



Appendix 5.11

Accessible MDE Barriers and Strategies

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Below is a list of potential barriers that may be encountered when implementing a plan to purchase and use accessible medical diagnostic equipment (MDE). 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 the [Expert Recommendations for Implementing Change \(ERIC\) Discrete Implementation Strategies Table](#) for descriptions of each strategy.

Category of Barrier	Barriers to Purchasing and Implementation Accessible MDE	Possible Implementation Strategies
Leadership, staff, and provider attitudes	Not seen as priority Not viewed as required Not viewed as valuable	- Identify and prepare champions who can emphasize the necessity of providing accessible MDE with their colleagues - Promote adaptability: Identify ways the process of providing access to MDE can 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 requirements, implications for patient satisfaction, patient and workforce safety, etc. - Use reminders (electronic health record alerts, signs) - Audit and provide feedback - Kudos to high performing staff/clinicians/sites
	Insufficient buy-in or being "voluntold"	- Identify and prepare champions - Promote adaptability - Educate/train on legal requirements, implications for patient satisfaction, patient and workforce safety, etc. - Collect data on health and healthcare outcomes and patient experience - Use reminders (electronic health record alerts, signs) - Audit and provide feedback - Kudos to high performing staff/clinicians/sites
Staff and provider knowledge and comfort	Lack of knowledge about disability competency/barriers faced in healthcare	- Identify and prepare champions - Provide ongoing consultations and check-ins - Educate/train on disparities, legal requirements, implications for patient satisfaction, patient and workforce safety, etc.
	Hesitant/discomfort with offering	- Assess staff readiness for using accessible MDE and identify local barriers/factors contributing to hesitancy - Workflow mapping - Identify and prepare champions - Provide ongoing consultation and check-ins - Establish centralized technical assistance (i.e., how

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		- to use certain equipment) - Educate staff on available equipment and processes for requesting/scheduling a patient where it's located - Provide staff and providers with tools (e.g., scripts, cheat sheets, quick guides) - Use reminders (electronic health record alerts, tents, signs) - Audit and provide feedback - Kudos to high performing staff/clinicians/sites - Patient-facing educational materials listing what equipment is available - Identify early adopters
	Lack of awareness that patients need accessible MDE to receive care	- Identify and prepare champions - Provide ongoing consultation and check-ins - Provide training on use of accessible MDE - Educate staff on legal requirements, implications for patient satisfaction, patient and workforce safety, etc. - Use reminders (EHR alerts, tents, signs)
	Lack of knowledge about how to use accessible MDE	- Establish centralized technical assistance - Provide training on use of accessible MDE - Use train-the-trainer strategies - Provide ongoing consultation and check-ins - Identify and prepare champions - Identify early adopters - Audit and provide feedback - Provide staff and providers with tools (scripts, cheat sheets, quick guides) - Use reminders (EHR alerts, tents, signs)
Workflow and logistics	Challenges coordinating across departments and roles (to install new and replace existing equipment)	- Designate a formal implementation team - Develop policies/standards for procurement and replacement - Workflow mapping - Promote adaptability - Provide ongoing consultation and check-ins - Establish centralized technical assistance - Provide training - Promote network weaving by strengthening relationships and collaboration within and outside of the organization, departments, or units
	Limited time, budget and resources available	- Conduct needs assessment - Reexamine the implementation plan - Workflow mapping - Identify and prepare champions - Promote adaptability - Provide ongoing consultation and check-ins - Establish centralized technical assistance - Use reminders (EHR alerts, tents, signs) - Provide staff and providers with tools (scripts, cheat sheets, quick guides)

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		• Relay clinical data to responsible individuals/roles/leadership • Review staff performance data to inform changes • Audit and provide feedback • Reallocate resources or advocate to reallocate resources with leadership • Access new funding (e.g., identify internal and external grant opportunities for equipment purchases) • Use data to document need via patient experience surveys and EHR data (see Chapter 2: Documenting Disability Status and Accommodation Needs)
	Not assigned responsibility for tasks	• Change record systems/EHR • Designate a formal implementation team • Designate staff team who assist with transferring • 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
Patient-level challenges	Patients are unaware that they have the right to accommodations	• Workflow mapping • Use reminders (EHR alerts, tents, signs) • Promote adaptability • Establish centralized technical assistance • Provide training to staff on what accommodations are available in the organization and how to share with patients • 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/consumers and family feedback
	Patients are unsure what accommodations are available	
	Patients are unsure what accommodations would benefit them	
	Patients don't know how to request accommodations	