



Appendix 2.10

Documentation Who and When

Below are considerations when deciding by whom and when disability status and accommodation needs will be collected and documented.

General Considerations

- Prioritize collection during registration, scheduling, and e-check-in. Knowing about patients' accommodation needs early assists the team in preparing for the patient.
- Disability status and accommodation needs should be asked once and verified in subsequent visits. This minimizes the need to ask every time, while recognizing that disability status can change over time.
- Patients should indicate their disability status via the patient portal to minimize impact on staff and clinicians.
- The process for collection should be accessible to all patients with disabilities.
- Patients should have multiple opportunities to disclose disability status due to factors such as:
 - Different comfort levels with disclosing based on setting and collection method;
 - Disability needs that may affect the mode which they are able to disclose (e.g., if the patient portal is not accessible);
 - Disability needs that may vary from one appointment to the next, one healthcare setting to another, and may change over time.
- Considerations when developing a process for collecting disability status and accommodation needs:
 - What restrictions might be present in a clinic, site, or setting?
 - Do you have kiosks?
 - Is there a private location for patients to disclose in a waiting room?
 - Are there standard intake forms that the questions could be added to?
 - Even within the same organization, consider clinic-level differences (e.g., geriatric and family medicine clinic will have patients with different needs)
 - What might be patient restrictions?
 - Are there multiple manners or avenues for how a patient can disclose? Patients with cognitive or visual disabilities may not be able to or feel comfortable disclosing during e-check in or via portal.
 - Do few of your patients use the patient portal, or do patients lack the required technology to use the patient portal?
- Some patients might have non-apparent disabilities, and so it is important that all patients are asked about their disability status.
- Collection of disability status could be linked or grouped with collection of other demographic characteristics.
- Healthcare organizations are required to provide accommodations to caregivers who have disabilities. For example, if a caregiver is Deaf and their primary language is American Sign Language (ASL), healthcare organizations must provide an ASL interpreter for the caregiver. As such, you should collect disability status and accommodation needs from caregivers as well and store it in the patient's medical chart.

HOW: What methods should exist to collect information?

- There should be multiple ways to collect the information
 - Can be asked person-to-person during calls or encounters and entered by staff
 - Entered by patients in the portal
 - Entered by patients in tablets
 - Entered by patients using kiosks
 - Entered by patients using paper forms

WHEN: At what time points can information be collected?

- Ask regularly because disability status can change over time.
 - Repeated asks convey importance.
 - Could be collected initially and then verified prior to each subsequent visit (instead of asking the full set of questions at every visit).
- Before patient is seen by clinician
 - During registration
 - During pre-approval
 - During scheduling
 - During e-check-in
 - During in-person check-in
 - While in waiting room
- During clinical encounter
 - During rooming
 - While in exam room
- After patient is seen or at other incidental touchpoints
 - During check-out
 - During check-out when scheduling next appointment
 - Referrals from other physicians
 - Inpatient or Emergency Department encounter
 - Completing health insurance forms

WHO: What roles should collect and enter information?

- Overall considerations:
 - Multiple roles have this responsibility. It's important to view it as everyone's responsibility – though some may be the primary collectors or enterers of the information.
 - Completing the fields should be built into current workflows rather than a new field on a new page.
- Registration staff
- Scheduling staff
- Patient

PROCESS: How would the “what, when, by whom” actually happen?

- Electronic Health Record-supported:
 - incorporated into workflows
 - assigned to specific roles
 - possibility of pop-ups
 - hard or soft stops
 - interruptive best practice advisories
 - periodic reminders
- Consider how it will be integrated into telehealth encounters

Workflow Planning Tables

Pre-Appointment

WHO	WHEN	WHAT	HOW
Patient	Any time (at their leisure)	Invited to complete questionnaire	In patient portal
Patient	Scheduling appointment online	Asked disability status and accommodation questions	In patient portal
Patient	E-check-in	Asked disability status and accommodation questions	In patient portal
Scheduler	Scheduling appointment over phone	Asks disability status and accommodation questions	In EHR workflow
Registration staff	Registering patient over the phone	Asks disability status and accommodation questions	In EHR workflow
Pre-authorization staff	Pre-authorizing encounter	Contacts patient to ask disability status and accommodation questions	In EHR workflow
Triage nurse	Providing same-day appointment triage or advice	Asks disability status and accommodation questions	In EHR workflow
Receiver of referrals	Processing referral for patient to be seen at clinic	Requests disability status and need for accommodations from referring provider	In EHR workflow

At Appointment

WHO	WHEN	WHAT	HOW
Patient	Checking in on kiosk	Asked disability status and accommodation questions (& referred to front desk if affirmative?)	On kiosk
Patient	When front desk provides tablet at check-in	Asked disability status and accommodation questions (& referred to front desk if affirmative?)	On tablet
Front desk staff	In-person check-in when patient directed by kiosk or tablet	Asks disability status and accommodation questions and enters	In workflow
Front desk staff	In-person check-in	Asks disability status and accommodation questions and enters	In workflow
Front desk staff	In-person check-in	Provides tablet to patient to complete pre-visit items including disability status and accommodation questions	Prompted in workflow
Medical assistant	Rooming	Asks disability status and accommodation questions and enters	In workflow
Clinician	Encounter	Asks disability status and accommodation questions and enters	In workflow

After appointment and/or incidental contacts

WHO	WHEN	WHAT	HOW
Patient	After appointment	Patient post-appointment satisfaction questionnaire	Emailed link
Patient	After appointment	Patient post-appointment satisfaction questionnaire	In patient portal
Check-out staff	During check-out	Asks disability status and accommodation questions and enters	In workflow
Check-out staff	When scheduling next appointment at check-out	Asks disability status and accommodation questions and enters	In workflow
Billing staff	Any patient contact	Asks disability status and accommodation questions and enters	Prompted in workflow
Clinical staff	Any patient contact outside appointments	Asks disability status and accommodation questions and enters	In workflow