notetakers; 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), videophones, and captioned telephones, or equally effective telecommunications devices; videotext displays; accessible electronic and information technology; or other effective methods of making aurally delivered information available to individuals who are deaf or hard of hearing. 28 C.F.R. § 36.303(b)(1) (effective March 15, 2011).

B. The term “Companion” means a family member, friend, or associate of an individual seeking access to, or participating in the patient’s healthcare, who, along with such individual, is an appropriate person with whom the hospital should communicate in accordance with the provisions of the Health Insurance Portability and Accountability Act (“HIPAA”). The term “Companion” shall not include visitors who do not fulfill the roles set forth in this Paragraph.

C. The term “Hospital Personnel” means: all employees and officers of the Hospital, including, without limitation, nurses, social workers, technicians, admitting personnel, billing staff, and therapists.

D. The term “non-scheduled incidents” are situations in which there are fewer than two hours between the time when a “Patient” or a “Companion” makes a “request” for an interpreter and the time when the services of an interpreter are desired. The term “scheduled incidents” are appointments or situations in which there are two or more hours between the time when a “Patient” or a “Companion” makes a “request” for an interpreter and when the services of the interpreter are desired.

E. The term “Patient” means: a person who is deaf or hard of hearing and is seeking and/or receiving medical services at the Hospital. When the word “patient” is not capitalized, it shall have its ordinary meaning and shall include all patients, whether they be deaf or hard of hearing or not. Whenever the Hospital is required to consult, interview, or otherwise take into account the wishes of a Patient under this Policy, and the Patient is a minor or relies upon others to make decisions about medical care for himself or herself, the Hospital shall take the required action as if the Patient’s adult guardian is the Patient (i.e., the adult guardian makes the requests for auxiliary aids on behalf of the minor Patient), unless the Patient is otherwise by law competent to consent to treatment.

F. The term “request,” for purposes of the timetables and obligations in Section I (definition of “non-scheduled” and “scheduled” incidents) and Sections II(4) and (7) of this Policy, shall mean (a) a request for auxiliary aids or services made by the completion of a Deaf or Hard of Hearing Request Form, (b) circumstances that indicate that a patient is deaf or hard of hearing and that the Patient would like or would benefit from an interpreter, but a Deaf or Hard of Hearing Request Form cannot be completed by or on behalf of the Patient due to exigent circumstances (e.g.,



incapacitation of a non-minor Patient), or (c) instances involving a request made from a location other than at the Hospital, when Hospital Personnel in the patient's relevant unit (including Emergency Department) are informed -- or the Patient or Companion, or someone on their behalf, informs non-medical staff whose responsibilities include scheduling interpreter services -- of a Patient's or Companion's desire for an on-site interpreter or other auxiliary aid.

G. The term "sign language interpreter," "oral interpreter," or "interpreter" means: a qualified interpreter who, via video remote interpreting (VRI) service or an on-site appearance, is able to interpret effectively, accurately and impartially, both receptively and expressively, using any specialized vocabulary necessary for effective communication with the "Patient" or "Companion" who is using the interpreter's services. Specifically, for medical and hospital settings, the qualified interpreter must be trained and experienced in effectively and accurately interpreting medical terminology both receptively and expressively. Someone who has only a rudimentary familiarity with sign language or finger spelling is not an "interpreter" under this Policy. Likewise, someone who is fluent in sign language but who does not possess the ability to process spoken communication into the proper signs or to observe someone signing and change their signed or finger spelled communication into spoken words is not an interpreter. At a minimum, all interpreters utilized by the Hospital are to possess certification as recognized by the Registry of Interpreters for the Deaf and as required by local laws.

H. The term "TTY" or "TDD" means: a device that is used with a telephone to communicate with persons who are deaf or hard of hearing by typing and reading communications.

I. The term "video remote interpreting" (VRI) means: an interpreting service that uses video conference technology over dedicated lines or wireless technology offering high-speed, wide-bandwidth video connection that delivers high-quality video images as provided in 28 C.F.R. § 36.303(f) (as effective March 15, 2011).

J. The term "videophone" means: a telephone with a video screen capable of full duplex (bi-directional), high-quality video and audio transmissions for visual, real-time communication.

II. PROCEDURES

1. Effective Communication and Equal Access

The Hospital shall provide appropriate auxiliary aids and services, including interpreters, where such auxiliary aids and services are necessary to ensure effective communication with persons who are deaf or hard of hearing, and it shall provide persons who are deaf or hard of hearing with the full and equal enjoyment of the services, privileges, facilities, advantages, and accommodations of the Hospital as required by the Americans with Disabilities Act, Section 504 of the Rehabilitation Act, and Section 1557 of the Affordable Care Act.

In determining what auxiliary aids and services are necessary, the Hospital shall give primary consideration to the requests of people with disabilities. The Hospital must provide an opportunity for Patients and Companions to request the auxiliary aids and services of their choice. The Hospital shall honor the choice unless it can demonstrate that the requested auxiliary aid or service is not readily available.



2. Patient Intake

A. As part of its patient registration process, the Hospital shall inquire into whether the patient and/or the patient's accompanying companion(s) is/are deaf or hard of hearing, and whether the patient expects to have any companion visit who is deaf or hard of hearing. The patient registration process shall occur at the first reasonable opportunity to interact with a patient at the Hospital or the first medically prudent opportunity thereafter.

B. If there is any indication from such inquiry, or from Hospital Personnel's observations or interactions with the patient or the patient's companion(s) present in the Hospital, that they may be deaf or hard of hearing, Hospital Personnel shall as soon as practicable provide the patient and/or the companion with a Deaf or Hard of Hearing Communication Request Form ("Form"), whether in paper or electronic form. See attached Exhibit A. The Form shall be filled out by either the Patient and/or the Companion or may be completed by Hospital Personnel based on the information provided by those individuals. The Hospital shall ensure that a completed Form is obtained from each individual Patient or Companion who agrees to complete the Form. After being completed, the Form(s) shall be maintained in the patient's medical chart, whether kept in paper or electronic form. If the Hospital has and reason to believe the deaf or hard of hearing patient and/or the companion cannot independently complete the Form, the Hospital shall present the Alternative Deaf or Hard of Hearing Communication Request Form ("Alternative Form"), either in paper or electronic form. See attached Exhibit C. If an interpreter is requested in this manner, the Patient or Companion shall subsequently be given the opportunity to fill out the Form with an interpreter to indicate additional communication needs.

C. If a patient identifies a Companion who is not presently at the Hospital but is expected at the Hospital during the patient's stay, Hospital Personnel shall provide the patient with the contact information of Hospital Personnel who can assist the Companion in completing a Deaf or Hard of Hearing Communication Request Form in advance of arriving at the Hospital and with the contact information of Hospital Personnel who can assist the Companion in completing the Form at the Hospital (if the Form is not completed in advance). If at any point during a patient's stay, a Companion identifies himself or herself as deaf or hard of hearing, the Hospital shall promptly provide him/her with the Form, if it has not done so already.

D. In the event that circumstances indicate that a patient is deaf or hard of hearing, but a Form or Alternative Form cannot be completed by or on behalf of the patient, Hospital Personnel shall promptly comply with the requirements set forth on Paragraph 3(A), below and shall facilitate completing the Form as soon as practicable thereafter.

E. The patient's medical chart shall contain a notation to alert Hospital Personnel to the fact that the Patient and/or Companion is deaf or hard of hearing. The chart shall indicate the mode of communication requested by and provided to the Patient and/or Companion.

F. The Hospital shall provide any auxiliary aids and services that the Patient and/or Companion requests unless the Hospital can show that the requested auxiliary aid or service is not readily available. Even when such requested auxiliary aid or service is not readily available, the Hospital shall take all appropriate steps to provide effective communication to the maximum extent possible with auxiliary aids and services that are available.



3. Provision of Interpreter

A. Contacting the Scheduler:

1. Upon (i) completion of the Deaf or Hard of Hearing Communication Request Form requesting an on-site interpreter or (ii) other “request” as defined in this Policy, Hospital Personnel shall as soon as practicable contact the Scheduler identified in Paragraph 5(A) to request the provision of an interpreter. In the case of an unforeseen medical emergency affecting the patient or other patients in the area requiring the immediate attention of the Hospital Personnel involved in processing the Patient’s or Companion’s Form, the Scheduler identified in Paragraph 5(A) shall be contacted as soon as practicable.

2. In the event that circumstances indicate that the patient is deaf or hard of hearing but a Form or Alternative Form cannot be completed by or on behalf of the Patient due to exigent circumstances (e.g., incapacitation of a non-minor Patient), Hospital Personnel shall promptly contact the Scheduler identified in Paragraph 5(A) to request the provision of an on-site interpreter, provided that there is some indication that the Patient would like or benefit from an on-site interpreter, or Hospital Personnel may arrange for VRI as permitted in Paragraph 5(C).

3. If the Patient’s circumstances prevent the Form or Alternative Form from being completed and the Hospital has decided in the interim not to provide the Patient an on-site interpreter, then as soon as practicable the Hospital shall follow the procedures set forth above in Paragraph 2, including providing a Deaf or Hard of Hearing Communication Request Form, and in Paragraph 3(A)(1) for contacting the Scheduler to request the provision of an on-site interpreter, if one is requested.

B. Upon being contacted, the Scheduler shall arrange for the interpreter requested according to Paragraph 3 and the timetable set forth in Paragraph 4(A). When requesting any on-site interpreter, the Scheduler shall follow the procedures set forth in Paragraph 5. The Hospital may honor but shall not be bound by the personal preferences of a Patient and/or Companion for a particular, named interpreter, vendor or agency. However, the Hospital shall honor the preference of the Patient and/or Companion with respect to the gender of the interpreter. At all times, the interpreter provided by the Hospital shall be qualified in that the interpreter is able to accurately, effectively, and impartially interpret all communications between the Patient/Companion and the Hospital staff/contracting medical personnel.

C. In the instances in which an interpreter has been provided, Hospital Personnel shall interview the Patient or, assuming such person has remained at the Hospital and is available to Hospital Personnel, the Companion (or both, if both are deaf or hard of hearing), with the use of the interpreter, if an interpreter has been requested, as soon as practicable after the interpreter has been provided, in order to determine the interpreter schedule over the anticipated duration of the patient’s Hospital stay. If the Companion is not available for such interview, Hospital Personnel shall interview the Companion as soon as practicable upon becoming aware of his or her return to the patient’s location in the Hospital. Such schedule shall be created in consultation with the Patient or Companion considering the nature, length and complexity of the communication involved, the Patient’s condition, and the context in which the communication is taking place.



D. If the patient is expected to be in the Hospital more than two hours, but fewer than forty-eight (48) hours, the Hospital may use the Interpreter Schedule, attached hereto as Exhibit B, to document the requested schedule, but is not required to do so. The Hospital shall, however, determine an appropriate schedule for the provision of interpreting services as contemplated in Paragraph 3(C).

E. If the patient is expected to be in the Hospital forty-eight (48) hours or more and on-site interpreter services are provided, the schedule of such services shall be reduced to writing on the Interpreter Schedule. The Interpreter Schedule(s) shall identify the schedule of interpreters for each day that the patient is expected to be in the Hospital. The Interpreter Schedule shall be documented in writing as soon as practicable after it is determined that the patient's stay in the Hospital will extend more than forty-eight (48) hours, but in no event shall such documentation occur more than forty-eight (48) hours after the patient's arrival to the Hospital, except as extended in Paragraph 3(F). When completing the Interpreter Schedule, Hospital Personnel shall assist the Patient and/or Companion by providing the following information (to the extent that it is both reasonably ascertainable and allowed under HIPAA and other applicable laws):

- i. the anticipated period of time that the patient will be in the Hospital;
- ii. the nature of the patient's condition, including its seriousness and stability;
- iii. the likelihood of Hospital Personnel or other medical personnel needing to communicate with the Patient or Companion at unexpected or unforeseen times;
- iv. the most common hours that Hospital Personnel or other medical personnel will need to communicate with the Patient or Companion;
- v. the availability of interpreter services free of charge at any time during the hospital stay or visit; and
- vi. other assistive devices which may be available.

The Hospital Personnel shall not attempt to discourage or dissuade Patients or Companions from requesting an interpreter. The simple provision of the information listed immediately above shall not be construed as an attempt to discourage or dissuade Patients or Companions from requesting an interpreter. The Hospital shall instruct non-employee medical personnel (1) not to discourage or dissuade Patients or Companions from requesting an interpreter and (2) to refer any issues or matters regarding auxiliary aids or services to Hospital Personnel.

F. If a patient whom the Hospital earlier anticipated would be in the Hospital for fewer than forty-eight (48) hours ultimately stays for forty-eight (48) hours or more, the Hospital shall follow the procedures set forth in Paragraph 3(E), above, as soon as practicable after the patient's forty eighth (48th) hour.

G. The Patient and/or Companion shall be asked to sign and date each Interpreter Schedule that is created for that individual. The Interpreter Schedule(s) shall be maintained in the patient's medical chart, whether such chart is maintained in paper or electronic form, and the Patient and/or Companion shall be provided with a copy of their Interpreter Schedule or reasonable facsimile thereof either in paper or electronic form.

H. Throughout the patient's stay, if such stay is forty-eight (48) hours or more, Hospital Personnel shall consult with the Patient or Companion periodically to assess the effectiveness of the Interpreter Schedule and to update or modify



it, if such modifications are requested or necessary. Each time a Patient and/or Companion is consulted regarding modifications or updates to their Interpreter Schedule, Hospital Personnel shall provide the Patient and/or Companion with the latest information contemplated by Paragraph 3(E)(i)-(vi). Any time a change is made to the Interpreter Schedule, a notation will be made, and the Patient and/or Companion shall be asked to sign and date the document, and the document shall be maintained in the patient's medical chart.

I. The Hospital shall provide an interpreter in conformance with Paragraph 3(C). It shall be the responsibility of Hospital Personnel to contact the Scheduler identified in Paragraph 5(A) to set up such interpreter services. Where a Patient's and/or Companion's request for interpreter services is clearly unreasonable in relation to, or clearly incongruent with, the situation presented by the patient's medical condition and course of treatment, the Hospital may provide interpreter services other than as requested or may utilize other auxiliary aids and services – but not other than what is required for effective communication. Under such circumstances, the Hospital shall document the deviation from the requested interpreter services, the justification for the deviation, and the extent of such deviation. Such documentation must also be kept in the patient's medical chart.

J. For stays lasting 48 hours or longer, the Hospital may, instead of having an on-site interpreter present, have a designated interpreter be available on-call during overnight periods when the Hospital reasonably believes that the Patient will be sleeping and will not require substantial communication. If the Patient wakes up and requires substantial communication with Hospital Personnel, the Hospital shall immediately call the designated interpreter, who then shall show up on site within 45 minutes of being called by the Hospital.

K. If a Patient and/or Companion does not request or refuses an interpreter but Hospital Personnel have reason to believe that such person would benefit from one, Hospital Personnel shall remind the individual that interpreters are available free of charge. The Hospital may elect to schedule an interpreter if deemed necessary by medical staff but is under no obligation to do so.

L. If a Patient and/or Companion indicates to Hospital Personnel that he or she wants an interpreter after failing to request one on the Deaf or Hard of Hearing Communication Request Form, Hospital Personnel shall provide the Patient or Companion with a new Deaf or Hard of Hearing Communication Request Form. Hospital Personnel shall then comply with the requirements of Paragraphs 2 and 3 as if the Patient or Companion had originally requested an interpreter. Both the original Deaf or Hard of Hearing Communication Request Form and the new one shall be kept in the patient's medical chart.

M. If a Patient or Companion has an ongoing relationship with the Hospital involving successive scheduled visits to the Hospital (scheduled or anticipated prior to the patient's discharge from a prior visit), and requests an interpreter or other auxiliary aids for subsequent visits to the Hospital, the Hospital shall take steps to expedite the procedures for providing an interpreter or other auxiliary aid without necessarily requiring a separate request or the completion of a new Deaf or Hard of Hearing Communication Request Form for each successive visit.



4. Timetable for Auxiliary Aids

A. The Hospital shall provide the Patient and/or Companion with interpreters, as required under this Policy, in a timely manner, according to the timetable set forth in the chart below.

Auxiliary Aid	Time for Providing It
Interpreter/VRI	<p>For non-scheduled incidents, the Hospital shall provide (a) an on-site interpreter no more than two hours from the time the Patient and/or Companion requests an interpreter if the service is provided through a contracted service or through an interpreter who is located off of the Hospital premises at the time the request arises, or (b) 15 minutes from the time the Patient and/or Companion requests (as defined by this Policy) an interpreter if the service is provided through VRI.</p> <p>For scheduled incidents, the Hospital shall provide an interpreter at the time of the scheduled incident.</p> <p>For overnight periods when the Hospital reasonably believes that the Patient will be sleeping and will not require substantial communication, the Hospital may elect to have a designated interpreter be available on-call. The designated interpreter must show up on the site within 45 minutes of being called by the Hospital.</p> <p>Any response time that is delayed from the times set forth above because of a force majeure event is excluded from a determination of whether the prescribed response time has been met. Force majeure events are events outside the reasonable control of the Hospital, its IS Provider(s), or the interpreter called to respond. In such instances, the Hospital shall make its best efforts to ensure prompt, effective communication by, for example, immediately contacting the Scheduler and/or IS Provider in an attempt to secure another interpreter.</p>

B. The Hospital shall provide other auxiliary aids, among those identified in the attached Deaf or Hard of Hearing Communication Request Form, no later than 30 minutes after the request is made. If the Hospital fails to provide a requested auxiliary aid or if it provides one outside of the required time period, the Hospital shall keep a record of such incident, including the date and time that it occurred, the name of the patient and, if applicable, the Companion involved, and an explanation for the delay or refusal.



5. Procedures for Securing an On-Site Interpreter

A. The Hospital shall designate one telephone number as the exclusive interpreter request line. An individual with the capacity to initiate the scheduling of interpreters (“Scheduler”) shall respond to telephone calls on this telephone line twenty-four (24) hours per day, seven (7) days per week. Hospital Personnel shall be instructed that contacting the Scheduler on the interpreter request line or by e-mail are the primary method for securing on-site interpreters. Hospital Personnel may use their best judgment to respond to circumstances as they arise to secure interpreters through other means, if necessary.

B. The Hospital shall maintain at least two contracts with an interpreter service provider (“IS Provider”) to provide interpreters at the request of the Hospital.

C. The Hospital may contract to provide interpretive services through VRI. If at any point a Patient and/or Companion expresses a preference for an on-site interpreter instead of VRI, Hospital Personnel shall give consideration to such preference pursuant to the following standards on appropriate use of VRI and on-site interpreting services. The Hospital may only use VRI: (i) while Hospital Personnel are waiting for an on-site interpreter to arrive, (ii) if duration of the patient’s stay is expected to be under two (2) hours, (iii) if a need to communicate with a Patient and/or Companion who has expressed a preference for an on-site interpreter arises outside of the Patient’s and/or Companion’s Interpreter Schedule; or (iv) either (a) the patient has not expressed a preference for an on-site interpreter or (b) the Patient’s and/or Companion’s expressed preference for an on-site interpreter has been considered and VRI results in effective communication. When on-site interpreter services are being secured or are required, the timetable for providing on-site interpreter service set forth in Paragraph 4(A) shall apply and shall begin to run when the Patient and/or Companion makes such a preference known.

D. If, based on the circumstances, VRI is not providing effective communication after VRI has been provided, VRI shall not be used as a substitute for an on-site interpreter, and an on-site interpreter shall be provided in accordance with the timetable set forth in Paragraph 4(A). The time periods for securing an on-site interpreter provided in this Policy shall apply and shall begin to run when the Hospital is informed, knew, or reasonably should have known that VRI was not providing effective communication; in addition to these time constraints, the Scheduler shall employ best efforts to expedite the provision of on-site interpreter services under these circumstances.

E. If the Hospital chooses to contact technical support to fix any VRI problems, such as a difficulty setting up the VRI machine, difficulty transmitting video of the quality described in Paragraph 6(A), or difficulty transmitting audio of the quality described in Paragraph 6(A), the Hospital shall call an on-site interpreter within 30 minutes of when VRI problems are first identified unless such problems are fully resolved within that time frame. If VRI problems recur, the Hospital shall call an on-site interpreter immediately unless the Patient or Companion explicitly requests otherwise.

F. When the Scheduler receives an interpreter request for a scheduled incident, the Scheduler may fill such request using any resource at its disposal. Regardless of what resource is used to supply the interpreter, the interpreter shall be provided to the Patient or Companion within the time frame set forth in Paragraph 4.



G. The Scheduler shall be trained on how to respond to requests for non-interpreter auxiliary aids and shall refer such requests to the appropriate Hospital Personnel.

6. VRI

A. Whenever VRI is provided or used, the Hospital shall comply with all standards listed in Exhibit D. These standards represent concrete means to comply with federal mandates including but not limited to:

- i. the minimum requirements for technology and equipment to ensure compliance with 28 C.F.R. § 36.303(f), 45 C.F.R. § 92.202 and 28 C.F.R. § 35.160(d);
- ii. the minimum requirements for Video Interpreters to ensure interpreters are qualified in compliance with 28 C.F.R. § 36.104, 45 C.F.R. § 92.202 and 28 C.F.R. § 35.160;
- iii. the minimum requirements for procedures and staff training to ensure VRI is provided in a manner that ensures effective communication as required by 28 C.F.R. § 36.303, 45 C.F.R. § 92.202 and 28 C.F.R. § 35.160; and
- iv. the minimum factors to consider relative to the patient and medical situation to ensure effective communication as required by 28 C.F.R. § 36.303, 45 C.F.R. § 92.202 and 28 C.F.R. § 35.160.

B. The Hospital shall permit the Patient and/or Companion to use VRI to communicate with any Hospital Personnel. The Hospital shall not limit the Patient's or Companion's VRI use to communication only with certain Hospital Personnel, such as doctors.

7. Interpreter Continuity

All interpreter services who provide interpreters for the Hospital shall be requested by the Hospital to provide – to the extent practicable and to the extent permissible under applicable ethics guidelines and the law, including but not limited to HIPAA – replacement interpreters for the same Patient and/or Companion with general background information on the patient's condition, medical terms that are often used, and other relevant information to make communication with the replacement interpreter easier for the Patient and/or Companion.

8. Maintenance Log

The Hospital shall maintain data connected with each request for interpreter services so that the following information can be retrieved upon request:

- (a) the patient's and, if applicable, the Companion's name;
- (b) the time and date of the patient's admission and/or care at the Hospital and whatever such visit was scheduled;
- (c) the time and date that the request (as defined by this Policy) for an interpreter service was made;



- (d) the type of interpreter service provided, i.e., whether it was an on-site interpreter, an off-site interpreter, or VRI; and
- (e) the time and date the interpreter service was actually provided or a statement that the interpreter service was not provided.

In addition, the Hospital shall include the documentation required by Paragraph 3(I) involving deviations from requested interpreter services. Such data shall be maintained by the Hospital for no less than a period of three (3) years. Such data shall be available for review upon reasonable request by the NAD.

9. Complaint Resolution

The Hospital shall maintain an effective complaint resolution mechanism for use by patients and/or companions and will maintain records of all complaints (whether oral or written) made to the Hospital regarding the provision of auxiliary aids and/or regarding the communication needs or desires of Patients or Companions.

To be effective, the complaint resolution mechanism must permit the Patient or Companion to escalate any complaint about the provision or quality of auxiliary aids and services to a person knowledgeable about effective communication requirements and empowered to provide the remedy that the Patient or Companion seeks. Further, the complaint resolution mechanism must enable the Patient or Companion to escalate the complaint at the time the complaint is identified, regardless of the hour or day.

All Hospital Personnel receiving complaints from Patients or Companions shall be responsible for ensuring that these Patients or Companions are promptly and properly referred to the complaint resolution mechanism process.

The Hospital shall further maintain records of any actions taken with respect thereto. The Hospital shall notify (1) Patients, (2) Companions who complete a Deaf or Hard of Hearing Services Request Form, and (3) other persons who are deaf and hard of hearing and express a complaint about auxiliary aids or services or related procedures, of the Hospital's complaint resolution mechanism, to whom complaints should be made, and the right to receive a written response to the complaint if requested.

Such information shall be provided in writing and shall be provided in American Sign Language to all patients and/or companions that demonstrate a preference for communication in American Sign Language.

Copies of all complaints or notes reflecting oral complaints and the responses thereto shall be maintained by the Hospital for three years. Upon request, the Hospital shall provide the complaining party a written response to the complaint in a timely manner.

10. Prohibition of Surcharges

All auxiliary aids required by this Policy shall be provided free of charge to the patient and/or companion, and the fact that such aids are free of charge shall be communicated to the patient and/or companion in a manner understandable



to them. The Hospital shall not place a surcharge on the missed appointment fee only for deaf or hard of hearing patients to reflect the cost of auxiliary aids and services. Missed appointment fees must be applied to all patients equally.

11. Notice to Patients and Companions

As soon as practicable after Hospital Personnel have determined that an interpreter should be provided to a Patient and/or a Companion, the Hospital shall update such Patient and/or Companion of the current status of efforts being taken to secure an interpreter on his or her behalf. Additional updates are to be provided thereafter as necessary until an interpreter is secured. Notification of efforts to secure a qualified interpreter does not lessen the Hospital's obligation to provide qualified interpreters in a timely manner as required by this Policy.

12. Other Means of Communication

Between the time that an interpreter is requested and when an interpreter is made available, the Hospital shall continue to try to communicate with the Patient or Companion for such purposes and to the same extent as they would have communicated with the person but for the disability, using all available methods of communication (including, but not limited to, written notes) if VRI is not available. This provision in no way lessens the Hospital's obligation to provide qualified interpreters in a timely manner as required by this Policy for other communications with the Patient and/or Companion.

13. Restricted Use of Certain Persons to Facilitate Communication

The Hospital may not rely upon a family member, companion, advocate, patient, or friend of a patient and/or companion to interpret or facilitate communications between Hospital Personnel and a Patient and/or Companion. However, if capable, such adult person may be used to interpret or facilitate communications (1) in an emergency involving an imminent threat to the safety or welfare of an individual or the public where there is no interpreter available, or (2) where the individual with a disability specifically requests that the accompanying adult interpret or facilitate communication, the accompanying adult agrees to provide such assistance, and reliance on that adult for such assistance is appropriate under the circumstances.

The Hospital may rely on the accompanying adult in the second situation only if the Hospital has offered to provide an interpreter free of charge and the deaf individual declines the offer in favor of using the adult companion. This provision in no way lessens the Hospital's obligation to provide appropriate auxiliary aids as required under this Policy.

14. Telecommunication Devices

A. At all times, the Hospital shall have at least one videophone in working order and at least one TTY in working order. All Hospital Personnel shall know whom to contact when a deaf or hard of hearing individual requests a videophone or TTY.



B. The Hospital shall make telecommunications devices available to deaf and hard of hearing individuals in the same manner as telecommunications devices are available to hearing individuals. For example, next to each courtesy phone, the Hospital shall post a sign indicating that a videophone and TTY are available, and how to request such a device. In addition, the Hospital should supply a videophone or TTY in an inpatient room upon request of a deaf or hard of hearing Patient and/or Companion.

C. Access to videophones and TTYs shall be provided to deaf and hard of hearing individuals on the same terms as access to standard telephones is provided to others. Access to videophones and TTYs shall not be limited to Patients and Companions unless the hospital limits all telephone access to patients and companions only.

15. Notice

A. The Hospital shall post and maintain signs of conspicuous size and print, in conformance with the requirements of the ADA Standards for Accessible Design, 28 C.F.R. Part 36, App. A, at 4.30, at all Hospital admitting stations, the emergency department, nurse's stations or in the patient and visitor elevator lobby on the same floor, and wherever a Patient's Bill of Rights is required by law to be posted. The signs shall include the international symbols for "interpreters" and "TTY's."

Such signs shall state:

Are you or your companion deaf or hard of hearing and in need of assistance? If so, please notify Hospital staff so that we can help.

To ensure effective communication with patients, their family members, and companions who are deaf or hard of hearing, we provide auxiliary aids and services free of charge, such as: on-site site language and oral interpreters, video remote interpreting (VRI), videophones (VP), TTY's, written materials, telephone handset amplifiers, pockettalkers, telephones compatible with hearing aids, and open and closed captioning of most Hospital programs.

Please ask your nurse or other Hospital personnel for assistance, or contact

_____.

The Hospital shall also include that statement in all printings of its Patient Handbook (or equivalent publication(s)), together with a description of the Hospital's complaint resolution mechanism.

B. The Hospital shall include the statement identified in Paragraph 15(A) in a conspicuous place on its Internet and Intranet websites.

C. The Hospital shall publish a written policy statement regarding the Hospital's policy with respect to persons who are deaf or hard of hearing. The policy statement should include, but is not limited to, language that states:



“If you recognize or have any reason to believe that a patient or companion of a patient is deaf or hard of hearing, you must advise the person that auxiliary aids such as sign language and oral interpreters, videophones, TTY’s, video remote interpreting (VRI), written materials, telephone handset amplifiers, other sound amplifiers, assistive listening devices, telephones compatible with hearing aids, and closed captioning of Hospital programs will be provided free of charge. If an interpreter is requested and is selected as the appropriate auxiliary aid, you must also contact the Hospital’s Scheduler at _____ to ensure that an interpreter is provided. If you have any questions regarding interpreter services or auxiliary aids, call _____.” This statement shall also be posted in a prominent place on the Hospital’s Intranet page.

The Hospital shall distribute this written policy statement with the trainings described below in Section 16.A to all Hospital Personnel with patient responsibility (including affiliated physicians with practicing or admitting privileges), and to all new Hospital Personnel with patient responsibility (including newly affiliated physicians) upon their employment or affiliation with the Hospital. Thereafter, the Hospital shall distribute this written policy statement to all Hospital Personnel (including affiliated physicians) on an annual basis.

D. Should there be any change to the contact information provided pursuant to Paragraphs 15(A)-(C), such information shall be updated within five (5) business days of the change.

E. The Hospital shall ensure that any prior inconsistent notices, signs, materials or documents that provide different information on how to secure an interpreter, whom to call regarding interpreter services, or whom to contact for auxiliary aids are removed or no longer accessible. In accordance with this requirement, the Hospital shall use best efforts to ensure the removal of any unofficial notations or documents with inconsistent information.

16. Training of Hospital Personnel

A. The Hospital shall provide annual mandatory in-service training to active Hospital Personnel and staff identified immediately below with the following objectives: to inform them of the procedures set forth in this Policy; to inform them of the procedures that they should follow in order to arrange interpreter services or other auxiliary aids; to educate them that the Hospital provides interpreters to Patients and/or Companions based on the Patient’s and/or Companion’s wishes or if circumstances indicate that a Patient or Companion needs or desires an interpreter; and to educate Hospital Personnel and staff on their obligations under this Policy.

This training shall be given to the following persons:

- a. Hospital employees with patient responsibility who work in the Emergency Department;
- b. Hospital employees with or likely to have direct patient care responsibility, including, without limitation, the following categories and their equivalents: nurses, nurse’s aides, therapists, social workers, case managers, and medical technicians; and



- c. Key Hospital employees not otherwise trained as provided above, including: all clinical directors and nursing supervisors; all senior-level administrators; personnel who staff the Admission desk (or its equivalent for inpatient registration), the Central Registry desk (or its equivalent for outpatient registration), the General Information desk; all triage nurses and other triage professionals; administrative heads of each department in which communication with patients or their companions, families and friends is likely to occur; desk clerks in units or departments where such individuals are likely to have communications with patients or their companions, families and friends; personnel responsible for billing and insurance issues who routinely interact with patients and their companions, families, and friends; and those physicians with patient care responsibilities who are Hospital employees.

The above list excludes physicians affiliated with the Hospital who are not Hospital employees.

B. All other Hospital Personnel who regularly receive incoming telephone calls from the public shall receive special instructions on using relay operators to make and receive telephone calls and shall receive training generally on the existence of the requirements of this Policy, the contact information for the Director of Patient Experience, the Scheduler, and/or the individuals knowledgeable about this Policy, and the complaint resolution process referenced herein.

All hospital employees who deal directly with patients and/or provide medical services, including nurses, physician's assistants, and admitting personnel, shall receive written instructions regarding which Hospital Personnel to contact if they encounter a patient or companion who appears to be deaf or hard of hearing. The Hospital shall also provide such written instructions to any new registration or clinical contract staff who deal directly with patients and/or provide medical services upon or prior to the commencement of their first shift at the Hospital.

C. (1) The Hospital shall annually conduct one or more training sessions on the communication needs of persons who are deaf or hard of hearing, and shall invite all physicians who are affiliated in any way with the Hospital (including, but not limited to, those doctors with admitting or surgical privileges) to attend. The Hospital shall provide training materials that contain substantially similar information to what is presented at the live training sessions to any affiliated physician upon request. (2) The Hospital shall distribute a set of training materials to all affiliated physicians. These materials shall contain at least the Hospital's Policy Statement and any relevant forms, as well as a description of the Hospital's duty to provide auxiliary aids to Patients and/or Companions under this Policy and the procedures for arranging interpreter services.

D. For persons employed by the Hospital who begin their employment, or whose status becomes active (e.g., after their return from leave status), after the training sessions required in the immediately preceding provisions (Paragraphs 16 (A)-(C)), the Hospital shall provide the training specified above within sixty (60) days after the individual's commencement or reactivation of service to the Hospital.



E. The Hospital shall maintain attendance records of all training conducted pursuant to this Policy, which shall include the names and respective job titles of the attendees, as well as the date, time and location of the training session.

17. Meals and Other Programs and Activities

A. The Hospital shall ensure that effective means are provided on a timely basis for Patients and Companions to select and order meals and access other programs and activities.

B. The Hospital shall ensure that all video programming is provided in a means that is accessible to individuals who are deaf and hard of hearing either through captioning or other means of ensuring equal access.

C. The Hospital shall ensure that Patients and Companions are provided with a full and equal means for obtaining assistance from nursing and other Hospital Personnel equal to that provided through call buttons and other auditory means to hearing patients and companions, such that nursing and other Hospital Personnel respond promptly in person when called by Patients and Companions in room identified as having such deaf or hard of hearing individuals.

18. Emergency Procedures and Alarm Systems

A. The Hospital shall ensure that all alarm systems designed to alert hospital occupants to emergencies, such as fire and tornado alarms, are equipped with appropriate strobes or other measures to ensure access for people who are deaf or hard of hearing.

19. Public Address System Announcements

A. The Hospital shall ensure that all announcements made over the public address system are accessible to individuals who are deaf or hard of hearing.

20. Miscellaneous

A. The Hospital shall not deny equal services, accommodations, or other opportunities to any individual because he or she is deaf or hard of hearing, or because of the known relationship of a person with someone who is deaf or hard of hearing.

B. The Hospital shall not retaliate against or coerce in any way any person who is trying to exercise his or her rights under this Policy.

C. Nothing in this Policy shall require the Hospital to violate its obligations under HIPAA, any other applicable privacy or confidentiality law, or laws governing emancipated minors.



21. Implementation

The Hospital shall designate one or more individuals who shall be available twenty-four (24) hours per day, seven (7) days per week, to answer questions from and provide assistance to Hospital Personnel regarding the use of auxiliary aids and services, and qualified sign language and oral interpreters available under the Policy. Such individuals shall know where the appropriate auxiliary aids are stored and how to operate them. The Hospital shall circulate and post broadly within the Hospital the telephone numbers and e-mail addresses of the individuals to contact for auxiliary aids and services, that may be used by Patients and/or Companions in order to obtain the assistance of such individuals.



Exhibit A

Deaf or Hard of Hearing Communication Request Form

We ask this information so that we can communicate effectively with patients and/or companions who are deaf or hard of hearing. All communication aids and services are provided FREE OF CHARGE. Each person requesting communication aids should complete a separate form. If you need further assistance, please contact _____.

Patient's Name

Medical Record #

Name of Person with Disability (if different than patient)



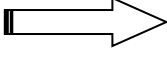
Nature of Disability:

- Deaf Hard of Hearing Speech Impairment Other: _____

Relationship to Patient:

- Self Family member Friend Other: _____

Please select the communication aid(s) you would like to assist you in communicating with Hospital staff. Your requests will be carefully addressed by Hospital staff.

<input type="checkbox"/> On-site Interpreter 		<input type="radio"/> American Sign Language (ASL)	<input type="radio"/> Signed English	<input type="radio"/> Oral interpreter	<input type="radio"/> Cued Speech
<input type="checkbox"/> Video Remote Interpreter (VRI)		<input type="radio"/> American Sign Language (ASL)	<input type="radio"/> Signed English	<input type="radio"/> Oral interpreter	<input type="radio"/> Cued Speech
<input type="checkbox"/> Videophone (VP)	<input type="checkbox"/> TTY/TDD (text telephone)	<input type="checkbox"/> Caption telephone	<input type="checkbox"/> Telephone compatible with hearing aid	<input type="checkbox"/> Telephone handset amplifier	
<input type="checkbox"/> Flasher for incoming calls (in patient's room)		<input type="checkbox"/> Assistive listening device (sound amplifier)			
<input type="checkbox"/> Other. Explain:					



- No. I do not use sign language and/or do not use interpreters.
- No. I prefer to have only family members/friends help with communication.

Name of family member/friend: _____

- No. Please state other reason: _____

If you requested both an interpreter on-site and a video remote interpreter above, do you have a preference between the two?

- Yes, I prefer an interpreter on-site
- Yes, I prefer video remote interpreter
- No, I do not have a preference between the two

If you have any questions, please call _____ (voice/VRS), _____ (TTY).

Completed by: _____
(Please print name)

Signature: _____

Date: _____ **Time:** _____

**** If at any point during your Hospital visit, you wish to change any of the answers to the questions on this form, please notify _____.**

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- Anticipated period of time the patient will be in the hospital (if known): _____
- (dx date): _____
- The nature of the patient's condition, including its seriousness and stability: _____
- Likelihood of needing to communicate with the Patient or Companion at unforeseen times: _____
- In this unit, the most common hours that Hospital Personnel will need to communicate with patients or companions (list out in two hour time frames): _____
- Interpreter services are available 24 hours free of charge.
- Other assistive devices which may be available: _____



Exhibit C



Sign Language Interpreter?

yes



no





Exhibit D

Use of Video Remote Interpreting (VRI)

A comprehensive VRI policy should implement VRI as a last resort subject to very specific conditions. In particular, medical providers should provide VRI only if on-site qualified interpreters services are not immediately available and with the consent of the patient. On-site interpreter services are more likely to result in effective communication than VRI services. On-site interpreters are advantageous in that they: have more mobility, have greater access to visual and auditory cues and information present in the environment, are not disconnected due to malfunctions, and are better able to respond immediately to communication events as they arise.

As a matter of model policy, medical providers should only use VRI: (i) while the medical provider is waiting for an on-site interpreter to arrive (which should be no more than two hours from the time of request for unscheduled medical events); (ii) if duration of the patient's stay is expected to be under two (2) hours; (iii) if a need to communicate with a patient and/or companion who has expressed a preference for an on-site interpreter arises outside of a planned schedule for an interpreter to be provided for a patient and/or companion; or (iv) either (a) the patient has not expressed a preference for an on-site interpreter or (b) the patient's and/or companion's expressed preference for an on-site interpreter has been considered and VRI results in effective communication.

The following are minimum requirements for the use of VRI in medical situations involving deaf individuals but are neutral with respect to the brand of VRI technology and equipment used.

Minimum Requirements for VRI Technology and Equipment

The following is a non-exhaustive list of minimum requirements specifically related to VRI technology and equipment:

Network

- The medical provider must have a dedicated high-speed (broadband) Internet connection and devote sufficient exclusive bandwidth for the delivery of VRI services to ensure high quality, clear, delay-free, full-motion video and high-quality audio. Due to the importance of ensuring clear communications during critical medical situations, only high definition video transmissions should be allowed for VRI technology in medical situations.
- To support high definition video transmissions on both ends, every endpoint must support at least 1024k video calling and be uninterrupted and continuous, with an IP overhead of 1.2M Ethernet connection.
- There should be a dedicated connection to a WAN circuit with Quality of Service (QoS) settings that take into account the potential number of concurrent video calls over the WAN and the quality settings for each call.



- The VRI equipment needs to have the capability to safely traverse firewalls without compromising security. The optimal means to achieve this is by connecting the VRI equipment through centralized equipment via a WAN circuit. At least “Outbound Only” ports must be free from firewalls.
- Every endpoint used for VRI, regardless of type (room-based all-inclusive unit or software/computer-based) must support encrypted transmissions, preferably using 256-bit Advanced Encryption Standard (AES-256).
- All endpoints should be able to place and receive video calls using Uniform Resource Identifiers (URIs).
- All connections should require an IPSEC or SSL VPN to comply HIPAA requirements.
- There should be no interference from signals from other medical equipment (e.g. cardiac monitors).
- Connected and wireless broadband must be tested at least once a week to ensure smooth transmission.
- The VRI provider chosen by the medical provider must ensure their video interpreters meet the same minimum technical standards from their end.

Equipment

- The deaf or hard of hearing individual must be positioned properly and comfortably to have an unobstructed view of the video screen; the equipment must provide clear, sufficiently large, and sharply delineated pictures of the interpreter’s and the deaf or hard of hearing individual’s head, arms, hands, and fingers.
- The video screen should be a flat-panel, LCD computer monitor, with a minimum screen size of 19.5 inches (measured diagonally from corner to corner) for viewing from no more than 2 feet from the patient and should be hands-free for the patient. However, the video screen must support high definition video transmissions.
- The video screen must be flexible and stable for the user with adjustable height options, including the capacity to adjust the screen in various directions for optimal viewing by the patient regardless of the patient’s position and to place the screen directly overhead, without needing to move the deaf or hard of hearing individual's head.
- To support high definition video transmissions, the video cameras at all endpoints should have a minimum video resolution of 720p (1280 x 720 pixels, progressive, at 30 frames per second. The ideal resolution is 1080p30, 1080p50, or 1080p60 (1920 x 1080 pixels, progressive, at 30, 50, or 60 frames per second, respectively).
- All parties’ video cameras (at all endpoints) should be capable of a minimum video resolution of 720p (1280 x 720 pixels, progressive, at a speed of at least 30 frames per second). At the present time, the ideal resolution is 1080p60 (1920 x 1080 pixels, at 60 frames per second). The cameras should use progressive scan instead of interlaced scan to preserve smoothness and clarity of image and to reduce any possible artifacts or judder.
- The video cameras should be focused on all stakeholders, but particularly the deaf individual(s) involved and the interpreter(s). A clear view of the signer(s) is required. Medical provider staff must be able to adjust the physical position of the camera; and the medical provider and/or video interpreter must be able to make adjustments in the camera angle (left/right, up/down, wide angle versus close-up view) and focus; and the video interpreter must be able to see the deaf or hard of hearing individual clearly.



- Deaf and hard of hearing patients, whenever possible, should be placed in a private room to minimize visual distractions and to improve quality of VRI communications.
- Lighting in the room must be optimal with no backlighting on the signing individual.
- The VRI audio equipment should allow for a clear and easily understood transmission of voices. The video interpreter and the medical provider staff must communicate consecutively and be able to hear each other clearly. Background noise should be kept to a minimum through noise cancelling features, and preferably with use of microphones for the medical staff to speak into for clarity purposes.
- A speakerphone is not recommended unless only one hearing individual is using it and the speakerphone is in that individual's immediate proximity.
- The computer supporting the VRI equipment on all endpoints should have at a minimum the following specifications:
 - 2.6 GHz processor speed;
 - 8 GB of physical RAM;
 - 500 GB of space available on the hard drive;
 - a dedicated video card;
 - at least one USB 2.0 port.
- The computers supporting the VRI equipment at all endpoints shall have in operation only those programs and features running for the purpose of ensuring the effective and smooth operation of the VRI communications. The medical provider shall ensure that there are no interruptions in communication with the computer or VRI technology during the VRI sessions. Any computer equipment associated with the VRI technology shall have all other programs and screensavers turned off during the VRI session.
- The ability to fit and move around VRI equipment within a given space should be a factor in deciding room assignments.
- VRI equipment and all technology supporting it including the computer must be tested at least once a week.
- Medical providers should have additional VRI equipment beyond the number estimated necessary to serve the local deaf and hard of hearing population. It is recommended that medical providers purchase twice the number of VRI equipment that is deemed necessary by the medical providers. The additional VRI equipment would serve as back up equipment in the event that any of the VRI equipment breaks or there is an unanticipated number of deaf or hard of hearing patients or companions at the medical facility at the same time.

Minimum Requirements for Video Interpreters

- At all times, the video interpreter must be able to accurately, effectively, and impartially interpret all communications between the deaf and hard of hearing patient and/or companion and the medical provider staff/contracting medical personnel. Moreover, the qualifications of the video interpreter should comport with state licensure laws, if any, that affect sign language interpreters in medical settings in that state.



- Per the applicability of the Human Resources Standards outlined by The Joint Commission to all interpreters as contracted personnel engaged in providing services for a healthcare facility, all VRI providers must be able to, upon request, provide the following for each of their interpreters:
 - Education and training that is consistent with applicable legal and regulatory requirements and organization policy, and specifically in medical terminology;
 - Appropriately certified by a national certifying body, and appropriately trained to provide interpreting services in medical settings including familiarity with medical terminology;
 - Evidence of license or registration, as required by the state in which the site of medical services is located, if the state has any, regardless of where the video interpreter is located;
 - Evidence that individual's knowledge and experience and competence are appropriate for his or her assigned responsibilities as required by the contracting organization;
 - Orientation to the contracting organization;
 - Evaluations of performance;
 - Health status as required by job responsibilities, as defined by the organization, and as required by law and regulation;
 - Criminal background check or pre-employment verification of convictions for abuse or neglect, when required by law and regulation; and
 - References, when applicable.¹
- Video interpreters must act in accordance with any applicable codes of professional conduct, such as a certifying body's Code of Professional Conduct or the statutory requirement of a state's interpreter licensure law.
- Video interpreters must inform the medical provider to terminate the use of VRI technology and obtain the services of an on-site interpreter, when such interpreters determine that VRI is not an appropriate accommodation and is not ensuring effective communication.
- The medical provider may honor but shall not be bound by the personal preferences of a deaf or hard of hearing patient and/or companion for a particular named video interpreter, vendor or agency. However, the medical provider shall honor the preference of the deaf or hard of hearing patient and/or companion with respect to the gender of the video interpreter.
- Prior to rendering interpreting services, the video interpreter should be provided with brief and pertinent background information of the communicative encounter, including but not limited to: patient-specific information and concerns the medical provider will address.
- When it is necessary to transfer an interpreted session, or when an interpreted session is terminated and reestablished with a new interpreter, the previous interpreter will use HIPAA compliant internal communication systems to share pertinent information with the next interpreter. When necessary, the parties should not be placed on hold for more than one minute.
- All video interpreters utilized in the provision of VRI services must be fully versed and trained on the operation and maintenance of the technical video equipment at their location. This includes the ability to do basic troubleshooting to

¹ See http://www.calhospital.org/sites/main/files/file-attachments/The_Joint_Commission_-_Standards_FAQ_Chapter.pdf



resolve any technical problems as well as the ability to transfer a VRI assignment to another available video interpreter if unable to immediately resolve the technical problems.

- The VRI service needs to ensure that a video interpreter answers the call within 45 seconds on a 24-hour basis every day without exception.
- The VRI service should ensure that no video interpreter is providing interpreting services longer than sixty minutes without a break and require transfers to other video interpreters when necessary.
- The use of Certified Deaf Interpreters (CDIs) should be made available upon request of the patient(s) or companion(s), or when assessed as necessary by the video interpreter(s). In many situations, it may be necessary to pair VRI usage with an on-site CDI.

Minimum Requirements for Procedures and Staff Training

- All employees who deal directly with patients and/or provide medical services, including physicians, nurses, physician's assistants, and admitting personnel, shall receive written instructions regarding which personnel to contact if they encounter a patient or companion who appears to be deaf or hard of hearing. The medical provider shall also provide such written instructions to any new registration or clinical contract staff who deal directly with patients and/or provide medical services upon or prior to the commencement of their first shift.
- For scheduled appointments for which the patient and/or companion has already agreed to VRI, the VRI equipment must be set up in the designated room and be ready to operate at the time of the appointment.
- For unscheduled visits, the medical provider shall take the following steps at the arrival of a deaf or hard of hearing individual:
 - If a patient is being transported to the medical provider by Emergency Medical Services (EMS), then the EMS must call the medical provider en route to inform the medical provider that a deaf and hard of hearing individual who requests or requires a sign language interpreter will arrive. The medical provider staff will then need to arrange for a qualified on-site interpreter immediately. If an on-site interpreter is not immediately available, the medical provider staff should then immediately call the VRI provider and ensure that the VRI equipment is set up to deliver VRI services by the time the ambulance and deaf or hard of hearing individual arrive.
 - In other instances not involving EMS, upon the initial contact² with the deaf or hard of hearing individual, the medical provider shall inquire into whether the patient and/or companion is/are deaf or hard of hearing;
 - If it is determined that the patient and/or companion is/are deaf or hard of hearing, the medical provider shall present auxiliary aids and services options to the deaf or hard of hearing individual(s);
 - If the deaf or hard of hearing individual requests an on-site interpreter, the medical provider will contact the appropriate personnel in charge of placing interpreter requests immediately;
 - The medical provider shall provide any available on-site interpreters³ in a timely manner;

² Initial contacts include phone calls in advance of arrivals.

³ The medical provider shall maintain at least one contract with a local interpreting services provider.



- The medical provider shall not attempt to discourage or dissuade deaf and hard of hearing patients and companions from requesting an on-site interpreter.
- In the interim period while waiting for the on-site interpreter(s) to arrive, the medical provider may use VRI as a temporary measure.
- If the deaf or hard of hearing individual requests VRI or consents to VRI, the medical provider must initiate the VRI protocol immediately.
- The medical provider shall take the following steps when using VRI:
 - VRI equipment must be brought to the room within ten minutes of the arrival of a deaf or hard of hearing individual.
 - Set-up of equipment should be completed and operable within five minutes.
 - A video interpreter must appear on the screen ready to interpret within three minutes after the VRI machine has been set up.
 - The medical provider representative who connects to the VRI should provide a brief summary of the discussion about to take place immediately after connecting to the video interpreter to provide context.
 - At all times the medical provider must monitor the effectiveness of the use of VRI based on the factors listed *supra*.
- The medical provider shall take the following corrective actions whenever necessary:
 - If problems arise with the VRI and they are not remedied within ten minutes, the medical provider shall call for technical support.
 - Once the medical provider contacts technical support to fix any VRI problems, the medical provider shall call an on-site interpreter within 30 minutes of when VRI problems are first identified unless such problems are fully resolved within that time frame. If VRI problems recur, the medical provider shall call an on-site interpreter immediately unless the patient or companion explicitly requests otherwise.
- The medical provider shall not impose a time limit for VRI usage. For any conversation involving VRI, the medical provider shall proceed for as long as necessary to ensure that the discussions are as comprehensive as allowed for hearing patients and/or companions.
- The medical provider shall conduct initial and periodic communication assessments of the effectiveness of the use of VRI throughout the deaf or hard of hearing individual's visit.
- The medical provider must consider the reasonably foreseeable health activities of the patient involved (e.g., group therapy sessions, medical tests or procedures, rehabilitation services, meetings or discussions with health care professionals or social workers concerning billing, insurance, self-care, prognoses, history, discharge, or other matters) and prepare for appropriate provisions of auxiliary aids and services.
- The following personnel must be available on-site 24 hours a day, 7 days a week:
 - One or more designated individual(s) to answer questions from and provide assistance to personnel regarding the use of auxiliary aids and services. Such individuals shall know where the appropriate auxiliary aids are stored and how to operate them. Such individuals shall also know how to procure the appropriate auxiliary services.



- Appropriate personnel able to conduct analysis regarding the linguistic and medical demands of the conversation before offering VRI. Said personnel must consider all the criteria discussed in this document and must be able to identify when VRI is not facilitating effective communication.
- At least two individuals fully trained on procedures for setting up VRI equipment and contacting the VRI provider.
- At least one information technology (IT) staff to troubleshoot and resolve technology and equipment problems that may arise.
- The medical provider shall circulate and post broadly within the facility the telephone numbers and e-mail addresses of the individuals above. The contact information of the individual(s) responsible for communication assessments should be shared with patients and/or companions in order to obtain the assistance of such individuals.
- Medical providers should conduct staff and contractors training on the use of VRI guidelines as well as the use of medical providers' VRI equipment *before* implementing VRI usage. The medical providers should also conduct periodic annual refresher trainings.
- The medical provider shall distribute a set of training materials to all affiliated physicians. These materials shall contain at least the provider's policy statement and any relevant forms, as well as a description of the medical provider's duty to provide auxiliary aids and services to patients and/or companions and the procedures for arranging interpreter services.
- The training sessions should meet the following objectives: to inform them of the procedures set forth in its VRI policy; to inform them of the procedures that they should follow in order to arrange interpreter services or other auxiliary aids and services; to educate them that the medical provider offers interpreters to patients and/or companions based on the patient's and/or companion's wishes or if circumstances indicate that a patient or companion needs or desires an interpreter; and to educate medical personnel on their obligations. This training shall be given to the following persons:
 - Employees with or likely to have direct patient care responsibility, including, without limitation, the following categories and their equivalents: nurses, nurse's aides, therapists, social workers, case managers, and medical technicians; and
 - Key employees not otherwise trained as provided above, including: all clinical directors and nursing supervisors; all senior-level administrators; inpatient registration personnel, outpatient registration personnel, the General Information desk; all triage nurses and other triage professionals; administrative heads and desk clerks of units or departments where such individuals are likely to have communications with patients or their companions, families and friends; and
 - All other personnel charged with decision-making involving VRI and the handling of VRI technology and equipment.
- Training must include where the equipment is, whether it is stored or in use; where it can be used; how to set it up; and how to access an interpreter. Such training should be incorporated in the required annual medical provider staff training and testing and should include regular hands-on training to be most effective.
- If the commencement or reactivation of service of any of the identified personnel above occurs after VRI implementation, the medical provider shall provide the training specified above within sixty (60) days of such date.



Minimum Factors to Consider

In assessing the appropriateness of VRI, the medical provider must consider the following factors. If any of these factors are present, the medical provider should refrain from using VRI and employ best efforts to seek an on-site interpreter. Primary consideration should be granted to deaf or hard of hearing individual's express request for a specific version of qualified sign language interpreting services.

- Whether the deaf or hard of hearing individual consents to the use of VRI, with the understanding that the initial consent does not constitute a waiver of right to effective communication via on-site interpreter.
- Whether the VRI provider offers the language that the deaf or hard of hearing individual uses: for example, standard American Sign Language (ASL) or other sign languages /visual communication systems;
- The deaf or hard of hearing individual's fluency in the communication system used;
- Whether the patient's condition is serious and/or unstable;
- Whether the deaf or hard of hearing individual is limited in her or his ability to view the video interpreter, due to vision limitations, limited head/body mobility, physical obstacles, distance between the individual and the screen, her or his ability to stay still, or any other reasons;
- The video interpreter's ability to view the deaf or hard of hearing individual, due to limitations on the deaf or hard of hearing individual's ability to move her or his head, hands, arms; any physical obstacles; the distance between the individual and the screen, the ability of the deaf or hard of hearing individual to stay still; or for any other reasons;
- Whether the deaf or hard of hearing individual's state of mind impacts her or his ability to communicate;
- Any cognitive or consciousness issues, psychiatric issues, or pain issues that the deaf or hard of hearing individual may have;
- Whether the deaf or hard of hearing individual is under the influence of medicine or other drugs;
- Whether the deaf or hard of hearing individual's emotional state impacts her or his ability to communicate;
- Whether the degree of pain and/or discomfort the deaf or hard of hearing individual may be experiencing impacts her or his ability to communicate;
- Whether the deaf or hard of hearing individual's ability to focus on the VRI screen impacts her or his ability to communicate;
- Whether the deaf or hard of hearing individual is a minor;
- Whether there are multiple people present;
- Whether information exchanges are complex and/or fast;
- Whether the discussions involve high-risk situations, including but not limited to: informed consent discussions, discussions regarding surgery or other high-risk treatment options, discussions immediately prior to and after surgery or other high-risk treatment, and discussions about diagnosis, treatment, and prognosis;



- Whether the discussions involve highly sensitive communications, including but not limited to: diagnosis, treatment, prognosis of a life-threatening or life-changing illness, discussions regarding limb amputation or organ removal, and discussions regarding hospice and/or other end-of-life considerations;
- Whether the deaf or hard of hearing individual reacts negatively and/or becomes exceedingly stressed with the use of VRI;
- Whether the communication is taking place in areas of the facility that do not have readily accessible Internet access;
- Whether the treatment is taking place in a room where there are space restrictions that render the use of VRI difficult.