



**Effective Communication with Individuals Who Are
Deaf or Hard of Hearing
(General Training)**

Integrity-Compliance Office
vers. 9.1.22

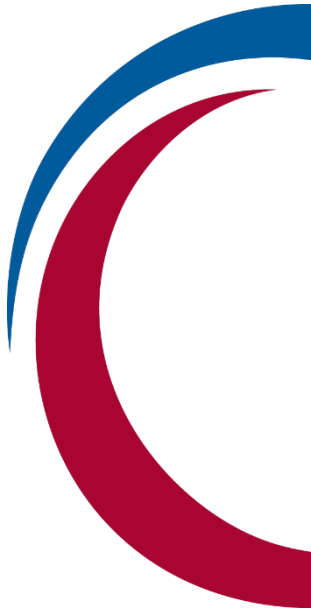
Objectives

- Identify the communication needs of the deaf or hard of hearing patient, companion, or designated representative
- Understand the procedure initiated when a deaf or hard of hearing patient, companion, or designated representative presents to a Covenant Health location
- Describe the free services and items available at Covenant Health locations to ensure effective communications
- Identify appropriate communication aids for the individual who is deaf or hard of hearing



Accommodating a Deaf or Hard of Hearing Individual

- “Effective communication” is critical in health care; miscommunication can lead to misdiagnosis or unwanted treatment
- Health care providers must take steps to ensure the patient, companion, or designated representative is able to communicate effectively
- A deaf or hard of hearing individual’s preferences on how to communicate effectively must be given “primary consideration”
- **Interpreter services are provided for free at Covenant Health locations**, either through Stratus/AMN (our video remote interpretive service) or an in-person interpreter provided by a contracted agency



Accommodating a Deaf or Hard of Hearing Individual

- When a deaf or hard of hearing individual is scheduled or on site, or requests an interpreter, alert the Administrative/House Supervisor (hospitals) or Office Manager (nonhospital locations) so effective communication can be ensured
- An individual's communication needs should be assessed on an ongoing basis (daily in the hospitals)
- For recurring scheduled visits (e.g., infusion, therapy, etc.), refer to the patient's record and expedite arrangements for the deaf/hard of hearing individual while on site
- Use the Covenant Health Communication Assessment Tool, discussed later in this presentation, to record the person's communication needs



Effective Communications Must Occur with the Following Individuals

- A deaf or hard of hearing **patient**
- A deaf or hard of hearing **companion**: a) a person whom the patient indicates should communicate with facility/clinic personnel about the patient, participate in any treatment decision, play a role in communicating patient's needs, condition history, or symptoms, or help the patient act on the information, advice, or instructions provided by facility/clinic personnel; b) a person legally authorized to make health care decisions on behalf of patient; or c) such other person with whom the facility/clinic personnel would ordinarily and regularly communicate the patient's medical condition
- A deaf or hard of hearing **designated representative**: an individual who has been designated by the patient, in accordance with Covenant Health Deaf/Hard of Hearing policies, to receive/obtain patient's personal health information, claim and benefit information, eligibility and coverage information, and/or payment and financial information

Effective Communication Must Begin Right Away

- The determination of which communication aid or service is necessary must be made, to the extent possible, at the time a visit is scheduled or on arrival, whichever is earlier
- Staff must promptly identify the communication needs of patients **and companions** who are deaf or hard of hearing
- Use all available means to communicate with the deaf or hard of hearing individual (e.g., VRI, pictographs, note-taking, etc.)
- Use the Covenant Health Communication Assessment Tool to identify and record the individual's communication preferences
- **Alert the Administrative Supervisor or Office Manager when a sign language interpreter is needed, whether in-person or through the Stratus/AMN video remote interpretive service**



Communication Assessment Tool

- Once an individual who is deaf/hard of hearing is on site, use the Communication Assessment Tool for Deaf or Hard of Hearing Individuals (available in Cerner and in paper form at non-Cerner locations) to determine how to communicate effectively with the individual
 - Use Stratus/AMN video remote interpretive services to read through the Communication Assessment Tool with the deaf or hard of hearing individual
 - The individual must sign the form
 - If an interpreter is refused, the individual must also sign the waiver in the form
 - Include the signed form in the patient's record
 - If an interpreter is requested, alert the Administrative Supervisor/Office Manager
- Keep other notes in the patient's record on communication aids and services that are provided



Communication Assessment Tool

**Non-Hospital Communication Assessment Form /Right to Interpreter
(Deaf/Hard of Hearing Patient or Companion)**

Name: _____
Time/Date: _____ Reason for Visit: _____

INTERPRETER:

REVIEW AND COMPLETE THE BELOW WITH THE INDIVIDUAL USING VIDEO REMOTE INTERPRETIVE SERVICES (STRATUS) IF POSSIBLE

To ensure effective communication with patients and their companions who are deaf or hard of hearing, this location provides appropriate auxiliary aids and services free of charge, such as video remote interpreting services, sign language and oral interpreters, note takers, written materials, TTYs or relay services, and televisions with caption capability. Please ask the office manager at any time for assistance.

The information you provide will assist staff and/or medical providers in communicating effectively with you, whether you are a patient or companion. All communication aids and services are provided to you at our expense and at no cost to you.

If you have a complaint about a communication aid or service, please contact the office manager right away so that we can promptly resolve your concern.

1. Nature of Impairment: Deaf Hard of Hearing
 Speech Impairment Other: _____

2. Relationship to patient:
 I am the patient Family Member
 Designated Patient Representative Power of Attorney
 Companion Other: _____

If you are NOT the Patient, what is the Patient's name: _____

3. Would you like to request the use of a qualified sign language interpreter?

Yes, I would like to request the use of a qualified interpreter using Stratus, a video remote interpreting service.

Yes, I would like to request the use of an on-site qualified interpreter.

No, I do not want to use a qualified sign language interpreter. Instead I would prefer: _____

Please sign Waiver of Interpretive Services below.

5. I understand that for any communication aid requested, if the communication aid would adversely delay medical treatment, other aids or services will be used in accordance with the medical provider's best clinical judgment.

6. If my preferences change, I agree to notify the office manager.

Signature of Individual Who Is Deaf or Hard of Hearing _____ Date/Time _____
(or legal representative)

GIVE COPY TO INDIVIDUAL, SCAN TO CHART, AND LOG REQUEST

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**Communication Assessment Form /Right to Interpreter
(Deaf/Hard of Hearing Patient or Companion)**

Patient Label

Check appropriate Facility:
 CLMC CLHRC CUMC FLMC FSRMC
 FSSNH LCMC MMC MHHS PMC RMC TCU
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Name: _____
Time/Date: _____ Reason for Admission/Visit: _____

INTERPRETER:

REVIEW AND COMPLETE THE BELOW WITH THE INDIVIDUAL USING VIDEO REMOTE INTERPRETIVE SERVICES (STRATUS)

To ensure effective communication with patients and their companions who are deaf or hard of hearing, this facility provides appropriate auxiliary aids and services free of charge, such as video remote interpreting services, sign language and oral interpreters, note takers, written materials, TTYs or relay services, and televisions with caption capability. Please ask the house supervisor at any time for assistance. You can contact the house supervisor by calling the operator at the hospital's main number at any time (voice or TTY), and the operator will page the house supervisor.

The information you provide will assist staff and/or medical providers in communicating effectively with you, whether you are a patient or companion. All communication aids and services are provided to you at the facility's expense and at no cost to you. Aids and services to ensure effective communication are available on request throughout a patient's time at the facility.

This facility has a grievance resolution mechanism. If you have a complaint about a communication aid or service, please contact the house supervisor by dialing the hospital operator (voice or TTY) so that we can promptly resolve your concern. If we cannot resolve your concern right away, you have a right to receive a written response.

1. Nature of Impairment: Deaf Hard of Hearing
 Speech Impairment Other: _____

2. Relationship to patient:
 I am the patient Family Member
 Designated Patient Representative Power of Attorney
 Companion Other: _____

If you are NOT the Patient, what is the Patient's name: _____

3. Would you like to request the use of a qualified sign language interpreter?

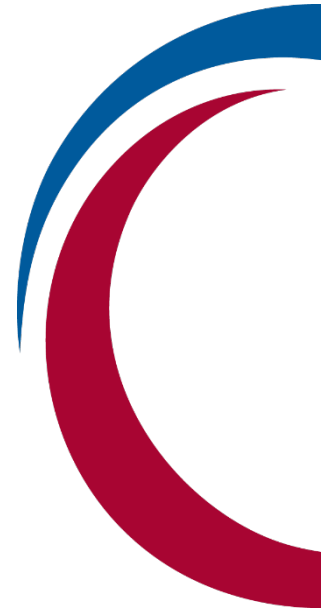
Yes, I would like to request the use of a qualified interpreter using Stratus, a video remote interpreting service.

Yes, I would like to request the use of an on-site qualified interpreter.

No, I do not want to use a qualified sign language interpreter. Instead I would prefer: _____
Please sign Waiver of Interpretive Services below.

is admitted: NA
ing devices
for Writing
unication aid would adversely delay the
e with the medical provider's best clinical
y nurse or the house supervisor.
ate/Time
Y TO PROVIDE A SIGN LANGUAGE
ES
communicate with this facility's staff and
A FREE QUALIFIED, SIGN LANGUAGE
the methods of communication I selected
/or friend serve as an interpreter for me, I
be the family member/friend can correctly
s healthcare providers to me.
urse or the house supervisor immediately.
at the hospital's main number at any time
Date/Time
D LOG REQUEST

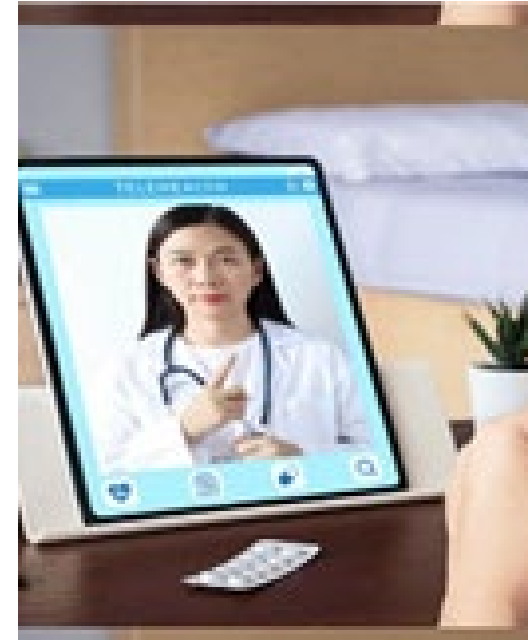
Consent Forms
CLJ22001



Situations When Interpretive Services Are Required

Examples of circumstances when interpretive services are required:

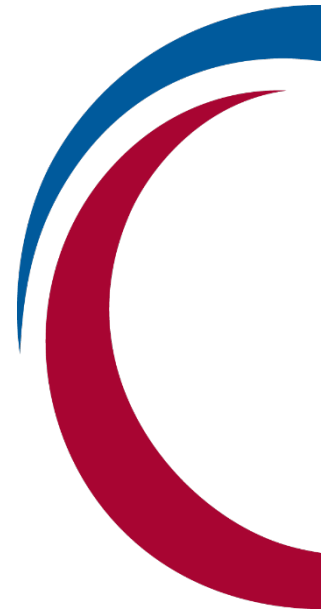
- Discussing a patient's symptoms and medical condition, medications, and medical history
- Explaining medical conditions, treatment options, tests, medications, surgery and other procedures
- Providing a diagnosis and recommendations for treatment
- Communicating with a patient during treatment, testing procedures, and during physician rounds
- Obtaining informed consent for treatment
- Providing instructions for medications, post-treatment activities, and follow-up treatments
- Providing mental health services, including group or individual counseling for patients and family members
- Discussing powers of attorney, living wills, and/or complex billing and insurance matters
- During educational presentations, such as birthing or new parent classes, nutrition and weight management programs



Knowledge Check

With which deaf or hard of hearing individuals does a healthcare provider or staff member have to ensure effective communication?

- A) Patient
- B) Companion / Designated Representative
- C) Both



Knowledge Check

With which deaf or hard of hearing individuals does a healthcare provider or staff member have to ensure effective communication?

- A) Patient*
- B) Companion / Designated Representative*
- C) Both*

Correct answer: C

ADA protections apply both to the patient and any deaf/hard of hearing companion. For example, if an elderly patient is accompanied by her adult caretaker daughter who is deaf, an interpreter must be obtained for the deaf daughter so she can communicate about her mother's care

In-Person Interpreter

- Although Stratus/AMN video remote interpretive services can be offered as an option for an individual who is deaf or hard of hearing, the deaf or hard of hearing patient, companion, or designated representative may require an in-person interpreter for effective communication
- The individual's choice must be given primary consideration
- Call the Administrative Supervisor/ Office Manager to contact Knoxville Center of the Deaf or Partners Interpreting for in-person interpreting services



Do Not Use Family and Friends to Interpret

A family member or friend should not be used as an interpreter or to facilitate communication with an individual who is deaf or hard of hearing unless:

- Specifically requested by the individual, the family member or friend is 18 years+ and agrees to provide such assistance, and reliance on that family member or friend is appropriate under the circumstances. A signed waiver refusing interpreter services in the Covenant Communication Assessment Tool must be on record; OR
- In an emergency situation involving an imminent threat to the safety or welfare of the patient or public when no interpreter is available

Children under 18 years of age will not be used to interpret or facilitate communications except in an emergency situation involving an imminent threat to the safety or welfare of the patient or public when no interpreter is available

Timing Requirements for an Interpreter for Scheduled Services/Visits

If the visit or admission requiring interpretation is scheduled more than six hours in advance and an interpreter is requested:

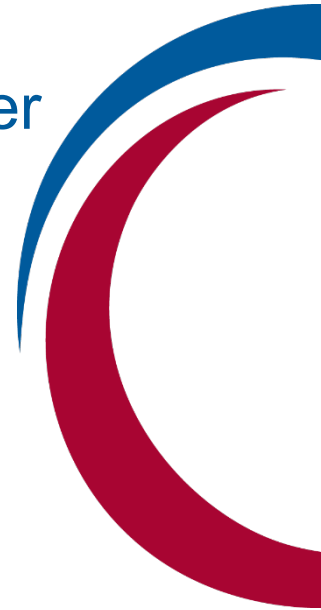
- Ask the individual scheduling the visit whether using the Stratus/AMN video remote interpreter (“VRI”) is acceptable
- Give the individual’s preference “primary consideration”
- Alert the Administrative Supervisor/Office Manager of any request for an interpreter (either in-person or VRI)
- Ensure either Stratus/AMN VRI or in-person interpreter is available at the time of the scheduled visit and complete the Communication Assessment form with the individual



Timing Requirements for an Interpreter for Scheduled Services/Visits (cont'd.)

If an in-person interpreter is requested but fails to arrive:

- Call the interpreter service to inquire about the status of the interpreter
- Convey this information to the deaf or hard of hearing individual
- If no agency can provide an in-person interpreter during the appointment:
 - Convey this information to the deaf or hard of hearing individual
 - Offer the option of either rescheduling the appointment or proceeding with Stratus/AMN VRI



Timing Requirements for an Interpreter for Unscheduled Services/Visits

If the visit or admission requiring an interpreter is not scheduled more than six hours in advance (e.g., ED visit):

- Complete the Communication Assessment Form as circumstances allow using the Stratus/AMN video remote interpreter
- Ask the individual whether using the Stratus/AMN is acceptable
- Give the individual's preference "primary consideration"
- If an in-person interpreter is required for effective communication, provide one as soon as possible but no more than 6 hours after completing the Communication Assessment Form and alerting the Administrative Supervisor/Office Manager of the request for an interpreter



Timing Requirements for an Interpreter for Unscheduled Services/Visits (cont'd.)

If an in-person interpreter fails to arrive within the 6-hour window:

- Convey this information to the deaf or hard of hearing individual
- Offer the option of proceeding with the Stratus/AMN VRI and work with the interpreter agency to provide an in-person interpreter ASAP
- Report response time issues to the Administrative Supervisor / Office Manager AND
- Between the time an interpreter is requested and one is provided, use all other available means of communication and document the same in the patient record (note taking; pictographs, etc.)

Deaf/Hard of Hearing Signage in Hospital Settings

- **White Boards.** White boards in patient rooms (where available) should indicate a patient/companion/designated representative's need for communication aids and the preferred form of communication, including preferred auxiliary aid request. White boards also can be used to communicate with the patient/companion/designated representative in the same means and manner used by hearing-aware patients. Use of written notes, like the white board or paper notes should be documented in the medical record.
- **Signs on Inpatient Doors.** For inpatients, or companions/designated representatives of inpatients, a “deaf/hard of hearing” sign must be placed on the patient's door to alert all healthcare providers and employees of the patient/companion/designated representative's hearing limitation. Contact the Administrative Supervisor for the sign.
- **Call Light.** A note will be placed next to the call light at the nurse's station to identify the patient as deaf or hard of hearing. This will indicate that staff must go into the individual's room when the call bell is activated.



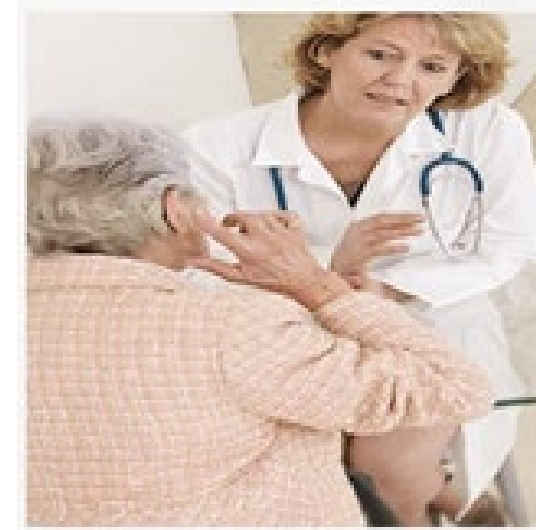
Hospital Locations: Administrative/House Supervisors Are “ADA Administrators”

For Covenant Health hospital locations:

- Alert the on-duty Administrative/House Supervisor as soon as you identify a patient or companion who is deaf or hard of hearing, an interpreter is requested, or if there is a complaint about effective communication with someone who is deaf/hard of hearing
- As “ADA Administrators,” the Administrative/House Supervisors are responsible for:
 - Being available 24/7 to answer questions and provide immediate access to interpreter services
 - Knowing how to use, maintaining and distributing communication aids like Stratus/AMN VRI, TTY devices, and pictographs, as well as being able to access in-person interpreters
- Complaint resolution on effective communications with someone who is deaf or hard of hearing, as well as grievance referral

Available Auxiliary Aids for Communication

- Video Remote Interpreter or VRI (Stratus/AMN)
- In-person interpreter
- Written communication (note taking)
- Pictographs
- TTY/TDD (just dial 9-711 to communicate with someone using a TTY device; the relay service will guide you through the call)



Video Remote Interpreter (Stratus/AMN)

- Stratus/AMN is a 24/7 video interpreting service used for interpreting American Sign Language, as well as other languages
- The expectation is that video remote interpretive services will be real-time, full-motion video and audio with high-quality video images and audio transmission; report any connection or technical issues to the Administrative Supervisor/Office Manager right away
- If the patient, companion, or designated representative requests this service or it is necessary for effective communication, alert the Administrative Supervisor/Office Manager and obtain the video cart

Note that VRI should not be used when it is not effective due, for example, to a limited ability to move head, hands or arms, vision or cognitive issues, significant emotional distress, significant pain, or due to space limitations in the room.

How to Use the Stratus/AMN Video Remote Interpreter Service

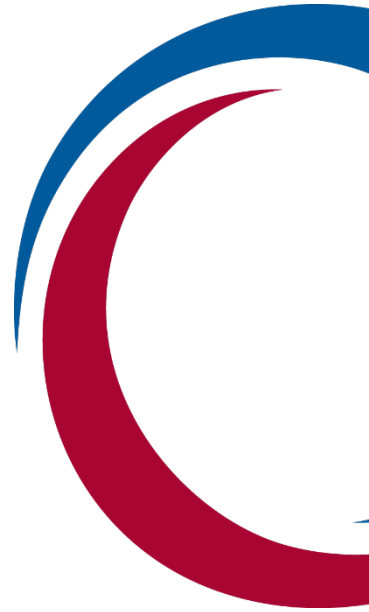
- Alert Administrative Supervisor/Office Manager that interpreter being provided (Administrative Supervisor will provide Stratus/AMN VRI and log that an interpreter is being provided)
- Position iPad in front of patient and check volume
- Open the AMN language service app
- Log in
- Select language (e.g., American Sign Language)
- Greet interpreter
- Ensure video is high resolution and real-time with no blurring or lagging
- Report any connectivity/technical issues to the Administrative Supervisor/Office Manager



Knowledge Check

It is necessary to call the Administrative Supervisor / Office Manager when:

- A) A deaf or hard of hearing individual presents to the office/facility
- B) The deaf/hard of hearing individual requests an on-site interpreter
- C) The deaf/hard of hearing individual has a complaint or concern about effective communications
- D) The deaf/hard of hearing individual requests Stratus/AMN VRI
- E) All of the above



Knowledge Check

It is necessary to call the Administrative Supervisor / Office Manager when:

- A) A deaf or hard of hearing individual presents to the office / facility*
- B) The deaf/hard of hearing individual requests an on-site interpreter*
- C) The deaf/hard of hearing individual has a complaint or concern about effective communications*
- D) The deaf/hard of hearing individual requests Stratus/AMN VRI*
- E) All of the above*

Correct answer: E All of the above

To ensure Covenant Health locations are meeting the needs of individuals who are deaf or hard of hearing, alert the Administrative Supervisor/Office Manager whenever a deaf or hard of hearing individual presents for a visit or accompanies a patient, as well as when an interpreter is requested or any complaints/concerns are expressed

Overview of the Deaf and Hard of Hearing Procedure

1

Address interpreter request and contact House Supervisor/ Office Manager

Address requests for interpreters in advance if at all possible. Alert the Administrative Supervisor / Office Manager when a deaf/hard of hearing patient or companion requests an interpreter or presents to a Covenant Health location

Overview of the Deaf and Hard of Hearing Procedure

2

Fill out
Communication
Assessment Form

- When a deaf or hard of hearing patient/companion/designated representative is on site, complete the Communication Assessment Tool with the individual and have him/her sign the form
- The Communication Assessment Tool is available in Cerner and attached to the Deaf/Hard of Hearing policies on CovNet
- Use of Stratus/AMN, a video remote interpreting service, is necessary to help the individual complete the form; it is important to notify the patient or companion that interpretative services are provided at no cost to them
- The completed and signed form must be placed in the patient's medical record and copy provided to the deaf/HoH person upon request

Overview of the Deaf and Hard of Hearing Procedure

3

Provide patient preferred method of communication (VRI or in-person)

- If the deaf or hard of hearing person chooses either Stratus/AMN VRI or an on-site interpreter as their preferred method of communication, alert the Administrative Supervisor/Office Manager
- If an on-site interpreter is requested and necessary to ensure effective communications, the Administrative Supervisor/Office Manager will approve the expenditure and contact Knoxville Center of the Deaf (KCD) or Partners Interpreting; all communications with KCD or Partners should be documented in the medical record
- Keep the deaf or hard of hearing individual updated regarding the request for any on-site interpreter

Overview of the Deaf and Hard of Hearing Procedure

4

If in-person requested, use VRI until interpreter arrives

- Use Stratus/AMN VRI until any on-site interpreter arrives
- Ensure that the deaf or hard of hearing person understands that the Stratus/AMN VRI is only temporary until the on-site interpreter arrives at the location
- Upon arrival, the interpreter should sign in with the Administrative Supervisor/Office Manager and check out with the same on departure

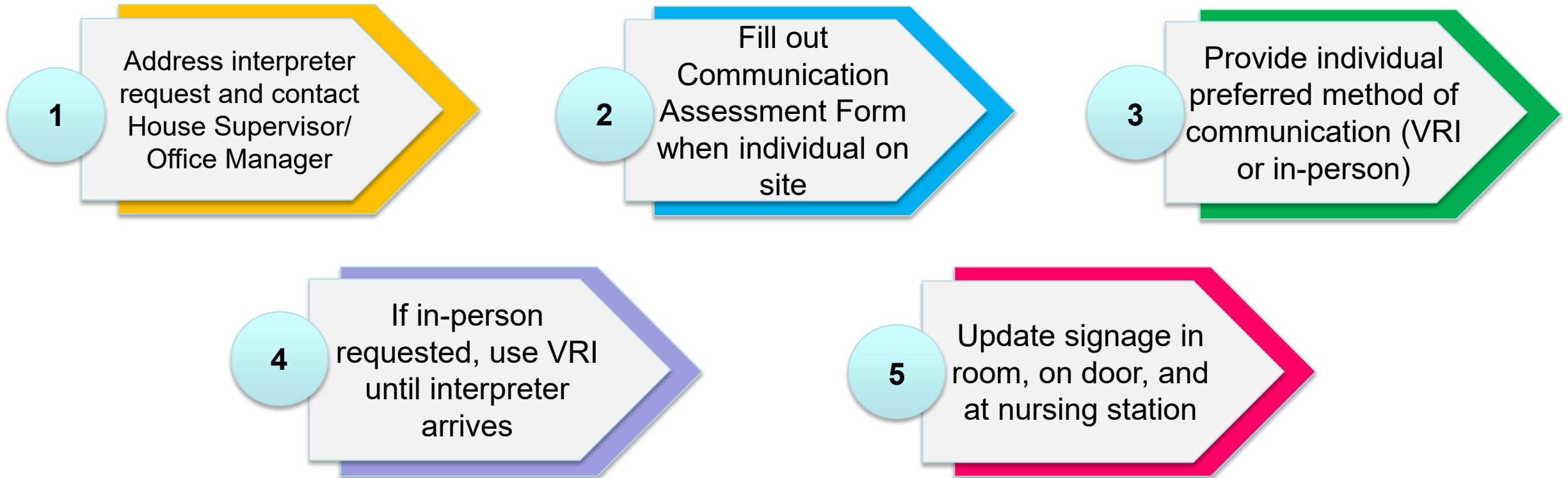
Overview of the Deaf and Hard of Hearing Procedure

5

Update signage in room, on door, nursing station

- In the hospitals, door signs and white boards in patient rooms should have signage that indicates the patient/companion/designated representative is deaf or hard of hearing, to assist staff in remembering interpretive services are required
- Also place a note next to patient's call light button at the nurse's station to identify that patient/companion/designated representative is deaf or hard of hearing

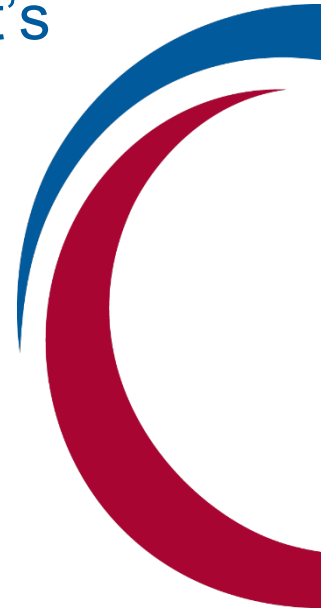
Overview of the Deaf and Hard of Hearing Procedure



Knowledge Check

A deaf/hard of hearing magnet should be placed on the door of the patient's room. A note should also be made by the patient's call light button at the nurses' station to indicate that patient, companion, or designated representative is deaf/hard of hearing

- A) True
- B) False



Knowledge Check

A deaf/hard of hearing magnet should be placed on the door of the patient's room. A note should also be made by the patient's call light button at the nurses' station to indicate that patient, companion, or designated representative is deaf/hard of hearing.

A) True

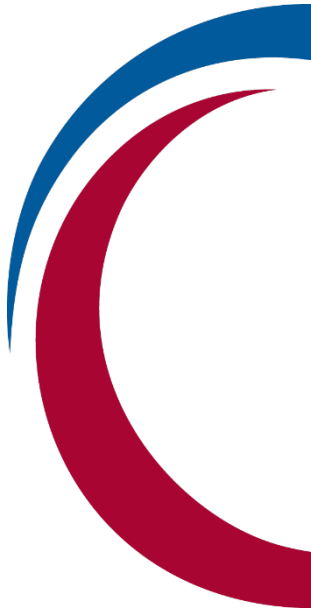
B) False

A is correct answer

Knowledge Check

Where can you find the Communication Assessment Tool for Deaf or Hard of Hearing?

- A) The nurses' station
- B) The Deaf/Hard of Hearing policies for hospital and non-hospital locations
- C) CovLearn
- D) Cerner
- E) B & D



Knowledge Check

Where can you find the Communication Assessment Tool for Deaf or Hard of Hearing?

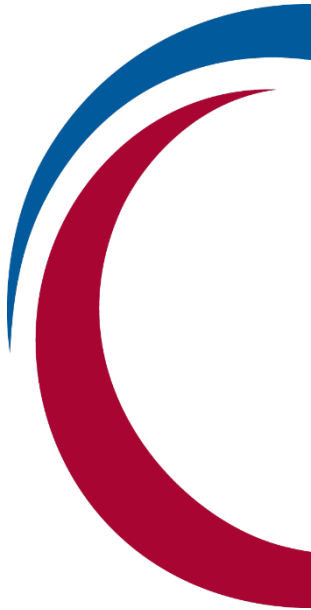
- A) The nurses' station*
- B) The Deaf/Hard of Hearing policies for hospital and non-hospital locations*
- C) CovLearn*
- D) Cerner*
- E) B & D*

Correct answer E) B & D The Communication Assessment Tools can be found in Cerner (paper copies are available at locations that do not use Cerner) and are attached to the Covenant Health Deaf/Hard of Hearing policies

Knowledge Check

Which of the following must be documented in the medical record?

- A) The deaf/hard of hearing individual's chosen auxiliary aid to communicate
- B) Who the deaf/hard of hearing individual is, if other than patient, and their relationship to the patient
- C) The Communication Assessment Tool was completed and that it has been placed in the medical record
- D) All of the above



Knowledge Check

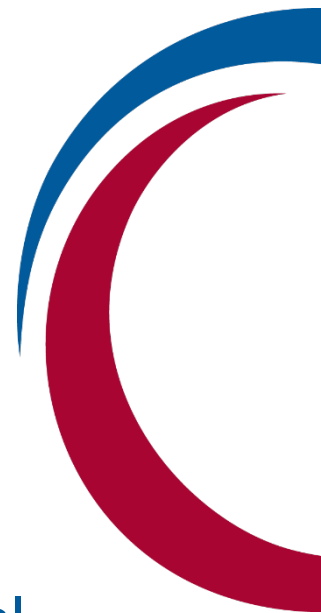
Which of the following must be documented in the medical record?

- A) The deaf/hard of hearing individual's chosen auxiliary aid to communicate*
- B) Who the deaf/hard of hearing individual is, if other than patient, and their relationship to the patient*
- C) The Communication Assessment Tool was completed and that it has been placed in the medical record*
- D) All of the above*

Correct answer D) All of the above


Knowledge Check Feedback

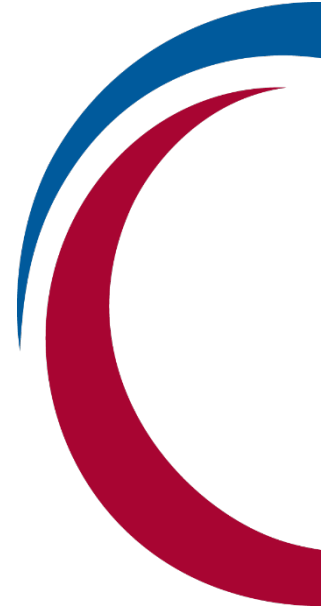
- When a deaf/hard of hearing individual is in a Covenant Health facility or clinic, complete the Communication Assessment Tool with the individual and have him/her sign the form
- The Communication Assessment Tool is available in Cerner and attached to the deaf/hard of hearing policies on CovNet; use Stratus, a video remote interpreting service, to complete the CAT
- It is important to notify the patient or companion who is deaf or hard of hearing that interpretation services are provided at no cost to them
- The completed and signed CAT must be placed in the patient's medical record and copy provided to the deaf/hard of hearing individual on request



Deaf/Hard of Hearing Policy


Hospital Locations

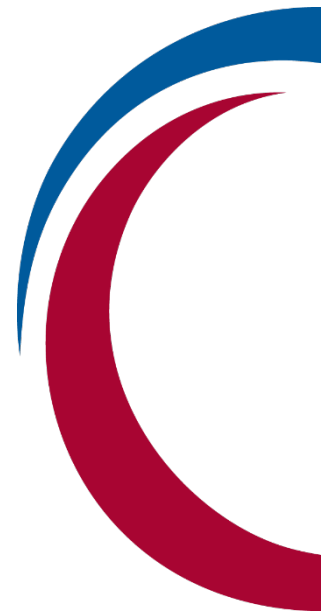
 <p>Rights and Responsibility</p> <p>Approved By: Chief Nursing Officers 5/14, 4/16, 1/17, 4/17, 7/22</p> <p>Approved By: Chief Administrative Officers 6/17</p> <p>Final Approval:</p> <p>Date:</p> <p>Debbi Honey, R.N. Senior Vice President, System Chief Nursing Officer</p>	<p>SUBJECT: Deaf / Hard of Hearing for Hospital Locations</p> <p>PAGE 1 OF 11</p> <p>Generated By: Chief Nursing Officers and Administration</p> <p>Revised Date: 1/10, 7/13, 9/13, 4/14, 3/16, 12/16, 4/17, 6/17, 12/18, 9/19/22</p> <p>Review Date: 2/12</p>	<p>ing for Hospital</p> <p>h) that leads to companion/designated</p> <p>able to interpret y necessary specialized e effectively in a gny and processes.</p> <p>tification, with the ville Center of the Deaf an be contacted for on-</p> <p>preting and other patients/prospective es.</p> <p>connectivity is that other</p> <p>sons and those with of input text via the itted with the TDD th a keyboard and a</p> <p>ty or expense. omodations. or a CAO. The a requested omodations to s compared to</p>	<p>ing for Hospital</p> <p>n, or designated ility, at no cost, of munication needs.</p> <p>en a deaf or hard of presents to the facility.</p> <p>d "Communication D) to inform any deaf asentative of any ratus, a video remote mpleting the form. The d be given to the t.</p> <p>y and nature of the e communication for ounstances when the preter include but are ition, medications, and ations, surgery and municating with a taining informed ctivities, and follow-up nseling for patients x billing and insurance es, nutrition and y condition or allergy of as (removal of blood</p> <p>m provides qualified ed and familiar with ystem ensures timely ase reasons, when a During the use of VRI, companion/designated ed, reliable video feed, e his/her head, hands,</p> <p>hearing se of assistive acilitate retrieving and e) from storage</p> <p>liary aids and services ent is scheduled for</p>	<p>ing for Hospital</p> <p>npanion who is deaf or uested by the unications, the (KCD). Partners from their resource</p> <p>or other provider when</p> <p>ade in advance to r hard-of-hearing</p> <p>ed in patient records</p> <p>D. Partners</p> <p>current status of efforts hainf using available</p> <p>in arrival. ve Supervisor rpreter. The act the cost of rpretation services are</p> <p>esentatives, the ng and other auxiliary ring the patient's</p> <p>me in the facility or r other hospital care</p> <p>munication 0050). Keep all forms made aware of the forth below.</p> <p>shall be designated as ll be available 24 hours ssistance regarding oluding qualified xiliary aids are stored e, repair, replacement, the name, telephone ding a TTY telephone hours a day seven The Administrative hat they are on duty,</p>	<p>ing for Hospital</p> <p>e established</p> <p>ervisor will maintain a hrough video remote quest was made, the ime and date of the of the auxiliary aid or was provided. If no explaining why the he decision. The log</p> <p>midate, threaten, or ount of their having ividual expresses a ated procedures, the the Communication ct the Administrative heir concerns. The ure Policy.</p> <p>who are deaf or hard rpreter or to facilitate used unless (a) the it Tool for Deaf and dult friend or family agrees to provide the assessment, diagnosis, auxiliary aids could s and the response (under 18 years of xt in an emergency e patient or public</p> <p>aid or service would readily available, the l shall be provided a ommunication timely an "undue hardship"</p> <p>indicate the aids and the quest. White boards d representative in ritten notes, like the</p>	<p>ing for Hospital</p> <p>ed on the o identify the e individual's</p> <p>ient d consent, ystem, note other res of notes ystem). are used medical</p> <p>ated lected. licy) nt/companion</p> <p>or</p> <p>d sharply inication and</p> <p>visibly</p> <p>leach sani</p>	<p>ing for Hospital</p> <p>mobile cart handles, leg, and o being removed from room. above. ion room. Make sure you have e outer gloves prior to</p> <p>d representative requires a r for use in a patient room. upervisor or staff person. vices.</p> <p>r family, and you do not have provides free, statewide al impairments (as a service to d community). By calling the ak with and relay your al. The steps are as follows:</p> <p>tion Assistant (CA) #. May I talk). rsation. The CA will relay your A that you are ready to receive hang up. The CA will be ready</p> <p>representative requires le volume, such requests will ment in room. The d out by the person picking the</p> <p>ment Act of 2008, 42</p>	<p>ing for Hospital</p> <p>Policy and</p>
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Deaf/Hard of Hearing Policy

Non Hospital Locations

 <p>Rights and Responsibility</p> <p>Approved By: _____</p> <p>Approved By: _____</p> <p>Approved By: _____</p> <p>Final Approval: _____</p> <p>Date: _____</p> <p>Debbi Honey, R.N. Senior Vice President, System Chief Nursing Officer</p>	<p>SUBJECT: Deaf / Hard of Hearing for Non-hospital Locations</p> <p>PAGE 1 OF 10</p> <p>Generated By: Integrity Compliance</p> <p>Effective Date: 09/15/2022</p> <p>Revised Date: _____</p> <p>Review Date: _____</p>	<p>Non-hospital</p>	<p>aring for Non-hospital</p>	<p>or Non-hospital</p>	<p>g for Non-hospital</p>	<p>g for Non-hospital</p>	<p>hospital</p>
<p>System Policy</p> <p>To be used by the following: All nonhospital locations, Covenant Medical Group, Inc., Thompson Cancer Survival Center, Thompson Oncology Group, Fort Sanders Perinatal Center, and Covenant HomeCare</p> <p>Keywords: Translator, interpreter, Stratus, deaf, hard of hearing</p> <p>Scope: All locations as described above</p> <p>Purpose: To ensure effective communication with individuals who are deaf or hard of hearing.</p> <p>Policy Statement: Each location covered by this policy will, in compliance with applicable law, make available auxiliary aids and services to individuals who are deaf or hard of hearing when necessary to afford such individuals an equal opportunity to access and benefit from the location's services.</p> <p>Definition: Auxiliary aids and services: The term "auxiliary aids and services" includes qualified interpreters on-site or through video remote interpreting (VRI) services (e.g. Stratus); 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), 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.</p> <p>Companion: is an individual who is deaf or hard of hearing and is (a) a person whom the patient indicates should, or is otherwise: (a) legally entitled to communicate with health care staff and/or healthcare providers about the patient, participate in any treatment decision, play a role in communicating patient's needs, condition, history, or symptoms to personnel, or help the patient act on the information, advice, or instructions provided by personnel; (b) a person legally authorized to make health care decisions on behalf of the patient; or (c) a person with whom healthcare staff and/or healthcare providers would ordinarily and regularly communicate the patient's medical condition.</p> <p>Designated Representative: is an individual who is deaf or hard of hearing who has been designated by the patient, in accordance with CMS rules and regulations, to receive/obtain patient's personal health information, claim and benefit information, eligibility and coverage information, and/or payment and financial information.</p> <p>Effective Communication: A form of communication (for example, writing or speech) that leads to demonstrated understanding, is requested by the patient/prospective patient/companion/designated representative, and is appropriate for the situation.</p>	<p>Interpret necessary specialized services in a timely manner.</p> <p>in, with the center of the Deaf contacted for on-</p> <p>and other patients/prospective</p> <p>activity is other</p> <p>nd those with it text via the TDD</p> <p>board and a</p> <p>expense. dations. llowing creates</p> <p>tions to</p> <p>pared to</p>	<p>ified interpreters and their companions who</p> <p>aring patient, e location.</p> <p>ched "Communication ny deaf or hard of e of any services and to remote interpreting the form. 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During the use of VRI, nt/companion/designated led, reliable video feed, ove his/her head, hands,</p> <p>of hearing s use of assistive nd setting up any ge without unnecessary</p> <p>uxiliary aids and services ment is scheduled for</p>	<p>on who is deaf or ed by the ations, the rners Interpreting, ce pool. ovider when an ers: 508-898-</p> <p>ure that an erson arrives for</p> <p>atient records; s Interpreting, or est.</p> <p>nt status of efforts using available</p> <p>ager and location oost of</p> <p>n services are</p> <p>ie office/clinic aids and services</p> <p>the location, the 'of the desire to representative 'Hearing rsonnel should be anges, as set</p> <p>se able to answer nd proper use of, inic manager will as well as being uxiliary aids. The</p> <p>date, threaten, or nt of their having dual expresses a d procedures, the e Communication ct the office/clinic ncerns.</p>	<p>who are deaf or hard epreter or to facilitate used unless (a) the t Tool for Deaf and ily member provide e the assistance, or sis, and intervention adversely affect the ould be documented ill not be used to ation involving an e no interpreter is</p> <p>aid or service would eadily available, the shall be provided an n make an "undue</p> <p>the patient onsent, patient system, note the any other clinically es of notes s VRI system). lication are used in the medical</p> <p>area where the</p> <p>if this policy) he patient/companion</p> <p>date, threaten, or nt of their having dual expresses a d procedures, the e Communication ct the office/clinic ncerns.</p> <p>egin your</p>	<p>ility, and sharply communication and</p> <p>uring storage.</p> <p>d when visibly</p> <p>l, non-bleach sani handles, leg, and oved from room, take sure you have es prior to</p> <p>ative requires a</p> <p>ervisor or staff</p> <p>nd you do not have ee, statewide nts (as a service to ty). By calling the l relay your ps are as follows:</p> <p>ant (CA) #. May I</p> <p>e CA will relay your are ready to receive he CA will be ready</p> <p>Act of 2008, 42</p>	<p>distance to in nd</p>	<p>hospital</p>



Be in Touch with Questions/Concerns

Chief Compliance Officer:

Kathleen Flynn Zitzman
kzitzman@covhlth.com

Director of Compliance:

Janice Watkin
jwatkin@covhlth.com

Confidential Integrity Report Line: (888) 731-3115

Online:

<http://covnet/integrity-compliance>

Email:

IntegrityCompliance2@covhlth.com

