



Appendix 6.2

Physical Structures Needs Assessment

Instructions:

- This assessment can be completed by anyone at any point in designing or constructing accessible physical structures. Questions that are not applicable to your organization or clinic can be skipped.
- Please note that Needs Assessments are long processes that require input and commitment from multiple partners within the organization and community to develop a robust and sustainable plan.

Current State of Structural Accessibility

This section will help you capture the current structural accessibility of your organization or clinic.

Background

1. What is the motivation driving the desire to improve the accessibility of your organization's physical space(s)?
 - Legal compliance
 - Lawsuit
 - Patient complaint
 - Adherence to accreditation standards
 - Improve quality of care and patient experience for people with disabilities
 - Other:
 - a. Are there specific populations you are focused on (e.g., people with physical disabilities, visual disabilities)? If so, why?
 - b. Are there certain settings you are focused on (e.g., public spaces such as lobbies and cafeterias, private spaces such as exam rooms)? If so, why?
 - c. Are you focused on new construction, modifying existing facilities, or both? Why?
2. What is the desired outcome of improving the accessibility of the environment and physical space?
3. How does constructing a more accessible space align with current organizational priorities and initiatives (e.g. quality and safety; upcoming building expansion)?
4. What, if any, leadership support is there for environment and physical space improvements at your organization? What levels of support do you need (C-Suite, Director(s), Manager(s), etc.)?

5. What, if any, regulatory requirements are there for the accessibility of the environment and physical space (e.g., ADA Standards, Joint Commission Excellent Health Outcomes for All Certification, CMS requirements, state-level requirements etc.)?

Accessibility Survey

1. Has your facility(ies) been surveyed for compliance with ADA Standards? If so:
 - a. When was the survey conducted?
 - b. Who completed the survey?
 - Internal staff (specify individual or department)
 - External firm or consultant (specify who)
 - Other:
 - c. What survey was used?
 - [ADA Checklist for Existing Facilities](#) (2010 Standards)[↗]
 - [Checklist for Readily Achievable Barrier Removal](#) (1991 Standards)[↗]
 - State-specific checklist
 - Other:
2. Has a barrier removal plan or deferred maintenance list been created for your facility(ies)?
3. What year was your facility built? This will determine which version of the ADA Standards applies.
 - Pre-1990? (likely a need for significant upgrades)
 - 1991-2012? (likely a need for moderate upgrades)
 - 2012 – present? (likely only needs minor upgrades)
4. What service lines are housed in your facility(ies)? Certain medical specialties have needs that exceed code minimums, such as:
 - Rehabilitation
 - Physical therapy
 - Orthotics/Prosthetics
 - Geriatrics
5. Is there a budget for conducting code compliance surveys?
 - a. What types of budgets exist?
 - b. Whose budget is used?

- c. What types of initiatives or supplies are covered by that budget?

Existing Facilities

1. Describe the general quality and value of the facility(ies). For example, are there problems with the building beyond accessibility (i.e., layout does not support modern medical equipment, mold, HVAC issues, etc.)? If yes, consider:
 - a. Pursuing a “real-estate solution” (selling the building, moving out and leasing a newer, code-compliant building).
 - b. Demolishing and building new, rather than investing in extensive accessibility upgrades for a building near the end of its useful life.
2. Are there any specific departments, spaces, facilities, or rooms within your organization that were intentionally designed with accessibility in mind and can be a model for your organization?
 - a. What types of disability do these spaces support?
3. Is the structural design of the existing clinic/floor/department/exam rooms “functionally” accessible? For example:
 - a. How far is the waiting room from where patients are called back for their appointment?
 - b. In exam rooms, is there space for a caregiver? Is there space for a clinician to face the patient during the appointment to facilitate communication?
4. Are there any non-accessibility construction projects for this facility(ies) currently happening or in the planning stages that can be leveraged for increasing accessibility? Examples include:
 - Radiology upgrades
 - Change of medical group or specialty
 - New Parking Lots / Upgrades
 - Energy/sustainability upgrades
 - Other:
 - Are the teams responsible for these projects aware of the ADA’s requirements for additions and alterations to primary function areas in existing facilities? (See [Chapter 2: Alterations and Additions](#)⁷ of the Guide to the ADA Accessibility Standards.)
5. Are there non-structural accessibility initiatives that can be completed or planned for during the project period?

- a. [See Chapter 3: Providing Accommodations](#)⁷ for guidance on operationalizing reasonable accommodations policies.
 - b. See [Chapter 5: Accessible Medical Diagnostic Equipment](#)⁷ for guidance on auditing, procuring, and implementing accessible MDE in a facility/clinic/unit.
6. Is the clinic/unit/facility due for upgrades that are not accessibility related? An accessibility project may present the opportunity to address other updates, including replacing defrayed carpeting and cabinetry, check-in counters, outdated furniture, etc.)
7. In addition to federal ADA Standards, what accessibility-related state and/or local building codes apply to your organization? (*NOTE: Some states have their own accessibility codes. When state and local building codes differ, the standard with the highest level of accessibility applies.*)
 - a. Is there an internal standard or process for incorporating accessibility requirements into all remodels, renovations, or structural upgrades?
8. What are the known accessibility barriers in your facility(ies)? Examples include (see Appendix 6.9: *Physical Structures Barrier Removal Guidance* for more):
 - o Force required to open doors
 - o Inadequate parking
 - o Undersized exam/treatment rooms, e.g., insufficient space to maneuver, house accessible medical diagnostic equipment, or transfer to that equipment
 - o Steep sidewalks or other exterior areas
 - o Lack of access to amenities such as cafeteria or meditation gardens, etc.
 - o Other:
 - a. How was your organization made aware of these barriers?
 - o Accessibility survey results
 - o Patient complaints
 - o Staff observations
 - o Other:
9. Is there a budget for readily achievable barrier removal?
 - a. What types of budgets exist?
 - b. Whose budget is used?
 - c. What types of initiatives or supplies are covered by that budget?
10. Does your organization have internal funding request or capital project proposal deadlines?

11. Are people with disabilities and/or accessibility experts consulted when designing/planning structural projects?

New Construction

1. In addition to federal ADA Standards, what accessibility-related state and/or local building codes apply to your organization?
 - a. Is there an internal standard or process for incorporating accessibility requirements into all new construction projects?
2. Does your organization have customized design standards for common spaces? If so, was accessibility considered when designing those standards?
3. What service lines will be housed in the facility(ies)? Certain medical specialties have needs that exceed code minimums, such as:
 - Rehabilitation
 - Physical therapy
 - Orthotics/Prosthetics
 - Geriatrics
4. Is there a budget for new capital projects?
 - a. Is there a campus masterplan that can provide guidance/funding sources?
 - b. What types of budgets exist?
 - c. Whose budget is used?
 - d. What types of initiatives or supplies are covered by that budget?
5. Are people with disabilities and/or accessibility experts consulted when designing/planning structural projects?

Maintenance

1. Is there a process to follow-up after new construction, renovation, or remodeling to confirm that the building does indeed meet the applicable ADA Standards?
2. Is there a process or workflow for monitoring the facility for accessibility-related repairs?

- a. Who is responsible for identifying repairs?
 - Front desk staff
 - Practice manager
 - Other:
- b. Who is responsible for completing repairs?
 - Maintenance
 - Facilities management
 - Other:
3. Is there a process for patients to provide feedback on the accessibility of a facility?
4. Is there a budget for maintenance and management of accessibility features?
 - a. What types of budgets exist?
 - b. Whose budget is used?
 - c. What types of initiatives or supplies are covered by that budget?
5. Are there hours or days that a building is unoccupied?
 - a. If yes, could this time be used to complete construction, installation, or maintenance?

Training

1. What trainings are available for staff on the accessibility of the built environment and its physical structures?
2. What trainings are available to promote staff and clinicians awareness of and how to use (if applicable) accessibility features?
3. What trainings are available for staff to maintain the accessible environment?
 - a. What do trainings cover?
 - b. Do trainings differ by role?
 - c. How often are trainings conducted?

People

1. Who might be your champions?
 - Disability Coordinator (could be: “ADA Coordinator”, “Section 1557 Coordinator” or “Disability Accessibility Coordinator”)
 - Clinician champion(s)
 - Practice managers
 - Facilities staff
 - a. If not, do you have someone who is willing to lead this work?
2. Who in your organization might have expertise on or have already been involved in a project to improve the structural accessibility of a space, such as a Rehabilitation department?
3. Is there a department typically responsible for capital projects, including architecture, engineering (e.g., structural, mechanical, plumbing, fire protection), accessibility specialists, or construction?
4. Is there a department typically responsible for facility maintenance and repairs?
 - a. How does this differ in each setting, including parking, entryways, lobbies, hallways, toilet rooms, exam rooms, elevators, and public spaces?

Institutional Support

1. What initiatives exist for improving patient mobility and access within your facility(ies), potentially including patients with disabilities?

Identify Gaps and Struggles

This section will help you identify existing gaps and opportunities for future initiatives.

Based on the above information, describe your organization's:

1. Strengths: What internal factors exist that could facilitate accessibility-related structural improvements at your organization?
2. Weaknesses: What internal barriers exist that inhibit accessibility-related structural improvements at your organization?
3. Opportunities: What favorable external factors exist that could promote accessibility-related structural improvements at your organization?
4. Threats: What external factors exist that have the potential to inhibit the success of accessibility-related structural improvements at your organization?