
Accessible Healthcare for People with Disabilities: *An Implementation Guide for Healthcare Organizations*



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Introduction

More than 1 in 4—or over 70 million—Americans have a disability.¹ The Americans with Disabilities Act (ADA) defines a person with a disability as someone who has a physical or mental impairment that substantially limits one or more major life activities; has a history or record of such an impairment; or is perceived by others as having such an impairment.² This can include mobility, communication, hearing, cognitive, visual, mental health or other disabilities, some of which may not be visibly apparent.

Federal civil rights laws, namely the ADA and Section 504 of the Rehabilitation Act of 1973, prohibit discrimination on the basis of disability.³⁻⁵ These laws generally apply to entities that serve the public or receive federal financial assistance, including hospitals, healthcare providers, and other healthcare organizations. Such organizations are mandated to provide full and equal access to care and services for people with disabilities.⁶

Despite the large population of Americans with disabilities and federal law mandating equal access to care, a growing body of literature finds that people with disabilities experience significant disparities in health and healthcare outcomes. For example, compared to non-disabled people, people with disabilities are more likely to have a greater number of chronic conditions and have higher rates of asthma, hypertension, emphysema, cardiovascular disease, diabetes, and arthritis.⁷ People with disabilities are also more likely to rate the quality of their health as fair or poor.^{8,9}

While multiple factors contribute to poor health outcomes, inadequate access to high-quality care—despite high rates of health insurance—is a major barrier for people with disabilities. People with disabilities are more likely to report difficulty finding a clinician,⁷ and when they do access care, they report low satisfaction with the quality of care and communications they receive.^{7,10} Persistent disparities in cancer screenings such as colorectal cancer screenings,¹¹ Pap tests,¹² and mammographies¹³ exist, and a significantly larger percentage of people with disabilities have at least one hospitalization and emergency department visit within a year compared to people without disabilities.⁷

While significant progress has been made over the past 50 years, healthcare organizations—even the most well-intentioned—remain largely inaccessible and inequitable for people with disabilities.¹⁴ For example, clinics rarely have accessible equipment available, such as wheelchair accessible weight scales, and clinicians report rarely providing accommodations.¹⁵⁻²¹

We have found few comprehensive, evidence-based resources available to support healthcare organizations, clinicians, and staff in delivering high-quality care for patients with disabilities. This Implementation Guide seeks to fill this gap.



How to Use the Implementation Guide

This Implementation Guide is based on existing data and learnings from healthcare organizations across the country that are working to improve the quality of care provided to patients with disabilities. This information is intended to provide guidelines which are adaptable to your local context.

The Guide is designed for healthcare organizations of all sizes, from small rural clinics to large health systems, and to be used by any role within an organization, from frontline staff and clinicians to executive leadership.

Each chapter provides step-by-step guidance for healthcare organizations to deliver high-quality care to people with disabilities across the following areas:

1. **Building a Disability Accessibility Program:** Critical infrastructure and foundational components necessary to provide accessible care in your organization.
2. **Documenting Disability Status and Accommodation Needs:** Collecting patients' disability status and accommodation needs in the electronic health record.
3. **Providing Accommodations:** Operationalizing the provision of disability accommodations during a patient's healthcare visit or stay.
4. **Effective Communication:** Implementing effective communication in the healthcare setting.

Each chapter includes an introduction to its topic, actionable steps for implementation, and appendices containing tools and resources to utilize while completing each step. Every chapter is intended to be used independently depending on your organization's needs.

General Resources

The appendices listed below are General Resources for implementing any aspect of disability accessibility in healthcare. Each chapter can be used independently; they are not dependent on one another. The following General Resources are referenced across multiple chapters.

Appendices Table

NAME	DESCRIPTION
Appendix 0.1: Definitions	Defines key terms used throughout the Implementation Guide.
Appendix 0.2: Appropriate Disability Language	Provides guidance for appropriate terminology when communicating with and about people with disabilities.
Appendix 0.3: Federal Requirements for Providing Accessible Care	A high-level overview of existing regulations regarding healthcare accessibility.
Appendix 0.4: Disability Organizations	Lists disability organizations to engage with the disability community.
Appendix 0.5: Policy Writing Guidance	Provides guidance for creating or modifying policies.
Appendix 0.6: Project Planning	A how-to guide for creating workflow maps and goal setting.
Appendix 0.7: Accessibility Screening Tool Template	A worksheet to identify gaps in accessibility at an organization or clinic.
Appendix 0.8: Disability Accommodations Examples	Categorizes and lists examples of disability accommodations. Explains personal disability items and lists several examples.
Appendix 0.9: Disability Accommodations Inventory Table	A table to help staff plan and track potential disability accommodation and service processes and training.
Appendix 0.10: Leadership Support: Key individuals	Lists leadership roles that could be consulted when building an accessibility initiative.

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Chapter 1: Building an Accessibility Program

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Appendix 0.1

Definitions

This document includes definitions of terms used throughout the Implementation Guide. Please see the references below for more information on any particular term.

Ableism

“The discrimination of and social prejudice against people with disabilities based on the belief that typical abilities are superior...Ableism is rooted in the assumption that disabled people require “fixing” and defines people by their disabilities. Like racism and sexism, ableism classifies entire groups of people as ‘less than,’ and includes harmful stereotypes, misconceptions, and generalizations of people with disabilities.”¹

Accessibility

Ensures that a person with a disability is afforded the opportunity to acquire the same information, engage in the same interactions, and enjoy the same services as a person without a disability in an equally effective and equally integrated manner, with substantially equivalent ease of use. The person with a disability must be able to obtain information as fully, equally, and independently as a person without a disability.²

Auxiliary aids & services

Communication tools or assistance offered to ensure that people with disabilities can effectively access information and participate in services.³

Care partner/Caregiver/Support person

A person (typically a family member or close friend) designated by a person unable to fully care for themselves due to illness, disability, or age to assist them in managing their health or daily needs.⁴ Caregivers, care partners, and support persons may engage in shared decision-making, communicate with the healthcare team, and provide physical, emotional, or logistical support.⁵

Communication strategies

Modifications in clinician or staff communication behaviors to support patients’ understanding or expression. Examples include providing patients with communication disabilities more time to express themselves, writing out key words while speaking, or asking yes/no questions.

Digital accessibility

Inclusive practice of removing barriers that prevent interaction with or access to web content, digital tools, and technologies by people with disabilities.⁶

Disability

The Americans with Disabilities Act (ADA) defines a person with a disability as someone who:

- has a physical or mental impairment that substantially limits one or more major life activities,
- has a history or record of such an impairment (such as cancer that is in remission), or
- is perceived by others as having such an impairment (such as a person who has scars from a severe burn).⁷

- **Example disability types⁸**
 - **Mobility:** Difficulty walking or climbing stairs.
 - **Communication:** Difficulty understanding others or being understood.
 - **Hearing:** Deafness or difficulty hearing, even with hearing aids.
 - **Vision:** Blindness or difficulty seeing, even with corrective lenses.
 - **Cognitive:** Difficulty concentrating, remembering, or making decisions due to a physical, mental, or emotional condition.

Disability accessibility coordinator

Disability accessibility coordinators, also called ADA Coordinators, 504 Coordinators, Section 1557 Officers, etc., can have varying responsibilities depending on the organization. Generally, this role is designated by a healthcare organization as the “responsible employee” for coordinating its efforts to comply with and carry out its responsibilities under federal disability rights laws and applicable accreditation standards. They may be involved in or responsible for an organization’s accessibility program and policies, complaints and grievance procedures, facility and program accessibility evaluations, and more.⁹

Disability accessibility program

A disability accessibility program is comprehensive of any aspect of care that ensures the needs of people with disabilities are specifically considered, and products, services, and facilities are built or modified so that they can be used by people of all abilities.¹⁰

Disability as identity

Refers to the recognition and affirmation of disability as an integral part of a person’s self-concept and social identity. This perspective rejects the notion that disability is solely a medical deficit or limitation, framing it instead as a lived experience, cultural identity, and source of community belonging.¹¹

Effective communication

Ensuring that communication with people with disabilities is equally effective as communication with people without disabilities through accommodations such as auxiliary aids and services, communication strategies, and care modifications.¹²

Equity

Absence of unfair, avoidable, or remediable differences among groups of people, whether those groups are defined socially, economically, demographically, geographically, or by other dimensions of inequality (e.g. sex, gender, ethnicity, disability, or sexual orientation).¹³

Identity first language

Language which puts the disability first in the description, e.g., “disabled person” or “autistic individual.” Use of this language acknowledges disability as an identity rather than a condition.¹⁴

Implementation strategy

Actions taken to enhance adoption, implementation, and sustainability of evidence-based interventions. A comprehensive list of each strategy and their definitions can be found [here](#).¹⁵

Organizational priorities

Set of goals that set strategic direction for an organization. Organizational priorities have implications on budgets, designated employee Full Time Equivalent (FTE), and organizational structure.

People first or first-person language

A way of speaking and writing that emphasizes the individual before their condition, disability, or diagnosis. Instead of defining someone by a label or adjective, it describes what a person has rather than what a person is. For example, it uses phrases like "a person with diabetes" instead of "a diabetic," or "a person with a disability" instead of "a disabled person."¹⁴

Reasonable accommodation

Changes in rules, policies, practices, or services that make medical services accessible to a patient or visitor with disabilities. Reasonable accommodations are practical, effective, and don't drastically change operations.¹⁶

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Appendix 0.2

*Appropriate
Disability
Language*

This document provides guidance for appropriately communicating with and about patients with disabilities. People may have personal preferences on the use of Person-First versus Identity-First language when referring to their disability. Either is acceptable and you should ask their preference.

Understanding the Terminology Approaches¹

Person-First Language

Person-first language (e.g., "patient with epilepsy," "individual with a mobility impairment") places the person before the disability condition.

Examples in healthcare settings:

- "The patient with diabetes is scheduled for 2:00 PM"
- "We provide services for children with learning disabilities"
- "The woman with a visual impairment requires these accommodations"

Identity-First Language

Identity-first language (e.g., "disabled patient," "autistic child") acknowledges disability as an inherent aspect of a person's identity.

Examples in healthcare settings:

- "Deaf patients may request an ASL interpreter"
- "Our facility is designed to be accessible for Autistic adults"

“10 Commandments of Communication”

These guidelines provide ways to respectfully interact with people with different kinds of disabilities. They were developed based on the experiences of people with disabilities and slightly modified by DEC to add context. The list was originally developed by the U.S. Department of Labor’s Office of Disability Employment Policy and was accessed from Rutgers University Access and Disability Resources.²

1. When talking with a person with a disability, speak directly to that person rather than through a companion or sign language interpreter.
2. When introduced to a person with a disability, it is appropriate to offer to shake hands. Consider asking, “is it okay if I shake your hand?” before initiating contact. People with limited hand use or who wear an artificial limb can usually shake hands. Shaking hands with the left hand is an acceptable greeting.
3. When meeting a person with a visual impairment, always identify yourself and others who may be with you. When conversing in a group, remember to identify the person to whom you are speaking.
4. If you offer assistance, wait until the offer is accepted. Then listen to or ask for instructions.
5. Treat adults as adults. Address people who have disabilities by their first names only when extending that same familiarity to all others. Never patronize people who use wheelchairs by patting them on the head or shoulder.
6. Leaning or hanging on a person’s wheelchair is similar to leaning or hanging on to a person and is generally considered annoying. The chair is part of the personal body space of the person who uses it.
7. Listen attentively when you’re talking with a person who has difficulty speaking. Be patient and wait for the person to finish, rather than correcting or speaking for the person. If necessary, ask short questions that require short answers, a nod, or a shake of the head. Never pretend to understand if you are having difficulty doing so. Instead, repeat what you have understood and allow that person to respond. The response will clue you in and guide your understanding.
8. When speaking with a person who uses a wheelchair or a person who uses crutches, place yourself at eye level in front of that person to facilitate the conversation.

9. To get the attention of a person who is deaf or hard of hearing, tap the person on the shoulder or wave your hand. Look directly at the person and speak clearly. Not all people with a hearing impairment can lip read. For those who do lip read, be sensitive to their needs by placing yourself facing the light source and keeping hands, cigarettes, and food away from your mouth when speaking.
10. Relax. Don't be embarrassed if you happen to use accepted, common expressions, such as "See you later" or "Did you hear about that?" that seem to relate to the person's disability. Don't be afraid to ask questions when you're unsure of what to do.

Communicating With and About People with Disabilities (CDC)³

PEOPLE FIRST LANGUAGE

LANGUAGE TO AVOID

Person with a disability	Handicapped
Person without a disability	Normal person, healthy person
Person with an intellectual, cognitive, developmental disability	Retarded, slow, simple, moronic, defective, afflicted, special person
Person with an emotional or behavioral disability, or a mental health or a psychiatric disability	Insane, crazy, psycho, maniac, nuts
Person who is hard of hearing	Suffers a hearing loss
Person who is deaf	Deaf and dumb, mute
Person who has a communication disorder, is unable to speak or uses a device to speak	Mute, dumb
Person who uses a wheelchair	Confined or restricted to a wheelchair, wheelchair bound
Person with a physical disability, physically disabled	Crippled, lame, deformed, invalid, spastic
Person with multiple sclerosis	Afflicted by MS
Person who had a stroke	Stroke victim
Person with a congenital disability	Birth defect
Person who is successful, productive	Has overcome his/her disability, is courageous

Adapted from <https://www.ohsu.edu/sites/default/files/2019-01/CDC-People-First-Language.pdf>.

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Appendix 0.3

*Federal
Requirements for
Providing
Accessible Care*

This document outlines federal regulations regarding the provision of accessible healthcare for people with disabilities. The requirements are organized by topic area. The relevant regulation for each requirement is cited.

NOTE: This document does not take the place of legal advice and is up to date as of April 2026. When implementing any chapter or section of this guide, work closely with your compliance and/or legal department to ensure your organization is compliant with current federal, state, and local laws and regulations.

Generally, the requirements listed here apply to any healthcare organization that receives federal funding and/or serves the public. However, it is your organization's responsibility to keep up to date with the specific requirements and regulations applicable to your status and context (for example, whether your organization falls under Title II or Title III of the Americans with Disabilities Act).

Federal Laws

The regulations listed under each section below are authorized by the following federal laws:

Americans with Disabilities Act (ADA) of 1990: The ADA is a federal civil rights law that prohibits discrimination against people with disabilities. Healthcare organizations must provide full and equal access to people with disabilities.¹

- Title II: Covers healthcare agencies run by state and local governments.
- Title III: Covers private or nonprofit healthcare organizations.

Section 504 of the Rehabilitation Act of 1973: Section 504 prohibits discrimination on the basis of disability in programs and activities that receive federal financial assistance, including Medicare and Medicaid reimbursements.²

Section 1557 of the Patient Protection and Affordable Care Act (ACA): Section 1557 prohibits discrimination on the basis of race, color, national origin, sex, age, or disability in health programs and activities that receive federal funding.³

Federal Regulations

Antidiscrimination

No person with a disability shall be excluded from participating in or denied access to healthcare, benefits, or services.⁴⁻⁷ To ensure equal access to facilities and services for patients with disabilities, healthcare providers must:⁸

- Make reasonable modifications to policies, practices, and procedures;⁹⁻¹²
- Ensure that communication with people with disabilities is as effective as communication with patients without disabilities, including by providing auxiliary aids and services when necessary;¹³⁻¹⁶ and
- Ensure that facilities and medical equipment are accessible.¹⁷

No healthcare organization may deny, limit, or provide treatment to a person with a disability when the same care would or would not be provided to a patient without a disability.¹⁸ Healthcare organizations shall not use any measure, assessment, or tool that discounts the value of life extension on the basis of disability when determining eligibility for any care or other service.¹⁹

Disability Accessibility Program

Coordinator: Healthcare organizations that employ 15 or more people must designate at least one employee responsible for compliance with Section 1557 and/or Section 504, including grievances, recordkeeping, language access, effective communication, reasonable modifications, training, and documentation procedures.^{20,21} State and local government services that employ 50 or more people must designate an ADA Coordinator.²²

Policies and procedures: Healthcare organizations with 15 or more employees must implement written policies for nondiscrimination,^{23,24} grievances,^{25,26} and procedures related to implementing reasonable modifications,²⁷ effective communication,²⁸ and language assistance services.²⁹ Relevant employees must be trained on required policies and procedures.³⁰ Organizations must provide notice of its nondiscrimination policy to patients and members of the public.^{24,31}

Setting: All care and other healthcare activities must be delivered in the most integrated setting appropriate.³²⁻³⁴ Healthcare organizations may not create policies or practices that provide greater benefits or care in segregated settings, establish more restrictive rules and requirements for people with disabilities in integrated settings, or fail to provide community-based services so that patients with disabilities are institutionalized or at serious risk of institutionalization.³⁵

Physical Accessibility: Facilities and Equipment

Building and Room Construction: All buildings, including those built before the ADA was enacted, must meet certain accessibility requirements. View the 2010 ADA Standards for Accessible Design [here](#), including sections 223 and 805 specific to Medical Care Facilities.

Medical Diagnostic Equipment (MDE): No person with a disability shall be denied access to care that requires MDE because a facility or provider's MDE is not readily accessible or usable by them.^{36,37}

- **New MDE:** At least 10% of each type of medical diagnostic equipment (MDE), but not less than one of each unit, must meet the [Standards for Accessible MDE](#). Facilities that specialize in treating mobility impairments must meet 20%.^{38,39}
 - By July 8, 2026, healthcare organizations subject to Section 504 that use exam tables and/or weight scales must have at least one exam table and/or one weight scale that meets the Standards for Accessible MDE.^{40,41}
- **Existing MDE:** Existing MDE does not necessarily need to be modified or replaced with accessible MDE; an organization can comply with accessible MDE requirements by reassigning or delivering MDE-necessary activities to alternate accessible locations, home visits, or other means, as long as those means ensure people with disabilities access the same quality of care as people without disabilities.^{42,43}
- Organizations must ensure their staff are able to operate accessible MDE, including assisting with transfers and positioning of individuals with disabilities.^{44,45}

Documenting Disability Status and Accommodation Needs

Any federally conducted or supported healthcare or public health program, activity, or survey must collect data on disability status.⁴⁶

By January 1, 2026, all electronic health record (EHR) vendors, health systems, payers, and any other organization using health IT modules were required to update their EHR's to comply with the United States Core Data for Interoperability (USCDI) Version 3. This version includes a disability status data element.⁴⁷

Providing Accommodations

Healthcare organizations must make reasonable modifications to policies, practices, or procedures when necessary to provide services to patients with disabilities, unless they can demonstrate that making the modifications would fundamentally alter the nature of the program or activity or result in an undue financial burden.⁹⁻¹² Steps must be taken to ensure that no person with a disability is denied access to care because of the absence of accommodations.⁴⁸

Healthcare organizations may not charge patients to cover the cost of accommodations.^{23,49-51}

Effective Communication

Organizations must ensure that communications with people with disabilities are just as effective as communication with people without disabilities, including by providing auxiliary aids and services when necessary.¹³⁻¹⁶

Healthcare organizations may **not** require a patient with a disability to bring their own interpreter or rely on an adult accompanying a patient to interpret for them, except in an emergency when a qualified interpreter is not available or when the patient requests that they do, the adult agrees, and it is appropriate under the circumstances. An organization may also not rely on a minor child to interpret for them, except in an emergency when a qualified interpreter is not available.⁵²⁻⁵⁴

Healthcare organizations that use video remote interpreting (VRI) services must ensure it provides real-time, full-motion video and audio over high-speed, wide-bandwidth connectivity through an image large enough to display both the patient and interpreter's face, arms, hands, and fingers. Staff must be trained to use the VRI.⁵⁵⁻⁵⁷

When communicating over the phone, text telephones or equally effective systems must be used to communicate with those who are deaf, hard of hearing, or have speech impairments. Automated messaging systems must be able to communicate with individuals using auxiliary aids and services in real time.⁵⁸⁻⁶⁰

Information and signage must be accessible to people with low vision or hearing loss. Signage must be posted at all inaccessible entrances to each facility with directions to an accessible entrance or location with information about accessible facilities.^{61,62}

Web content and mobile apps must be readily accessible to and usable by people with disabilities.⁶³⁻⁶⁵ Healthcare organizations must ensure web content and mobile apps comply with Level A and Level AA criteria in the Web Accessibility Initiative's [Web Content Accessibility Guidelines](#) 2.1 by either 2026 or 2027—depending on size—unless the organization can demonstrate this would prove an undue burden or fundamentally alter services.^{66,67}

Healthcare organizations must implement written procedures describing the process for ensuring effective communication for individuals with disabilities. This procedure must at least include current contact information for the Section 1557 Coordinator; how an employee obtains the services of qualified interpreters, including the names of any qualified interpreter staff members; and how to access appropriate auxiliary aids and services.²⁸

Comparison Table

This table compares federal law requirements and common hospital accreditation standards.

<i>Requirement</i>	ADA	Section 504 (including Final Rule)	Section 1557	NCQA HEDIS Measures	The Joint Commission Excellent Outcomes for All Certification
Provide accommodations	X	X	X		X
Effective communication	X	X	X		X
Accessible MDE	X (Title II ONLY)	X			
Building/facility accessibility	X				
Nondiscrimination in clinical decision		X	X		
Web accessibility	X	X	X		
Written policies		X	X		
Document disability			X	X	X
Disability coordinator	X (50 or more employees)	X (15 or more employees)	X (15 or more employees)		

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Appendix 0.4

Disability Organizations

Engaging your local disability community is integral to improving accessibility at your organization. This document outlines several types of disability organizations and names specific organizations that could be engaged to connect with people with disabilities in your community.

Federally Funded

ADA National Network: 10 regional centers funded by the U.S. Administration for Community Living's National Institute on Disability, Independent Living, and Rehabilitation Research (NIDILRR) that provide technical assistance, training, referrals, and accessibility assessments on how to implement the Americans with Disabilities Act (ADA). Find your region [here](#).

Centers for Independent Living (CILs): Community-based, cross-disability, non-residential private nonprofit organizations that are designed and operated by people with disabilities. They are federally and state-funded and provide core services including advocacy, independent living skills training, information and referral, peer support, and assistance in accessing community resources. Their goal is to help people with disabilities achieve greater independence and full community participation. Find a CIL in your area [here](#).

Protection and Advocacy Systems (P&As): Nation's largest provider of legal advocacy services for people with disabilities. Often provide information and referrals, as well as training and technical assistance to service providers, state legislators, and other policymakers. They also conduct self-advocacy training and raise public awareness of legal and social issues affecting individuals with developmental disabilities and their families. Find your state P&A Agency [here](#).

State Commissions for the Blind: State-level agencies dedicated to empowering individuals who are legally blind or visually impaired through vocational rehabilitation, independent living support, and advocacy for equitable opportunities. Their services vary by state but share common goals of fostering independence and societal integration. Find your state's commission [here](#).

State Councils on Developmental Disabilities: Federally funded, self-governing organizations charged with identifying the most pressing needs of people with developmental disabilities in their state or territory. Councils work to address identified needs through advocacy, systems change, and capacity building. Find your state's council [here](#).

University Center for Excellence in Developmental Disabilities (UCEDD): Advance knowledge, provide support, and promote the rights and inclusion of individuals with developmental disabilities through interdisciplinary approaches combining research, education, and direct services. Find UCEDDs in your state [here](#).

Veterans Service Organizations (VSOs)

Blinded Veterans Association: Only congressionally chartered VSO created for, consisting of, and led by visually impaired veterans focused on the issues, advocacy, and mentorship vital to all veterans and families with sight loss regardless of service connection.

Disabled American Veterans: Provides free, professional assistance to veterans and their families with Department of Veterans Affairs benefits, in addition to conducting outreach, advocating for policy change at the federal, state, and local levels, facilitating a support program for caregivers, and sharing resources.

Paralyzed Veterans of America (PVA): VSO dedicated to helping veterans with spinal cord injuries and disorders (SCI/D), including MS and ALS. Provide caregiver support, legal services, medical services from nurses, physicians, and support staff trained on SCI/D, employment resources, assistance with benefits, and adaptive sports.

Examples of National Organizations

Across Disabilities

- [American Association on Health and Disability \(AAHD\)](#)
- [American Association of People with Disabilities \(AAPD\)](#)
- [The Arc \(I/DD\)](#)
- [Association of University Centers on Disabilities \(AUCD\)](#)
- [Disability Belongs](#)
- [Disabled in Action \(DIA\)](#)
- [Disability Rights Education and Defense Fund \(DREDF\)](#)
- [Easterseals](#)
- [National Council on Independent Living \(NCIL\)](#)
- [National Disability Rights Network](#)
- [People First \(I/DD\)](#)

Professional Societies

- [Alliance for Disability in Healthcare Education](#)
- [Patient Provider Communication Network](#)
- [Docs with Disabilities Initiative](#)

Disability-Specific

- [American Foundation for the Blind \(AFB\)](#)
- [Amputee Coalition](#)
- [Autistic Self Advocacy Network \(ASAN\)](#)
- [CommunicationFIRST](#)
- [Hearing Loss Association of America](#)

- [Les Turner ALS Foundation](#)
- [Muscular Dystrophy Association \(MDA\)](#)
- [National Association of the Deaf](#)
- [National Down Syndrome Society](#)
- [National Federation of the Blind \(NFB\)](#)
- [Special Olympics](#)
- [United Cerebral Palsy \(UCP\)](#)
- [United Spinal Association](#)



Appendix 0.5

Policy Writing Guidance

This document contains questions to consider, guidance, and additional resources to utilize when planning, drafting, or modifying an accessibility-related policy at your organization. The information below is not exhaustive. Consult your organization's compliance office or department (if applicable) when drafting.

Questions to Consider

Any questions that are not applicable can be skipped.

WHAT is the reason for the policy?

- Compliance with federal and/or state requirements
- Set expectations/accountability for staff, leadership, or patients
- Limit liability
- Improve care quality or safety
- Other: _____

HOW does this policy align with other organizational priorities?

WHAT funding is necessary for the policy change?

WHO will the policy apply to? Select all that apply.

- Clinical staff
- Non-clinical staff
- Leadership
- Patients
- Visitors
- Other: _____

WHO (department, individual(s), team (s)) is typically responsible for organizational policies?

WHO will you include to help draft the policy?

WHO will review drafts and ultimately approve the policy?

HOW will you communicate the policy to staff, providers, patients, scheduling, medical assistants, managers, etc.?

- Training
- Other: _____

HOW will you measure compliance with the policy?

Sample Steps for Creating or Changing Policy

1. Build a team. You should include a variety of roles, such as leadership, providers, front desk staff, medical assistants, schedulers, etc. Each role will know how your policy could be integrated in their workflows. This will also help with buy-in during implementation.
2. Write a first draft of your policy or modification. Have your organization's mission and/or vision statement(s), as well as your reason for creating or modifying the policy, in mind.
3. Work with your team to edit your draft. Ensure your policy is stated clearly so that all staff, patients, leadership, and community members can understand it.
4. Set a date effective for your policy.
5. Seek approval from appropriate areas in your organization.
6. Schedule short-term and long-term reviews to monitor implementation and effectiveness of your policy.

Additional Resources

Below are resources for policy writing compiled by other institutions and two sample policies.

- [University of Colorado Office of Policy and Efficiency: User Guide to Writing Policies \(PDF\)](https://www.cu.edu/sites/default/files/APSwritingguide.pdf) <https://www.cu.edu/sites/default/files/APSwritingguide.pdf>
- [Weill Cornell Medicine Office of Compliance: Policy Writing 101](#)
- [U.S. Department of Health and Human Services Example Nondiscrimination Policy \(PDF\)](#)
- [Sample Nondiscrimination Policy: Santa Clara Valley Healthcare \(PDF\)](https://compliance.weill.cornell.edu/compliance/policy-office/policy-writing-101) <https://compliance.weill.cornell.edu/compliance/policy-office/policy-writing-101>



Appendix 0.6

Project Planning

When implementing new programs or activities, it is recommended that you plan for implementation using tools such as SMART goals and workflows/process maps. Below are general tips, guidance, and resources for using such tools.

SMART Goals

SMART is a framework for setting actionable, realistic goals. If your overarching goal is broad, such as creating an accessibility program, you may need to break it down into multiple smaller SMART goals. SMART goals are:¹

S: Specific. Target an area for improvement and be specific about what you want to accomplish.

- Outline the who, what, when, where, and why of your goal.
- What specific actions will you take?

M: Measurable. Determine what metrics or data you will use to track progress.

- What does success look like?
- Do you have data collection methods to track your goal? Reports, audits, surveys, work products, etc.?

A: Achievable. How will you reach your goal?

- Do you have the skills and resources necessary? Do you need to develop them?
- Is your goal challenging but possible?

R: Relevant. Define why your goal is important for your organization/department/clinic etc.

- Does your goal align with organizational priorities?
- How will you secure support from leadership?

T: Time-bound. Set timelines and deadlines for completion.

- What is the deadline for accomplishing this goal?
- What will you accomplish by the halfway mark?

SMART Example: The Quality Improvement team will implement a disability screening and accommodation program by 9/30/2024, with EHR screening beginning by 8/15/2024.

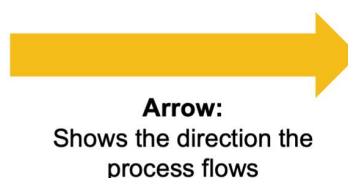
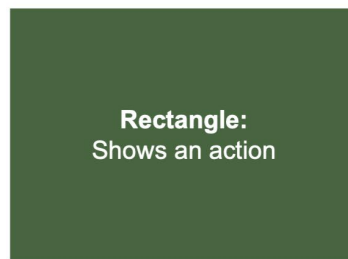
Not SMART: Our team plans to implement a disability program.

Workflows and Process Maps

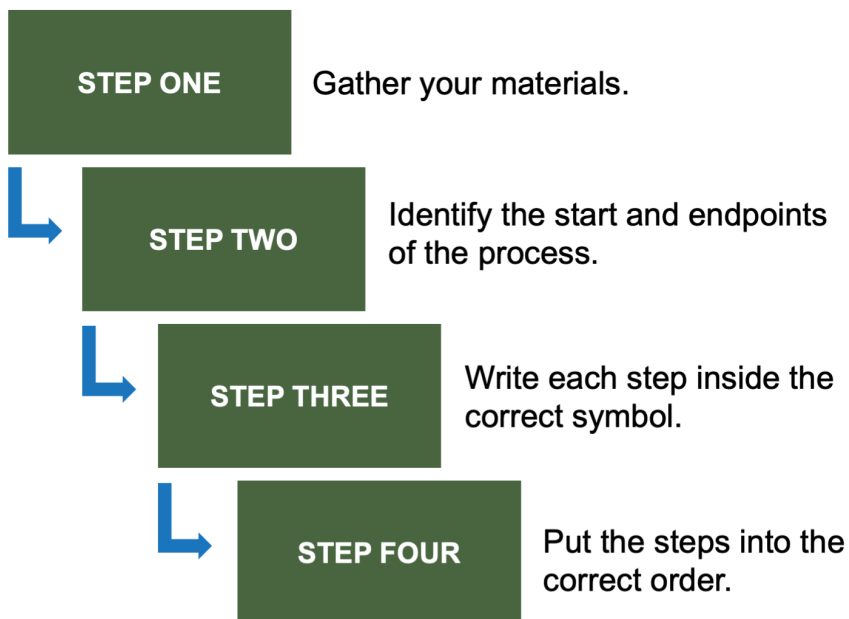
Workflows and process maps are diagrams that illustrate the sequence of steps to completing a task. Roles such as Practice Facilitators or Practice Managers are typically responsible for creating these diagrams. In a healthcare setting, workflows and process maps can help identify problems and potential improvements, be used for training, hold staff accountable, and more.

Below are examples of workflows and process maps in a healthcare setting. The Agency for Healthcare Research and Quality created a module with additional information [here](#).

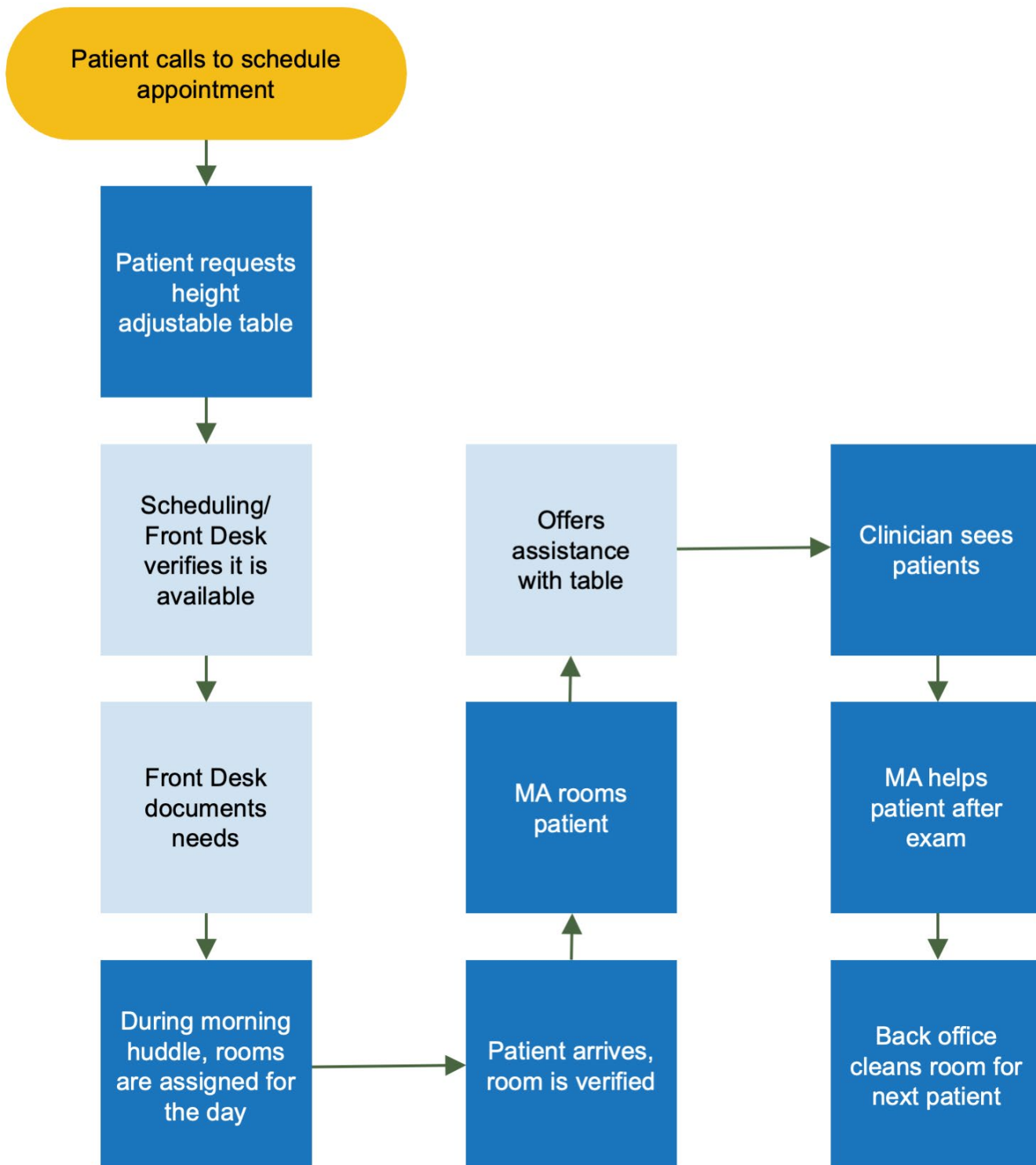
Symbols for Creating a Process Map



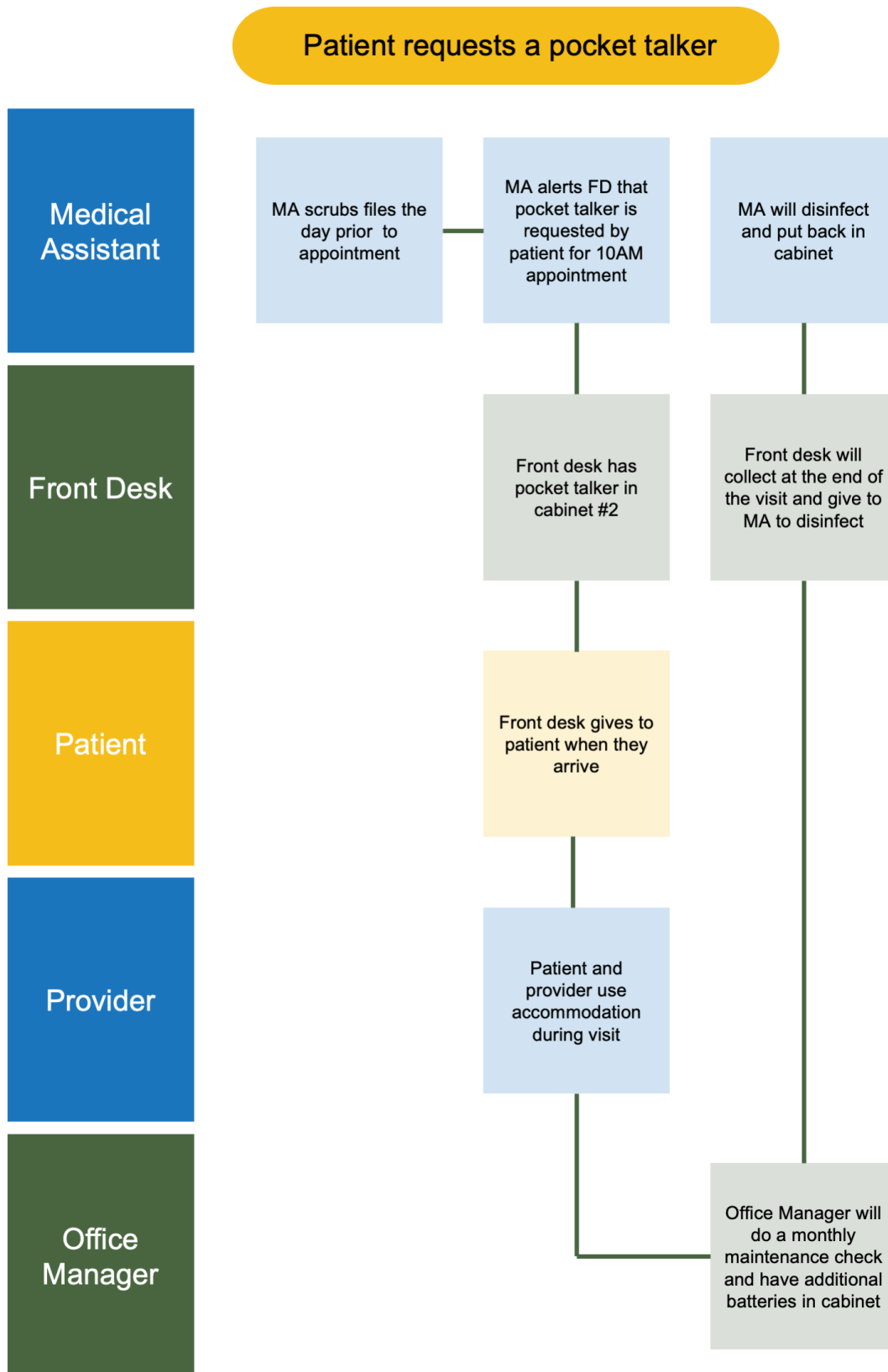
Steps for Creating a Process Map



Example 1: Providing a Height Adjustable Exam Table



Example 2: Providing a Pocket Talker





Appendix 0.7

Accessibility Screening Tool Template

This tool is designed to be used:

- **By clinic staff.** It is not designed to be used by a patient. The individual completing the assessment will likely need to engage other staff and clinicians and your disability council/advisory board to complete sections of the tool.
- **To identify gaps in accessible care and services.** This tool is not comprehensive in assessing whether a clinic is Americans with Disabilities Act (ADA) compliant. For a more comprehensive evaluation, please refer to the [ADA Checklists for Existing Facilities](#).
- **As a template.** There are likely other items you should consider in ensuring that your clinic or hospital is accessible. This tool should be customized to your setting/site.
- **Following the care delivery flow for a patient.** While there are many ways this information could be organized, the screening tool is organized by a patient's journey. You will think through each activity your patients participate in before, during, and after their visit to ensure all patients have access to these activities.

If you do not know the answer to a question, either skip the question or identify a colleague who could answer the question. Some questions may not be applicable to your organization. For additional examples and descriptions of accommodations, please refer to Appendix 0.8: *Disability Accommodations Examples*. For more detailed evaluations of the accessibility of the physical space, please refer to the [ADA Checklists for Existing Facilities](#).

[An Excel version of this screening tool is available HERE.](#)

PRE-VISIT

	Available			Established process exists?			Staff/Clinician training exist?		
	YES	NO	UNSURE	YES	NO	UNSURE	YES	NO	UNSURE
Are there accommodations available for registering? Are there multiple modalities available to register?									
<i>If yes, what accommodations are available: Example: Assistance with entering information online instead of via phone</i>									
Are there accommodations available for scheduling appointments? Are there multiple modalities available to schedule?									
<i>If yes, what accommodations are available: Example: scheduling online instead of via phone</i>									
Is disability status being asked during registration or scheduling?									
Are accommodation needs being asked during registration or scheduling? OR Can patients request an accommodation prior to the appointment? Example: through the Patient Portal									
Are patients asked whether they plan to bring any supports or assistive devices or tools with them?									
Is there contact information available for requesting an accommodation (e.g., Disability Accessibility Coordinator’s information)?				N/A	N/A	N/A			

<p>If so, where is the information posted? <i>Example: website; clinic rooms; waiting rooms</i></p>			N/A	N/A	N/A				
<p>If a patient requests an accommodation prior to the visit, is the information shared with the care team?</p>									
<p>Can accommodations be ordered or scheduled prior to an appointment?</p>									
<p>If yes, what accommodations are available: <i>Examples: qualified note taker; extra appointment time; end of day appointment</i></p>									
<p>Is patient disability or accommodation request information documented in the Electronic Health Record?</p>									
<p>Are accommodation requests and delivery reports available? <i>Example: A weekly report identifying the number of patients with physical disability provided care in the clinic.</i></p>									
<p>Are there accommodations for appointment reminders?</p>									
<p>If yes, what accommodations are available: <i>Example: written or electronic appointment reminders able to be requested and provided (in lieu of a phone call reminder)</i></p>									
<p>Additional information about pre-visit accessibility:</p>									

NAVIGATING TO THE CLINIC

	Available			Established process exists?			Staff/Clinician training exist?		
	YES	NO	UNSURE	YES	NO	UNSURE	YES	NO	UNSURE
Are there accessible parking spaces available in the parking lot? How many? At least 10%, but not less than one accessible parking space(s) are required.				N/A	N/A	N/A			
Is there an accessible pathway from the nearest public transportation stop to the facility?				N/A	N/A	N/A			
Are there accommodations available in the parking lots, garages or entrances to the facility?									
If, yes, what accommodations are available: Example: valet services									
If a patient needs to travel from the entrance of the facility to the entrance of the clinic, are there accommodations available?									
If yes, what accommodations are available: Example: wheelchairs at the entrance, staff available to assist with navigation									
If there is a security check-in at the entrance of the facility, are there accommodations available?									
If yes, what accommodations are available: Example: Service animal exception policies, protocols for neurodivergent patients									
Is there accessible signage throughout the clinic or facility?									
Is there accessible pathways to the clinic or facility? Example: clear pathway, elevators to different floors									
Is there a plan to monitor the pathway to make sure nothing gets placed in the pathway?									
Additional information about navigating to the clinic accessibility:									

CHECK-IN AND WAITING ROOM

	Available			Established process exists?			Staff/Clinician training exist?		
	YES	NO	UNSURE	YES	NO	UNSURE	YES	NO	UNSURE
Is the check-in counter accessible? <i>Examples: low height, quiet area for patient with hearing disability</i>				N/A	N/A	N/A			
If there is a kiosk, are accommodations available?									
If yes, what accommodations are available? <i>Examples: height appropriate; screen-reader compatible; staff to assist</i>									
Are there accommodations available for patients to complete the check-in paperwork?									
If yes, what accommodations are available? <i>Examples: Staff assistance with writing or reading; signature guides; magnifiers</i>									
Are alternative formats of check-in documents available?									
If yes, what documents are available and in what formats? <i>Examples: Braille or large print HIPAA forms</i>									
Are disability status and/or accommodation needs asked or confirmed during check-in?									

<p>If a patient requests an accommodation at check-in, is there an established process for delivering that accommodation?</p>											
<p>If a patient brings supports or assistive devices or tools with them, is there an established process accommodating this during the appointment? <i>Examples: Process for accommodating a service animal, a large enough exam room if the patient is in a power wheelchair</i></p>											
<p>Are there alternative options to call patients into their appointment?</p>											
<p>If yes, what accommodations are available? <i>Example: vibrating pager</i></p>											
<p>Are there waiting room accommodations available?</p>											
<p>If yes, what accommodations are available? <i>Examples: noise-canceling headphones; bariatric chairs; patient room early or in a sensory-sensitive environment; open floor space and wheelchair-accessible space; outlets available for adaptive equipment; spaces for wheelchair users</i></p>											
<p>Is there a plan to monitor the accessibility of the space? <i>Example: no items moved into pathways or accessible rooms</i></p>											
<p>Additional information about check-in and waiting room:</p>											

CLINIC ROOM, UNIT, AND CLINICAL ENCOUNTER/INTERACTION

	Available			Established process exists?			Staff/Clinician training exist?		
	YES	NO	UNSURE	YES	NO	UNSURE	YES	NO	UNSURE
Are there physically accessible exam or patient rooms available? (If so, how many and what percentage of total number of rooms?)									
If yes, what accessibility features are available? <i>Examples: floor space next to exam table clear of equipment, adequate space between exam tables and walls for transfers, accessible bathrooms in hospital rooms, overhead lifts</i>									
Is there accessible diagnostic equipment available? (If so, how many and what percentage of total equipment?)									
If yes, what accommodations are available? <i>Examples: height-adjustable exam tables; bariatric tables; accessible weight scale; Hoyer lift</i>									
Are staff available for additional assistance if needed?									
If yes, what accommodations are available? <i>Examples: changing into gown; patient transfers</i>									
Are there sensory accommodations available in the rooms?									
If yes, what accommodations are available? <i>Examples: light dimmers; staff provide room orientation</i>									

<p>Are there effective communication accommodations available?</p>									
<p>If yes, what accommodations are available? <i>Examples: white boards; sound amplifiers; communication boards, communication toolkit</i></p>									
<p>Can patients request preferences for how the team interacts with them?</p>									
<p>If yes, what accommodations are available and how will staff be made aware of them? <i>Examples: avoid touching the patient; specific communication strategies; role of a care partner</i></p>									
<p>Is there a process to alert the team that the patient has an accommodation or assistive services prior to when the team enters a patient room? <i>Examples: Patient requires dim lights in exam room, patient has a service animal</i></p>									
<p>Is there a plan to monitor the accessibility of the space? <i>Example: Post reminders in accessible rooms that no items can be moved into pathways</i></p>									
<p>Additional information:</p>									

POST VISIT

	Available			Established process exists?			Staff/Clinician training exist?		
	YES	NO	UNSURE	YES	NO	UNSURE	YES	NO	UNSURE
Are there alternative formats for post-visit documents (e.g., After Visit Summary, patient education materials)?									
If yes, what accommodations are available? <i>Examples: Braille; large print; audio-recorded</i>									
Are there accommodations available to schedule follow-up appointments? Are there multiple modalities available to schedule?									
If yes, what accommodations are available? <i>Example: schedule while still in the exam room</i>									
If the patient needs to contact the healthcare team for follow-up questions, are accommodations available? Are there multiple modalities available for communication?									
If yes, what accommodations are available? <i>Examples: Patient portal accessibility; telephone; email</i>									
Additional information about post-visit:									

GENERAL ACCESSIBILITY

	Available			Established process exists?			Staff/Clinician training exist?		
	YES	NO	UNSURE	YES	NO	UNSURE	YES	NO	UNSURE
Are there accessible bathrooms available in the clinic or hospital?				N/A	N/A	N/A			
If yes, what accessibility features are available? <i>Examples: grab bars; raised toilet seats; call buttons</i>				N/A	N/A	N/A			
Are there automatic doors for all entrances of the clinic or facility?				N/A	N/A	N/A			
Are there accessibility features available for the patient portal?				N/A	N/A	N/A			
If yes, what features are available? <i>Example: Patient portal is screen-reader compatible</i>				N/A	N/A	N/A			
Is a patient able to indicate a disability or accommodation need in the patient portal?				N/A	N/A	N/A			
Is there contact information available for requesting a disability accommodation (e.g., Disability Accessibility Coordinator's information)?				N/A	N/A	N/A			
If so, where is the information posted? <i>Examples: website; clinic rooms; waiting rooms</i>				N/A	N/A	N/A			
Is there information posted on what disability accommodations are available?				N/A	N/A	N/A			
If so, where is the information posted? <i>Examples: website; clinic rooms; waiting rooms</i>				N/A	N/A	N/A			

Are non-discrimination policies available to patients?				N/A	N/A	N/A			
If so, where are they posted? <i>Examples: website; clinic rooms; waiting rooms</i>				N/A	N/A	N/A			
Is there a central repository or resource for staff and clinicians with information regarding available disability accommodations, training, and other applicable materials?									
Are images displayed and reading materials representative of people with disabilities?				N/A	N/A	N/A	N/A	N/A	N/A
Are policies adapted to be inclusive of people with disabilities? <i>Example: visitor exception policies</i>									
Is the website accessible, including PDFs?									
Is the mission statement, stated values, etc. free of discriminatory language?				N/A	N/A	N/A			



Appendix 0.8

*Disability
Accommodations
Examples*

This chart categorizes disability accommodations by the workflow necessary to provide them. Each category lists examples of disability accommodations depending on their availability in the outpatient vs. inpatient setting. The example accommodations can be applied to a range of disabilities. Because the same accommodation can often be applied to multiple disabilities, we did not organize the accommodations by disability type.

Disability accommodations in your facility must be made available to both patients and their caregivers with disabilities. This is not an exhaustive list. The items with an asterisk have been identified by the Disability Equity Collaborative’s stakeholders as priority items.

Disability Accommodations Examples

Accommodation Category and Definition	Accommodation Examples	
	Outpatient or Inpatient	Inpatient Only
<p>Adapting a policy or process: Modifications made to policies, processes, workflows, and/or systems.</p>	<ol style="list-style-type: none"> 1. Rooming and scheduling 2. Minimize wait time once patient arrives 3. *Allow patient to wait in a quiet area 4. Schedule appointments at times of day with limited waiting or delays (e.g., first appointment of the day) 5. *Longer appointment times or appointments scheduled for end of day 6. Private space or room when possible 7. If multiple appointments, schedule together or consider patient travel times to and within facility 8. *Allow service animals in facility 9. *Allow support person to stay with the patient 10. Allow patient to remain in personal clothing 11. Alternative placement for ID band 12. Gender preference for healthcare provider 13. Procedure adaptations <ol style="list-style-type: none"> a. Needle alternative 14. Minimal number of providers and staff in room (consistent staff and low numbers) 15. Adapted care plan <ol style="list-style-type: none"> a. Personalized care plan b. Care passport 	N/A

<p>Provide a “thing”: Items provided to or used to accommodate a patient with a disability.</p>	<ol style="list-style-type: none"> 1. Transfer board 2. Transfer belt 3. Facility wheelchair 4. *Communication boards (e.g., word boards, picture board, letter/alphabet boards) 5. White board and dry erase marker 6. Text-to-speech apps and speech-to-text apps 7. *Verbal instructions and communications in writing 8. Alternative appointment reminders <ol style="list-style-type: none"> a. Text b. Phone call c. Email d. Contact another person (e.g., parent, adult son or daughter, spouse) 9. Picture schedules or social stories 10. *Amplification device (e.g., sound amplifier, voice amplifier, portable hearing loop) 11. *Clear masks 12. *Print or written materials in alternative formats: <ol style="list-style-type: none"> a. Pictures b. Plain language c. Audio d. Video e. Electronic Large print f. Braille 13. Auditory or adaptive pill bottles 14. Signature guides 15. *Magnifiers, including full page magnifiers 16. Electronic Materials <ol style="list-style-type: none"> a. Screen readers b. Audio description of video informational materials c. Audio treatment summary and instructions 17. *Noise cancelling headphones 18. *Sensory fidgets 19. *Sunglasses 20. Vibrating pagers for check-in 21. Bump dots 22. Writing guide kits, bold lined paper 	<ol style="list-style-type: none"> 1. Adaptive phone <ol style="list-style-type: none"> a. Captioned phone b. Amplified phone c. Video phone d. Phone amplifier e. Braille phone f. Relay phone g. Large buttons 2. Bathroom equipment <ol style="list-style-type: none"> a. Bedside commode b. Raised toilet seat c. Shower chair 3. Adaptive silverware
<p>Provide a service: Additional service(s) and associated staff scheduled during a patient’s visit.</p>	<ol style="list-style-type: none"> 1. Lift (Hoyer or Ceiling track) 2. *Accessible medical diagnostic equipment: 3. Height adjustable exam table 4. Accessible weight scale 5. Knee crutch stirrups for exam table in gynecologic exam room 6. Radiology equipment 7. Bariatric wheelchair 	<p>N/A</p>

<p>Scheduling a patient where an accommodation is located: Equipment or device(s) that are not portable and require the patient to be scheduled/moved to the equipment.</p>	<ol style="list-style-type: none"> 1. *Lift (Hoyer or Ceiling track) 2. *Accessible medical diagnostic equipment: <ol style="list-style-type: none"> a. Height adjustable exam table b. Accessible weight scale c. Knee crutch stirrups for exam table in gynecologic exam room d. Radiology equipment <p>Bariatric wheelchair</p>	<ol style="list-style-type: none"> 1. Bariatric bed
<p>Change in clinician/staff interaction style (effective communication): Staff and clinician adapt their communication and interaction style.</p>	<ol style="list-style-type: none"> 1. *Ask the patient how best to communicate with them 2. Allow extra time for patient to speak 3. Speak slowly 4. Look directly at the patient when speaking/listening 5. Use age-appropriate language 6. Use plain language 7. Write down key words <p>Explain examinations and procedures before performing them. Ask for permission and announce before touching the patient.</p>	<p>N/A</p>
<p>Staff provide assistance: Staff assists and supports the patient with tasks or activities related to their care</p>	<p>Staff available to assist with:</p> <ol style="list-style-type: none"> 1. *Reading, notetaking, or completing written forms 2. Reading written information aloud in private location 3. Patient kiosks 4. Changing clothes 5. *Navigating within facility 6. Push wheelchair 7. *Physical transferring 8. *Positioning on exam table, imaging equipment, or other surfaces 9. *Procedural support (e.g. tapping the patient to hold still during MRI) 10. Room orientation 	<ol style="list-style-type: none"> 1. *Activities of daily living (ADLs) <ol style="list-style-type: none"> a. Eating b. Dressing c. Bathing
<p>Modify the environment Changes made to the patient's surroundings</p>	<ol style="list-style-type: none"> 1. *Low noise 2. *Low odor 3. *Low light 4. Bright light 	<ol style="list-style-type: none"> 1. *Adaptive call lights 2. *Visual tactile alert systems

*High-priority accommodations. When creating an accessibility program or identifying the first accommodations your organization will provide, start with those denoted with an asterisk.

Patient Disability Items

Below is a list of personal items, medical devices, or supports a patient may bring to a healthcare facility to accommodate their disability(ies). Like other personal belongings, such as clothing or medications brought from home, personal disability-related items should be documented in the electronic health record. Care might need to be adapted if a patient brings these items. For example, if a patient brings their power wheelchair to their appointment, staff will need to ensure the patient is in a room large enough to maneuver.

These items are typically not provided by healthcare organizations as disability accommodations. Patient disability items may include:

- Prescription glasses
- Hearing aid(s)
- Service animal
- Support animal
- Companion
- Certain mobility devices
 - Power wheelchair
 - Motorized scooter
 - Crutches
 - Orthopedic equipment
 - Prosthetics
 - Cane
 - Walker
- White cane
- Braille device
- Specific communication devices, such as an augmentative and alternative communication (AAC) tablet
- Screen reader

While these items are not usually provided by healthcare organizations as disability accommodations, remember that under the Americans with Disabilities Act, **patients cannot be required to provide or cover the cost of reasonable disability accommodations.**

Regardless of whether a patient brings a personal disability item, it remains your organization's responsibility to provide reasonable accommodations that facilitate access to care.

For example, if a patient with a disability is accompanied by a caregiver, the caregiver cannot be enlisted or expected to help staff transfer the patient to an exam table. While a patient may request that their caregiver assist, it is solely your organization's responsibility to ensure staff are trained and prepared to safely transfer patients with disabilities.



Appendix 0.9

*Disability
Accommodations
Inventory Table*

ADAPTING A POLICY OR PROCESS

	Process for patient to request	Process for alerting staff & clinicians	What is the workflow process to provide?	How will you document the policy/process adaptation was provided?	How will you let patients know it is available?	How will you train staff to implement?
Example: Wait in private room rather than waiting room	<i>Patient can request at scheduling or check-in</i>	<i>Front desk can notify at morning huddle or when patient checks in</i>	<i>QI will develop and test the workflow.</i>	<u>Document in EHR under</u> _____	<i>Provider can inform during visit for next visit, front desk can offer at check-in, scheduler can offer when scheduling patient</i>	<u>QI team will train during staff meeting and repeat every 6 months</u>

PROVIDING A “THING”

	How many available?	Process for patient to request	Process for alerting staff and clinicians	Who will provide the accommodation?	How will you document the “thing” was provided?	Who will clean and maintain?	Where will it be stored?	How will equipment be ordered and paid for?	How will you let patients know it is available?	How will you train staff to use?
<i>Example: Assistive Listening Devices</i>	2	<i>Patient can request at scheduling or check-in</i>	<i>During morning huddle, MA will be notified</i>	<i>MA when rooming the patient</i>	<i>Note to be documented in _____</i>	<i>MA will clean and office manager will replace batteries monthly</i>	<i>Store room – top shelf</i>	<i>Office manager will order and pay out of general operating funds</i>	<i>Front desk and MA will offer</i>	<i>Office manager will train 2x per year at all clinic meeting</i>

PROVIDING A SERVICE

	Process for patient to request	Process for alerting staff and clinicians	What is the workflow process to order?	How will you document the service was provided?	How will you let patients know it is available?	How will you train staff to use?
<i>Example: ASL Interpreter</i>	<i>Patient can request at scheduling or check-in</i>	<i>Front desk can notify at morning huddle or when patient checks in</i>	<i>QI will develop and test the workflow.</i>	<u><i>Document in EHR under _____</i></u>	<i>Provider can inform during visit for next visit, front desk can offer at check-in, scheduler can offer when scheduling patient</i>	<u><i>QI team will train during staff meeting and repeat every 6 months</i></u>

SCHEDULING WHERE AN ACCOMMODATION IS LOCATED

	How many available?	Process for patient to request	Process for alerting staff and clinicians	How will you schedule patients where the item is?	How will you document the scheduling was provided?	Who will clean and maintain?	Do you need any extra staff assistance to use?	How will equipment be ordered and paid for?	How will you let patients know it is available?	How will you train staff to use?
<i>Example: Hoyer Lift</i>	1	<i>Patient can request at scheduling</i>	<i>During morning huddle, MA will be notified</i>	<i>MA when rooming the patient</i>	<i>Note to be documented in _____</i>	<i>MA will clean during standard cleaning</i>	<i>In exam room _____</i>	<i>Office manager will order and pay out of general operating funds</i>	<i>Front desk, MA and provider can offer</i>	<i>Lead MA will train all new staff</i>

CHANGE IN CLINICIAN/STAFF INTERACTION STYLE

	Process for patient to request change	Process for alerting staff and clinicians	How will you document the change in interaction style/environmental modification was provided?	How will you let patients know it is available?	How will you train staff to implement?
<i>Example: Ask the patient how best to verbally communicate with them</i>	<i>Patient can request at scheduling or check-in</i>	<i>Front desk can notify at morning huddle or when patient checks in</i>	<i>QI will develop and test the workflow.</i>	<u>Document in EHR under</u> _____	<i>Provider can inform during visit for next visit, front desk can offer at check-in, scheduler can offer when scheduling patient</i>

STAFF PROVIDE ASSISTANCE

	Process for patient to request	Process for alerting staff and clinicians	What is the workflow process to provide?	How will you document the assistance was provided?	How will you let patients know it is available?	How will you train staff to provide assistance?	What staff will provide the assistance?	Is there a process to make sure the sufficient number of staff are available to provide accommodation?
<i>Example: Assistance with transferring</i>	<i>Patient can request at scheduling or check-in</i>	<i>Front desk can notify at morning huddle or when patient checks in</i>	<i>QI will develop and test the workflow.</i>	<i><u>Document in EHR under</u></i> _____	<i>Provider can inform during visit for next visit, front desk can offer at check-in, scheduler can offer when scheduling patient</i>	<i>QI team will train during staff meeting and repeat every 6 months</i>	<i>MA's will provide the transfer – additional assistance from office manager, front desk and back office if needed</i>	<i>3 MA's are always on duty, additional assistance can be provided by office manager, front desk and back office</i>

MODIFY THE ENVIRONMENT

	Process for patient to request	Process for alerting staff and clinicians	How will you document the change in interaction style/environmental modification was provided?	How will you let patients know it is available?	How will you train staff to implement?
<i>Example: Low light</i>	<i>Can request at scheduling or check-in</i>	<i>Front desk can notify at morning huddle or when patient checks in</i>	<i>QI will develop and test the workflow.</i>	<u><i>Document in EHR under</i></u> _____	<i>Provider can inform during visit for next visit, front desk can offer at check-in, scheduler can offer when scheduling patient</i>



Appendix 0.10

Leadership Support

Below is a list of example individuals who could be included when gathering support to start or build accessibility initiatives in a healthcare organization.

- C-Level Executives
 - Chief Executive Officer
 - Chief Financial Officer
 - Chief Operating Officer
 - Chief Medical Officer
 - Chief Medical Information Officer
 - Chief Information Officer
- Nursing leaders
- Diversity, equity, and inclusion directors
- Hospital administrators
- Inpatient- and outpatient-specific leadership
- Disability Accessibility Coordinators (ADA, 1557, and/or 504)
- Directors from the following departments:
 - Human Resources
 - Compliance/legal/regulatory
 - Patient experience
 - Information Technology
 - Construction or design
 - Materials management (for purchasing equipment)
 - Language services
 - Interpreting services
 - Patient safety/quality officers
 - Patient registration and call centers
 - Security
 - Social work
 - Rehabilitation
 - Parking
 - Public Affairs
 - Patient advocates (within hospital systems)
 - Patient Navigators and Community Health Workers
 - Volunteer services
- Patient and family advisory committees and councils
- Employee resource groups
- Foundation lead