



Appendix 2.6

Documentation Barriers and Strategies

Chapter 2: Documenting Disability Status and Accommodation Needs

Below is a list of potential barriers that may be encountered when implementing documentation of disability status and accommodation needs. The far-right column lists implementation strategies to address the barriers. You could use one or a combination of the implementation strategies listed for each barrier.

Refer to [Expert Recommendations for Implementing Change \(ERIC\) Discrete Implementation Strategies Table](#) for descriptions of each strategy.

Category of Barrier	Barriers to Documenting Disability Status/ Accommodation Needs	Possible Implementation Strategies
Leadership, staff, and provider attitudes	Not seen as priority Not viewed as required Not viewed as valuable	<ul style="list-style-type: none"> • Designate a formal implementation team • Develop a formal implementation blueprint • Identify and prepare champions who can emphasize the necessity and importance of documentation with their colleagues • Promote adaptability: Identify how documentation may be tailored to meet individual clinic or unit needs • Provide ongoing consultation and check-ins via Disability Coordinator, legal team, or other champion • Educate/train on legal and regulatory requirements, implications for patient satisfaction, patient and workforce safety, etc. • Provide training • Use reminders (electronic health record (EHR) alerts, tents, signs) • Audit and provide feedback • Kudos to high performing staff/clinicians/sites
	Insufficient buy-in and being “voluntold”	<ul style="list-style-type: none"> • Designate a formal implementation team • Develop a formal implementation blueprint • Promote adaptability • Identify and prepare champions • Provide resources (e.g., 3 types of accommodations) • Educate on implications for patient satisfaction, patient and workforce safety, etc. • Use reminders (EHR alerts, tents, signs) • Audit and provide feedback • Kudos to high performing staff/clinicians/sites
Staff and provider knowledge and comfort	Discomfort asking about disability status	<ul style="list-style-type: none"> • Identify and prepare champions • Provide ongoing consultation and check-ins • Provide training • Use reminders (EHR alerts, tents, signs) • Provide staff and providers with tools (scripts, cheat sheets, quick guides) • Relay clinical data (i.e., what percentage of patients who had disability status and/or accommodation needs documented were able to receive care) to responsible individuals/roles

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		<ul style="list-style-type: none"> • Kudos to high performing staff/clinicians/sites • Patient-facing educational materials
	Lack of knowledge about disability competency, language, preferences	<ul style="list-style-type: none"> • Identify and prepare champions • Provide ongoing consultation and check-ins • Provide training • Provide staff and providers with tools (scripts, cheat sheets, quick guides)
	Hesitance to ask because: 1. Don't know what to do if disability is reported (e.g., unsure if they should offer accommodations) 2. System/clinic might not have the needed accommodation	<ul style="list-style-type: none"> • Change record systems/EHR • Conduct a needs assessment that assesses for readiness and identifies local barriers • Workflow mapping • Identify and prepare champions • Provide ongoing consultation and check-ins • Establish centralized technical assistance (i.e., how and when to provide an accommodation when documented) • Provide resources • Provide training • Use reminders (EHR alerts, tents, signs) • Provide staff with tools (scripts, cheat sheets, quick guides) • Audit and provide feedback • Kudos to high performing staff/clinicians/sites • Patient-facing educational materials
	Lack of awareness that disability status are in the EHR and can change over time	<ul style="list-style-type: none"> • Change record systems/EHR • Workflow mapping • Identify and prepare champions • Provide ongoing consultation and check-ins • Provide training • Use reminders (EHR alerts, tents, signs)
Workflow and logistics	Challenges coordinating across departments and roles	<ul style="list-style-type: none"> • Change record systems/EHR • Designate a formal implementation team • Conduct a needs assessment • Develop a formal implementation blueprint • Workflow mapping • Identify and prepare champions • Promote adaptability • Provide ongoing consultation and check-ins • Establish centralized technical assistance • Provide training • Relay clinical data to responsible individuals/roles • Review staff performance data (i.e., how often disability status questions were asked during registration) to inform changes • Promote network weaving by strengthening relationships and collaboration within and outside of the organization, departments, or units

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	<p>Limited time available</p>	<ul style="list-style-type: none"> • Conduct needs assessment • Reexamine the implementation plan • Identify early adopters • Workflow mapping • Identify and prepare champions • Promote adaptability • Provide ongoing consultation and check-ins • Establish centralized technical assistance • Provide resources • Use reminders (EHR alerts, tents, signs) • Provide staff and providers with tools (scripts, cheat sheets, quick guides) • Relay clinical data to responsible individuals/roles • Review staff performance data to inform changes • Audit and provide feedback • Kudos to high performing staff/clinicians/sites
	<p>Not assigned responsibility for tasks</p>	<ul style="list-style-type: none"> • Change record systems/EHR • Designate a formal implementation team • Conduct a needs assessment • Develop a formal implementation blueprint • Workflow mapping • Identify and prepare champions • Promote adaptability • Provide ongoing consultation and check-ins • Establish centralized technical assistance • Relay clinical data to responsible individuals/roles • Review performance data to inform changes • Audit and provide feedback
<p>Patient-level challenges</p>	<p>Patients not comfortable with disclosing a disability and/or putting information into a trackable system</p>	<ul style="list-style-type: none"> • Conduct a needs assessment • Promote adaptability • Establish centralized technical assistance • Patient-facing educational materials
	<p>Patients have different levels of comfort regarding who and where to disclose a disability. Patients have different abilities to access systems to disclose a disability.</p>	<ul style="list-style-type: none"> • Workflow mapping • Promote adaptability • Establish centralized technical assistance • Provide training • Provide staff and providers with tools (scripts, cheat sheets, quick guides) • Relay clinical data to responsible individuals/roles • Patient-facing educational materials • Prepare patients/consumers to be active participants • Obtain and use patients/consumer and family feedback