



Chapter 5

Accessible Medical Diagnostic Equipment

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Orientation to Accessible Medical Diagnostic Equipment Chapter

This document is one chapter of a broader Implementation Guide on providing accessible healthcare to people with disabilities. The chapter will guide you providing accessible medical diagnostic equipment (MDE) at your clinic or organization. The information in this chapter is a synthesis of existing research and learnings from health systems across the country. It is intended to provide guidelines adaptable to your local context.

This chapter includes: 1) an introduction to the topic, 2) six steps for implementation, and 3) a variety of appendices. Under each step, the **Actions and Tasks** section outlines best practices and questions to consider while implementing accessible MDE at your organization. The **Materials and Resources** section lists the relevant appendices, which include worksheets, templates, examples, and other resources to assist you in completing the **Actions and Tasks** of each implementation step.

Appendices can also be used independently. For example, you could use Appendix 5.4: *Accessible MDE Costs and Funding* if you're looking for potential funding sources to upgrade your equipment.

The availability of accessible MDE is just one part of creating an accessible healthcare space that ensures patients with disabilities have equal access to care. An accessible space is one that considers the built environment, wayfinding, sensory needs, *and* MDE. As such, we are creating three other chapters to support healthcare organizations in ensuring accessible environments and physical spaces:

1. **Chapter 6: Accessible Physical Structures and Features**
2. **Chapter 7: Wayfinding (*Coming Soon*)**
3. **Chapter 8: Sensory Friendly Environments & Experiences (*Coming Soon*)**

This chapter is intended to give organizations a starting point when auditing, procuring, or monitoring replacement of MDE. This chapter does not replace legal counsel. Work closely with your compliance, legal, risk, and facilities departments to ensure your specific legal obligations are met.

Introduction to Accessible Medical Diagnostic Equipment

Medical diagnostic equipment (MDE) is equipment used in, or in conjunction with, medical settings by healthcare providers for diagnostic purposes, including exam tables and chairs, weight scales, mammography equipment, and x-ray machines. MDE is integral to preventative screening and healthcare delivery.

Standard MDE is largely inaccessible to people with disabilities, contributing to significant disparities in healthcare outcomes, low preventative screening rates, and outright denials of care. Most mammography machines, for example, require a patient to stand, and standard weight scales are not large enough to accommodate a wheelchair. Having accessible MDE available is essential to deliver equal access to care to patients with disabilities.

What is “accessible” MDE?

Accessible MDE refers to MDE that is designed to be usable by people with disabilities. Accessible MDE aids providers in delivering the same care to a patient with a disability(ies) that they would to a patient without. Examples of accessible MDE include adjustable-height exam tables and chairs, wheelchair-accessible weight scales, accessible standing scales (e.g., with handrails), and accessible imaging equipment (e.g., allows patient to sit). Examples of accessible MDE are listed on the [U.S. Access Board website](#).⁷

Who needs accessible MDE?

Any person who faces physical barriers to receiving care via standard MDE, whether that be difficulty transferring onto an exam table, positioning for imaging, or standing on a scale, may benefit from accessible MDE. Patients with mobility disabilities and older adults are likely to receive higher quality care when accessible MDE is used.

What are the legal requirements for accessible MDE?

Under the Americans with Disabilities Act and Section 504 of the Rehabilitation Act, no person with a disability shall be denied access to care that requires MDE because that MDE is not readily accessible or usable by them. See [Appendix 0.3: Federal Requirements for Providing Accessible Care](#)⁷ in the General Resources section for the specific requirements.

Can our organization have one “accessible” clinic with all of the accessible MDE?

Yes and no. If you are building a new or expanding an existing location that will require purchasing or leasing new equipment, you must meet required scoping for accessible MDE. For all other locations, see [Appendix 5.8: Accessible MDE Location Decision-Making Tree](#) to determine if the site may qualify as “non-compliant” with a “designated accessible location” for its service line/department. Keep in mind that a designated accessible location must have capacity to care for the increased number of patients without disruptions to wait times, care quality, and patient safety.

Steps to Implement Accessible Medical Diagnostic Equipment

Step 1: Develop Leadership Support

When implementing any new accessibility initiative at your organization, earning buy-in from leadership is essential. Ordering new and paying for the replacement of existing MDE can be especially costly. Leadership support at the organization and location levels are critical.

Actions and Tasks

1. Identify what types of leadership support and buy-in you will need.
 - a. Do you need buy-in from organization- or system-level leadership?
 - b. Who will ultimately approve equipment purchases at the clinic/department/facility level?
2. Identify potential champions across your organization.
 - a. Often, champions are individuals who work in disability specific disciplines (e.g., rehabilitation), are people with disabilities, or are people who have family members with disabilities.
3. Identify how prioritizing accessible MDE will fit within your organization's existing priorities and initiatives (e.g., accessibility program, health equity, quality and safety, patient experience goals, etc.).
4. Work with your legal team to determine the legal regulations that apply to your organization (ADA/Section 504 standards, state-level requirements, etc.)
5. Create necessary charters, strategic plans, and presentations to garner leadership support.
 - a. Identify potential concerns leadership may have (e.g., cost, disruptions to clinical operations) and possible solutions.

Materials and Resources

- [Appendix 0.3: Federal Requirements](#)[↗]
- [Appendix 0.10 Leadership Support: Key Individuals](#)[↗]
- [Appendix 5.4: Accessible MDE Costs and Funding](#)
- [New Medical Diagnostic Equipment Accessibility Requirements: What Healthcare Systems Should Know](#)[↗]

**Appendices 0.3 and 0.10 can be accessed in the General Resources section.*

Step 2: Identify Implementation and Leadership Team

The implementation team will be responsible for designing, leading, and monitoring the use of accessible MDE across your organization. Your team *must* include people across different departments to secure necessary approvals; implementing accessible MDE has clinical, patient safety, operational, facilities, and compliance implications.

Actions and Tasks

1. Identify the implementation team for auditing, procuring new, installing, and removing outdated MDE.
 - a. Include people across different departments and units within your organization.
 - b. Include leadership and others who have the authority to make changes and approve expenditures.
 - c. Include staff who will be doing the work to ensure patients receive care via accessible MDE. They know their clinic workflows and can help pilot the project. This will also help with buy-in and sustainability will be more attainable.
 - d. Consider starting with a team at a pilot site or single clinic to work through challenges before expanding to the entire organization or managing several projects at once.
2. Determine how you will include patient perspectives.
 - a. Will you include people with disabilities on your implementation team?
 - b. Will you convene a patient advisory board?
 - c. Will you conduct a patient experience survey?
 - d. Will you engage disability community organizations?
3. Determine the implementation team meeting structure.
 - a. How often will the team meet?
 - b. Is this a project that will be part of an existing procurement, facilities, or quality improvement team? Or embedded within another team?
4. Identify champion(s) for the project. Who is this person(s) going to be?
 - a. Are they able to implement changes?
 - b. Consider including both a clinical and non-clinical champion.
 - c. Is there someone at the *system level* with whom you can partner? For example, a Disability Coordinator or your organization's ADA Coordinator is often already responsible for monitoring patient complaints and compliance.
5. Establish common goals for team.
 - a. Ensure that it fits within organizational goals and regulatory deadlines.
 - b. Use SMART Goals (Specific, Measurable, Attainable, Realistic, and Time-bound).

Materials and Resources

- [Appendix 0.6: Project Planning](#)[↗]
- [Appendix 5.1: Accessible MDE Implementation Team](#)
- [Appendix 5.3: Accessible MDE Implementation Planning Worksheet](#)
- [Appendix 5.11: Accessible MDE Barriers and Strategies](#)

**Appendix 0.6 can be accessed in the General Resources section.*

Step 3: Needs Assessment

Using Appendix 5.2: Accessible MDE Needs Assessment, identify if and where accessible MDE exists across your organization.

Actions and Tasks

1. Review your organization's equipment procurement request policies. Identify internal funding request deadlines and create timelines to prepare for budget requests when needed.

TIP: Align requests for accessible MDE with existing organization/clinic/department/unit equipment procurement processes, timelines, or request windows. This can minimize costs by ensuring newly acquired equipment choices are accessible from the start.

2. Determine if your organization maintains an inventory of all available MDE. If so:
 - a. Obtain reports from the responsible department on current equipment models available across sites and departments. Research whether those models include accessibility features/accessories.
 - b. Consider working with the team responsible for the inventory to incorporate equipment accessibility features. See the [Standards for Accessible MDE](#)⁷ to learn what features of certain MDE are considered accessible.

TIP: If your organization does not have a centralized inventory of available MDE, this work is an opportunity to create one. Maintaining an up-to-date inventory can prevent delays in patient care, duplicate buying, and help track maintenance needs.

3. Before creating a new inventory or incorporating accessibility information in an existing one, consider:
 - a. Will you hire an external firm or consultant to audit available MDE facility-wide? If so, what is the budget?
 - b. If conducting the audit internally:
 - i. Who/what team will be responsible?
 - ii. How many hours will be dedicated to conducting the audit?
 - iii. What training or information is needed to conduct the audit accurately (e.g., education on the Standards for Accessible MDE)?
 - c. What is your data management plan?
 - i. Is there an existing template you can adapt to track recorded measurements and other data?
 - ii. How will you track changes that occur while you are completing the inventory process, i.e., if equipment is replaced?
4. With your data management plan in place, survey sites and departments for current equipment status, including what equipment is available and any accessibility features they have (see Appendix 5.5: *Accessible MDE Inventory Survey*). Visit sites as needed to confirm current equipment and their accessibility features.

5. Engage with other healthcare organizations to understand how they manage accessible MDE, including what is and isn't working for them. Consider joining the Disability Equity Collaborative's Leaders workgroup to create a peer network.

Materials and Resources

- [Appendix 5.2: Accessible MDE Needs Assessment](#)
- [Appendix 5.5: Accessible MDE Inventory Survey](#)
- [Disability Equity Collaborative's Leaders workgroup](#)⁷

Step 4: Determine What, How, When, and Who Will Implement

Part A: Compliance and Procurement Policy

Consider working with your legal/compliance team to create a written plan demonstrating your organization's roadmap or progress towards compliance with the Section 504 Standards for Accessible MDE. Additionally, consider drafting an accessible MDE procurement policy to ensure compliance is maintained as equipment is replaced over time or when new clinics/locations are acquired or built.

Actions and Tasks

1. Establish the team responsible for developing your organization's accessible MDE compliance plan. Include a member of your organization's legal/compliance department.
 - a. Will this team be different from your implementation team?
 - b. Identify who will review drafts and ultimately approve of the plan.
2. Referencing your inventory, identify the scope of the project. Consider if the compliance plan will apply organization-wide or will vary by clinic.
 - a. Calculate organization-wide and clinic-specific progress towards scoping goals, with the baseline being 10% (minimum scoping requirement), or no less than one per location/clinic.
 - b. Identify high-priority clinics/locations for each equipment type, including those that primarily treat mobility conditions (such as, but not limited to, Rehabilitation, Orthopedics, Neurology, Geriatrics) or routinely use a specific equipment type to deliver care. See Appendix 5.6: *Accessible MDE Sample Priority Replacement Plan* for more guidance.
 - i. Set higher scoping targets for these clinical practices, with the baseline being 20% (minimum scoping requirement for facilities that specialize in treating mobility impairments).
 - c. Consider if all clinics/locations in your health system will need accessible MDE, if equipment will be shared between multiple clinics/departments, or if your clinic will have designated accessible clinics/locations. See Appendix 5.8: *Accessible MDE Location Decision-Making Tree* for more guidance.
3. Consult with your legal and/or compliance team to create a procurement policy. Review legal, regulatory, and accreditation requirements to determine what must be included.

- a. Will this be its own policy, or embedded in an existing MDE procurement/replacement policy?
 - i. If embedded in an existing policy, include vendors offering accessible MDE on any allowed vendors list.
4. Develop processes to ensure that when any existing inaccessible equipment is replaced, they are replaced with accessible/compliant equipment until full scoping is met. These processes can be system- or clinic-level.

Materials and Resources

- [Appendix 5.1: Accessible MDE Implementation Team](#)
- [Appendix 5.3: Accessible MDE Implementation Planning Worksheet](#)
- [Appendix 5.6: Accessible MDE Sample Priority Replacement Plan](#)
- [Appendix 5.7: Accessible MDE Standards for Procurement and Replacement](#)
- [Appendix 5.8: Accessible MDE Location Decision-Making Tree](#)

Part B: Equipment

Reference your completed Needs Assessment and inventory to determine what inaccessible MDE at your organization must be replaced, what can be retrofitted, what budgets will fund this work, and how the equipment will be used.

Actions and Tasks

1. Identify equipment models that will replace existing inaccessible equipment.
 - a. Can any equipment models satisfy multiple requirements simultaneously? For example, if a clinic is in need of a height-adjustable exam table and wheelchair-accessible scale, purchasing a height-adjustable exam table with a built-in scale would satisfy both compliance needs.
2. Identify the accessories (i.e., patient/transfer support rails, handrails, after-market compliance kits, etc.) you will purchase for otherwise compliant equipment.
3. Identify what accommodations your organization will purchase and provide to ensure equal access to equipment that cannot be made accessible.
4. Plan how new MDE will be purchased, including which budget(s) will fund them.

TIP: Consider bulk ordering selected equipment to a central location and internally distributing MDE where needed. This can reduce shipping/freight costs or lower per item costs in purchasing agreements with vendors.

5. Consider:
 - a. Who will purchase the necessary equipment?
 - b. How many of each type of equipment will each clinic/unit/department need?
 - c. Where will the equipment be located? Work with clinic staff to determine ideal locations or exam rooms for accessible equipment, considering the layout of the areas and staff workflows.
 - d. Do exam rooms meet ADA accessibility requirements so that accessible MDE can fit and be used safely in the space? Who will be responsible for making this determination? See Chapter 6: Accessible Physical Structures and Features for more information.

TIP: Wheelchair-accessible scales have large platforms and maneuvering clearances. If an exam room is too small to house it, consider moving the scale to a larger, centralized space, selecting a model that folds against the wall, or procure alternate equipment that can measure weight, such as exam tables or lifts with built-in scales.

- e. How or when will new equipment be ordered? This should be built into existing MDE procurement processes.
 - f. How will equipment be maintained? Who will be responsible for maintenance?
 - g. What infection control issues need to be considered?
6. Identify who will be responsible for distributing and installing new equipment and accessories.
7. If new equipment is replacing existing non-accessible equipment, determine how existing equipment will be removed, including where it's going, associated costs, and who is responsible.
8. Develop a timeline for equipment replacement, installation, and retrofitting, beginning with highest priority locations (see Appendix 5.6: *Accessible MDE Sample Priority Replacement Plan*).

Materials and Resources

- [Appendix 5.1: Accessible MDE Implementation Team](#)
- [Appendix 5.3: Accessible MDE Implementation Planning Worksheet](#)
- [Appendix 5.4: Accessible MDE Costs and Funding](#)
- [Appendix 5.6: Accessible MDE Sample Priority Replacement Plan](#)
- [Appendix 5.7: Accessible MDE Standards for Procurement and Replacement](#)
- [Appendix 5.8: Accessible MDE Location Decision-Making Tree](#)

Part C: Clinic Workflow Design

Decide how accessible MDE will be used within a clinic. Aim to integrate the process into existing clinic and system-level workflows when possible.

Actions and Tasks

1. Identify how patients will be asked about their need for accessible MDE.
2. Identify local barriers and facilitators to utilizing accessible MDE, such as staff readiness.
3. Identify how staff will ensure accessible MDE is available to patients who need it during their scheduled appointment time.
 - a. For example, identify who will be responsible for scheduling a patient in an exam room with a height-adjustable exam table.
4. Determine how staff will coordinate when one or more people are required to assist a patient.
 - a. For example, two staff members may be needed to safely transfer and/or position a patient properly on an MRI bed.
5. Determine what can and cannot be adapted in the standard process for providing care via accessible MDE.

- a. For example, if the height adjustable exam table(s) is in use with another patient during the appointment time, is there another accommodation, such as a ceiling-mounted lift, that can be used to ensure the patient with a disability receives the same quality of care as someone without a disability?
6. Determine the resources needed to utilize accessible MDE.
 - a. For example, you will need to dedicate time for staff to complete trainings, such as use of equipment or transfer training.

Materials and Resources

- [Appendix 5.9: Accessible MDE Process Map](#)
- [Appendix 5.11: Accessible MDE Barriers and Strategies](#)

Step 5: Pre-implementation

Having accessible equipment alone is not enough to ensure that (1) staff will use it and (2) patients in need will actually have access to and receive care with the equipment. Ahead of implementation, consider the following actions to ensure staff, patients, and your organization's systems are prepared to provide care using accessible MDE.

Actions and Tasks

1. Purchase new equipment, accessories, and items needed for accommodations.
 - a. Establish relationships with vendors.
2. Determine how clinicians and staff will be made aware of where accessible MDE is located.
3. Ensure that relevant staff are prepared to ask about and document patient accessible MDE needs in the electronic health record (EHR). (See [Chapter 2: Documenting Disability Status and Accommodation Needs](#) for additional information).
4. Determine who will provide consultation to assist with training for providers and staff on how to use accessible MDE.
 - a. This person (or people) will offer expert guidance, feedback, and problem-solving to a site longitudinally.
5. Identify or create resources and trainings on how to use accessible MDE for staff and providers.
 - a. Determine how trainings may differ depending on staff roles.
 - b. Determine frequency of training/re-training (e.g., one time, annual, etc.)
6. Identify or develop tools and reminders to encourage use of accessible MDE.
 - a. Pictures and diagrams can be helpful. For example, post photos or diagrams in an exam room of its intended layout so that staff can maintain access to the equipment.
7. Decide how accessible MDE will be maintained in the clinic or unit. Aim to integrate the process into existing clinic and system-level workflows when possible. Consider:
 - a. Who in the facility will be responsible for observing and tracking repair/replacement needs?
 - b. What is the process for clinic staff to request a repair/replacement equipment?
 - c. What budgets will fund repairs/replacements?

8. Identify or develop patient-facing education materials to disseminate information on accessible MDE available.
9. Determine how success will be defined for using accessible MDE, including appropriate metrics (e.g., was accessible MDE used when needed; fewer missed appointments; reduced number of complaints, etc.).
 - a. Specify how you will monitor or assess whether patients are receiving care via accessible MDE.
 - b. Develop an evaluation plan to reflect your definition of success.

Materials and Resources

- [Appendix 5.3: Accessible MDE Implementation Planning Worksheet](#)
- [Appendix 5.9: Accessible MDE Process Map](#)
- [Appendix 5.10: Accessible MDE Frequently Asked Questions](#)
- [Appendix 5.12: Accessible MDE Monitoring Progress and Adaptations](#)
- [Appendix 5.13: Accessible MDE Training Resources](#)
- [Chapter 2: Documentation of Disability Status and Accommodation Needs in the EHR](#)⁷

Step 6: Implementation, Evaluation, and Monitoring

Follow the timeline developed in Step 4 to replace or retrofit equipment in order of highest to lowest priority locations. Roll out the implementation plan to use accessible MDE.

Actions and Tasks

1. Track and communicate rates of accessible MDE use to responsible individuals (i.e., clinic leadership, those scheduling patients where accessible MDE is located) and the implementation team.
2. Track any changes to patient outcomes (i.e., rates of missed or cancelled appointments, cancer screening rates, quality of imaging) or patient complaints. Communicate those to responsible individuals (e.g., clinic leadership, system leadership, staff working in these spaces, compliance) and the implementation team.
3. Review site-level data to determine if and where additional equipment is needed.
4. Make and document all needed adaptations.
5. Conduct Audit and Feedback, an implementation strategy that includes providing site-level staff, provider, or team-level data on use of accessible MDE to those assigned to perform tasks.
 - a. For example, create a progress chart to display in a staff breakroom.
 - b. This [Audit and Feedback article](#)⁷ details how to employ the strategy.
6. Recognize high performing staff, clinicians, or specific clinics or sites to celebrate improved patient experience, care quality, or high utilization rates.
7. Gather feedback from clinicians on how the use of accessible MDE informs care. Clinicians may become strong advocates for accessible MDE once they experience how the equipment can improve care and their experience providing it.
 - a. For example, when patients are more easily transferred with the assistance of equipment, staff may experience less difficulty and injury.

8. Continue to solicit patient feedback and make adjustments to your implementation plan and protocols for equipment replacement as necessary.

Materials and Resources

- [Appendix 5.10: Accessible MDE Frequently Asked Questions](#)
- [Appendix 5.11: Accessible MDE Barriers and Strategies](#)
- [Appendix 5.12: Accessible MDE Monitoring Progress and Adaptations](#)
- [Appendix 5.13: Accessible MDE Training Resources](#)

Appendices Table

NAME	DESCRIPTION
Appendix 5.1: Accessible MDE Implementation Team	A list of all the individuals who could participate on the implementation team.
Appendix 5.2: Accessible MDE Needs Assessment	A worksheet to review the current landscape of an organization, identify mission and priorities, gaps and strengths, and specific goals for implementing accessible MDE.
Appendix 5.3: Accessible MDE Implementation Planning Worksheet	A worksheet to identify the future direction and processes that will be followed for implementing accessible MDE.
Appendix 5.4: Accessible MDE Costs and Funding	Lists expected costs and potential funding sources associated with accessible MDE.
Appendix 5.5: Accessible MDE Inventory Survey	Sample questions to include in a survey for sites to report their existing accessible MDE.
Appendix 5.6: Accessible MDE Sample Priority Replacement Plan	Sample replacement plan for healthcare organizations with multiple outpatient service lines, organized from highest to lowest priority location.
Appendix 5.7: Accessible MDE Standards for Procurement and Replacement	Overview of the Standards for Accessible MDE. Provides guidance for determining when ordering new, replacement equipment is necessary, when to retrofit, and when alternative accommodations or modifications can be employed.
Appendix 5.8: Accessible MDE Location Decision-Making Tree	A decision tree for determining if a specific clinic or location needs accessible MDE, or if it can serve as a potential non-compliant location with a designated accessible location for its service line/department.
Appendix 5.9: Accessible MDE Process Map	A sample process map demonstrating the actions and tasks staff can take to ensure a patient receives care via accessible MDE.
Appendix 5.10: Accessible MDE Frequently Asked Questions	A Frequently Asked Questions (FAQ) document for staff about accessible MDE.
Appendix 5.11: Accessible MDE Barriers and Strategies	A list of potential barriers to providing accessible MDE and possible strategies to address the barriers. Barriers are organized categorically.
Appendix 5.12: Accessible MDE Monitoring Progress and Adaptations	A worksheet to track progress and adaptations to the implementation plan.
Appendix 5.13: Accessible MDE Training Resources	Guidance and external educational/training resources for the implementation team, leadership, clinicians, and staff.



Appendix 5.1

Accessible MDE Implementation Team

Consider including these individuals on the team implementing accessible medical diagnostic equipment within your organization.

1. Clinic/unit manager(s)
2. Operations team member(s)
3. Procurement team member(s)
4. Patient safety officer(s) and teams
5. Risk manager(s) and teams
6. Clinical engineering team member(s)
7. Compliance or regulatory department representative
8. Disability coordinator(s)
9. Diversity, Equity and Inclusion leader
10. Executive or chief officers
11. Facilities management
12. Materials management
13. Patient(s) with disabilities or patient advisory board
14. Infection control
15. Medical Assistant
16. Nurses
17. Project managers and/or quality improvement specialists
18. Purchasing department representative
19. Workforce safety/Safe patient handling
20. Inpatient or outpatient operation leads and project managers
21. Child Life Specialist
22. Clinical educators/education team members
23. IT/Project Managers/Analysts for EHR systems
24. Registration and/or scheduling team member



Appendix 5.2

Accessible MDE Needs Assessment

Instructions:

- This assessment can be completed by anyone involved in procuring, using, or replacing accessible medical diagnostic equipment (MDE). 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 Accessible Medical Diagnostic Equipment

This section will help you capture the current state of accessible medical diagnostic equipment (MDE) at your organization or clinic.

Background

1. What is the motivation driving the desire to provide accessible MDE?
 - Patient complaint
 - Lawsuit
 - Adherence to accreditation standards
 - Legal compliance (i.e., Section 504 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)? If so, why?
- b. Are there certain settings you are focused on (e.g., service lines that serve a higher proportion of patients with disabilities)? If so, why?
- c. Are there specific kinds of equipment you are focused on (e.g., adjustable-height exam tables, wheelchair-accessible scales)? If so, why?
2. What is the desired outcome of improving the accessibility of MDE?
3. How does improving MDE accessibility align with current organizational priorities (e.g. quality and safety; health equity)?
4. What, if any, leadership support is there for purchasing or improving the availability of accessible MDE?
5. What regulatory requirements apply to your organization (e.g., ADA/Section 504 Standards, state-level requirements, etc.)?

General - MDE

1. Does your organization have a policy governing procurement and replacement of MDE? Does this vary by location/clinic?

2. Does your organization have an MDE purchasing schedule? Does this vary by location/clinic?
3. Does your organization have a centralized MDE inventory? If so:
 - a. Who is responsible for maintaining it?
 - b. How often is it updated?
 - c. What information does it include?
 - i. Does it track any accessibility-related information, such as adjustability or height of exam tables, accessories like support rails, etc.?
 - d. If your organization does not have a centralized inventory, do any clinic/departments/units maintain their own?
4. Is equipment owned or leased? This may vary by location/clinic.
5. Is there a budget for MDE?
 - a. What types of budgets exist?
 - b. Whose budget is used?
 - c. What equipment or supplies are covered by that budget?
 - d. Is accessible MDE included in this budget(s), or does a separate budget exist?
6. Is there a budget for repairs and maintenance for medical diagnostic equipment?
 - a. Are repairs and maintenance for accessible MDE included in this budget, or does a separate budget exist?

Accessible MDE

1. What accessible MDE are currently available in each clinic/department/unit? See Appendix 5.5: Accessible MDE Equipment Inventory Survey for sample survey questions.
 - a. What features or accessories make the equipment “accessible”? See the [Standards for Accessible MDE](#)⁷ to learn what features of certain MDE are considered accessible.
2. What clinics have inaccessible MDE, but use accommodations to enable equal access to the equipment?
 - a. What are those accommodations? How many are available per clinic or organization-wide?

3. Are there specific individuals, groups, or departments within your organization who are excelling at procuring, maintaining, and using accessible MDE?
 - a. What accessibility features does their equipment have?
4. **For organizations with more than one location:** Is there a designated accessible facility(ies) that has accessible MDE?
 - a. Are there certain facilities that could serve as an “accessible” location and house accessible MDE? *See Appendix 5.8: Accessible MDE Location Decision Making Tree to make this determination for each location.*

Processes

1. How are patients who need accessible MDE identified?
2. At what points of care are accessible MDE needs identified?
 - During scheduling/registration
 - Electronic check-in
 - In-person check-in
 - Exam room
 - Patient portal
 - Other:
3. Is there a list of accessible MDE available across the organization?
 - a. Is this posted internally?
 - b. Is this posted externally so patients can view the list?
 - c. Who maintains the list, and when has it last been updated?
4. What question(s), if any, about accessible MDE needs are systematically asked to patients?

Availability

1. Is accessible MDE available to all providers within a clinic, or is it located in private/designated rooms?
 - a. If equipment is located in private or individually-designated rooms (i.e., providers' own exam rooms), is there a workflow to share the space?
2. How are staff made aware of where accessible MDE is located?
3. How often is general MDE checked for maintenance?
 - a. Is there an established process/timeline for checking?

- b. Who is responsible for maintenance?
4. How often is general MDE replaced?
 - a. Is there an established process/timeline for replacements?
 - i. Is there a process for removing old equipment?
 - b. Who is responsible for replacing equipment, including removing old equipment?
 - c. Can accessible MDE be included in the process for all other MDE?
5. Which locations and/or service lines primarily treat patient populations with physical disabilities/conditions? These service lines will require more accessible MDE.
 - Rehabilitation
 - Orthopedics
 - Geriatrics
 - Neurology
 - Other:
6. For locations/clinics/facilities with no accessible MDE, do they have:
 - a. Weight scales?
 - b. Exam tables or chairs?
 - c. Radiology equipment?
 - d. Imaging equipment?
7. Do locations meet ADA physical accessibility requirements to facilitate patient use of accessible MDE? See Chapter 6: Accessible Physical Structures and Features.
8. Is there a system design standard for accessible MDE for new construction?
9. Do new construction or remodel design plans account for the size of accessible MDE, such as wheelchair accessible scales (in clinics where scales are used)?

Maintenance

1. For accessible MDE that require ongoing maintenance/calibration (i.e., wheelchair scales, exam tables that take patient weight), is there a process/workflow in place to address those needs?
2. Is maintenance completed by internal , or are outside vendors contracted?
3. Are there any special considerations for infection prevention with accessible MDE?

Training

1. What training exists for staff for using accessible MDE?
2. What training exists for staff to assist with transferring patients onto accessible MDE?

3. Are there any existing trainings, i.e., trainings for using other medical diagnostic equipment, that could be modified to include use of accessible MDE?
4. What central resources are available to educate staff on accessible MDE?
 - Lists of available equipment
 - Tip sheets
 - In-person demonstrations
 - Other:

People

1. Who decides what MDE manufacturers/makes/models are purchased?
 - a. How might this differ by clinic/department?
 - b. How might this differ by equipment?
2. Who oversees what spaces are prioritized to receive accessible MDE?
 - a. How might this differ by clinic/department?
 - b. How might this differ by type of equipment?
3. Who might be your champions?
 - a. Disability Coordinator (could be: “ADA Coordinator”, “Section 1557 Coordinator” or “Disability Accessibility Coordinator”)
 - b. Clinician champion(s)
 - c. Patient safety
 - d. Practice managers
 - e. Other:
4. Who in your organization might have expertise on or already use accessible MDE?
 - a. Rehabilitation departments
 - b. Other:

Institutional Support

1. What initiatives exist for facilitating equal access to care for all patients, 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 accessible MDE upgrades at your organization?

2. Weaknesses: What internal barriers exist that could inhibit accessible MDE upgrades at your organization?
3. Opportunities: What favorable external factors exist that could promote accessible MDE upgrades at your organization?
4. Threats: What external factors exist that have the potential to inhibit the success of accessible MDE upgrades at your organization?



Appendix 5.3

Accessible MDE Implementation Planning Worksheet

The following plan will help guide your work to procure and provide accessible medical diagnostic equipment (MDE).

INSTRUCTIONS: Use this worksheet to guide your overall organizational/clinic plan for providing accessible MDE. For each of the questions below, select or complete all that may apply. The following could serve as a practical worksheet or a thought exercise for your implementation team.

GOALS FOR THIS PLAN:

(Examples: “We plan to focus on accessible medical diagnostic equipment in our outpatient clinics.”)

Leadership Support and Buy-In

Consider how responses to each question in this section may differ between service lines and locations.

WHICH members of leadership do you need support from? For what purpose?

WHAT charters, strategic plans, presentations, etc. do you need to create?

WHAT legal regulations/regulatory requirements must your facilities meet?

Implementation and Leadership Team

See Appendix 5.1 for examples of roles to include on your implementation team.

WHO will be on the team(s) for auditing, procuring, and installing accessible MDE?

WHO will be your champion(s)? How will this differ between clinic/locations/departments?

WHO will have final decision making capacity about specific manufacturers/makes/models that can be purchased?

WHAT other institutional partners will you need to engage?

HOW will you include people with disabilities on your team?

- Employee Resource Group
- Patient Advisory Committees
- Other:

WHAT is the team meeting structure and common goals?

Resources

**See Appendix 5.4: Costs and Funding for a list of potential costs and funding sources.*

WHAT budget(s) will fund new accessible MDE? Will you have:

- A centralized budget
- Project-specific budgets
- Budget to cover service contracts
- Other:

HOW will you identify resources needed?

- Internal
- External
- Other:

WHAT is the budget for:

- Procuring new accessible MDE?
- Accessories to make existing MDE accessible?
- Maintenance and repairs to accessible MDE?
- Costs associated with removing old or broken equipment?

WHAT sources are funding the project? Over what timeframe? What deadlines exist for requesting funding, if applicable?

- Internal, centralized budget
- Internal grant
- External grant
- Other:

Policy Writing

WHO will draft a compliance “roadmap”?

WHAT is the scope of the plan? Will this apply organization-wide or by clinic/location/department?

WHO will draft a procurement policy?

WHAT is the scope of the policy? Will it apply organization-wide or by clinic/location/department?

WHICH existing MDE procurement/replacement standards will you keep in your new policy?

WHAT new procurement/replacement standards will you include in your policy?

WHO will review policy drafts? Who will ultimately approve your policies? Is this the same of different people?

Accessible Medical Diagnostic Equipment

HOW many of each type of equipment will each clinic/location/department need?

WHAT accessible MDE models will replace existing inaccessible equipment?

HOW many of each equipment type will you order?

WHAT MDE accessories/add-ons will you order to make existing MDE compliant?

- Patient support rails (for most MDE used in supine, prone, side-lying, and seated position, including exam tables/chairs and treatment tables)
- Knee crutches for exam tables
- Handrails for standing scales
- Other(s):

WHAT accommodations items will you purchase to ensure equal access to non-accessible equipment?

HOW will you purchase equipment, accessories, and items needed for accommodations? In bulk, or per clinic/location/department?

WHERE will accessible MDE be located in each clinic? Are certain locations and/or exam rooms more accessible overall and an ideal location for accessible MDE?

For non-compliant locations with a designated accessible location, how will you remove barriers to ensure equal access to people with disabilities?

WHAT is the timeline for equipment replacement, installation, or modification?

WHAT are the workflows for installing accessible MDE in each setting, including who, what, and when?

WHAT are the workflows for maintaining accessible MDE in each setting, including who, what, and when?

WHAT is the process for removing old equipment? HOW will it be removed, where will it go, what are the costs, and who is responsible?

Methods for Implementing Accessible MDE

Note: This step will likely be an involved process to map out your process for ensuring patients actually receive care via accessible MDE.

HOW will patients be asked about their need for accessible MDE?

WHEN will patient be asked about their need for accessible MDE?

HOW will staff access information about patient MDE needs to prepare for appointments, including when extra staff are needed to assist with transfers and positioning?

WHAT workflows need to be assessed to ensure patients who need accessible MDE are scheduled and/or roomed where the equipment is located?

WHAT central resources (lists of available equipment, tip sheets, etc.) are available? WHAT needs to be created?

WHERE will patient needs/requests for accessible MDE be documented?

- HOW and WHERE will you document whether accessible MDE was used during the patient's visit?

WHAT is the escalation pathway if accessible MDE cannot be provided/used in real time?

WHO designs and updates workflows? (See Appendix 0.6: *Project Planning* in the General Resources Chapter for workflow examples.)

Training and Buy-In

HOW will you inform staff and clinicians that your organization introduced new or expanded availability of existing accessible MDE?

- Newsletters
- Presentations at staff meetings
- Email announcements
- Other:

HOW will you engage staff and clinicians and increase buy-in?

- Training
- Kudos
- Other:

HOW will you train staff and clinicians on what accessible MDE are available in their clinics/units?

HOW will you train staff and clinicians on how to use accessible MDE?

WHERE will training materials be located?

- Internal website
- Other:

HOW often will you provide training?

- New employee orientation
- Yearly
- Other:

HOW will you inform patients of available accessible MDE?

- Notice by placards/flyers at front desk, waiting room, exam rooms
- Communication during appointment scheduling
- Medical staff will communicate during visit
- Other:

Planning for Implementation and Evaluation

WHAT is your timeline for implementing accessible MDE?

HOW will you monitor and evaluate clinic/locations/departments' progress towards meeting scoping requirements?

HOW will you monitor or assess whether patients in need are receiving care via accessible MDE?

HOW often will you monitor your progress?

- Weekly
- Monthly
- Quarterly
- Other:

HOW will you monitor when to procure new accessible MDE that you currently do not have available?

HOW will you monitor the maintenance of accessible MDE?

HOW will you monitor whether your equipment aligns with federal, state, accreditation, or other standards?

- Work with your Disability Coordinator
- Work with your compliance office
- Other:

HOW will you continue to engage leadership in this work?

- Regular reporting of data
- Highlight positive patient stories
- Other:

HOW will you integrate the availability and use of accessible MDE into your organization's quality and safety priorities and initiatives?



Appendix 5.4

Accessible MDE Costs and Funding

Costs

This section lists the potential costs associated with accessible MDE.

- Equipment
 - Height-adjustable exam tables/chairs
 - Wheelchair-accessible weight scales
 - Accessible standing scales (i.e., with handrails)
 - Accessible imaging equipment
 - Mammography
 - Radiology
 - Items needed to facilitate safe patient transfer to accessible MDE, such as transfer boards, gait belts, and/or mechanical lifts
- Shipping and delivery costs for new equipment
- Freight costs to remove/dispose of non-accessible equipment being replaced
- Maintenance service contracts, if applicable
- Training modules/courses
- Training consultants/services
- Compensation for disability partners: interns, advisory committee members

Funding

This section lists potential funding sources for accessible MDE.

- Central health system budget
- Procurement or Supply Chain budget
- Other departmental budget
- Project budget
- Internal health system grants
- External grants, such as federal capital improvement grants or foundation grants
- Donations
- [Disabled Access Credit](#)[↗]
 - For HCOs who earned ≥\$1,000,000 or had ≥30 full time employees in the previous year
 - Up to \$5,000 per year for access expenses, including acquiring or modifying accessible equipment or devices
- State Incentives: Many states offer their own tax incentives for accessibility upgrades. [Contact your regional ADA Center to learn more.](#)[↗]
- [Provider Accessibility Initiative: Barrier Removal Fund](#)[↗]: Since 2018, the Barrier Removal Fund has provided over \$2.9 M in grants to fund accessibility improvements at 298 healthcare providers in sixteen states (Delaware, Hawaii, Louisiana, Iowa, California, Florida, Georgia, Illinois, Indiana, Kansas, Michigan, Nebraska, Ohio, Pennsylvania, New Mexico, and Texas).



Appendix 5.5

Accessible MDE Inventory Survey

To conduct an organization-wide audit of existing accessible medical diagnostic equipment (MDE), consider creating a survey for each clinic/department/unit to report their existing MDE, and whether any MDE meets accessibility standards. This document includes **sample** questions to include in this survey. All questions that are not applicable may be skipped.

If your organization already maintains an inventory of all MDE, check when it was last updated.

General Equipment Questions

1. Facility Name
2. Name of Unit/Department
3. Does your location have examination tables and chairs?
 - Yes. If yes, how many?
 - No (if no, proceed to question 8)
4. If yes, how critical is an exam table or chair to delivering care? In other words, how often are all patients treated on an exam table?
 - High
 - Moderate
 - Low
5. Are any of your examination tables/chairs height adjustable to a height between 17-19" above the floor? If yes, how many?
6. Do any of your height adjustable examination tables/chairs have hand rails or guard rails (see the U.S. Department of Justice's guide, [Access to Medical Care for Individuals with Mobility Disabilities](#)⁷ for illustrations)? If yes, how many?
7. Please list the makes and models of your height adjustable exam tables/chairs, if known.
 - a. NOTE: Many manufacturers have stickers with this information on the back side of the chair that is viewable when elevated to a seated position.
8. Are all of your height adjustable exam tables/chairs in good working order, including the ability to lower and raise their full range of motion without difficulty? If no, please describe any issues or concerns with your current equipment.

9. Is there sufficient clearance space around exam tables/chairs for a portable patient floor lift (see sections [M301.4](#) and [M302.4](#) of the Standards for Accessible MDE for specifications)?
10. Is there clear seated transfer space at the ends and/or sides of exam tables/chairs (see sections [M301.2](#) and [M302.2](#) of the Standards for Accessible MDE for specifications)?
11. Are stirrups used at this location?
 - Yes
 - No
 - a. If yes, are leg supports available to position and secure a patient's legs in the stirrups? How many?
12. Does your location weigh patients?
 - Yes
 - No (if no, skip to question 17)
13. If yes, how critical is an accurate weight for patient care?
 - High
 - Moderate
 - Low
14. How many weight scales of all types do you currently have?
15. Do you currently have any wheelchair scales? Wheelchair scales have a ramp (can be removeable or fold up onto the scale platform) and are large enough to allow a patient using a wheelchair to be on the scale in their wheelchair.
 - a. If yes, how many? Please list any makes/models of wheelchair scales if known.
16. Does your location have another method of weighing patients, such as a stretcher or hospital style bed that takes a weight, or a mechanical lift that takes a weight? If yes, please describe.
17. Do you currently have easy access to a mechanical lift (such as a Hoyer lift) if needed to assist a patient on and off any medical equipment?
18. Do you currently have any concerns or difficulties regarding patients who use wheelchairs and other mobility devices within your space? (i.e., difficulty getting through doorways into exam rooms/patient rooms/bathrooms). If yes, please describe.

Radiology/Imaging Equipment Questions

The following questions only apply to locations that have radiology or imaging equipment. If a clinic does not have this equipment, this section may be skipped. These questions are applicable to *any* radiology or imaging equipment, not just those named below.

1. Can any of your x-ray tables lower to a height between 17-19" above the floor? If yes, how many?
2. Can any of your MRI tables lower to a height between 17-19" above the floor? If yes, how many?
3. Can any of your CT scan tables lower to a height between 17-19" above the floor? If yes, how many?
4. Do you have a way to safely transfer patients who use mobility devices onto DEXA scanners?
5. If the answer to any of the above questions was no, do you have alternative ways to transfer patients with mobility disabilities onto this equipment, such as mechanical or ceiling lifts?
6. If your location provides mammograms, how many total mammography units are available at this location?
 - a. How many mammography units at this location have the capacity to provide a mammogram for someone who cannot stand (such as someone seated in a wheelchair)?



Appendix 5.6

Accessible MDE Sample Priority Replacement Plan

Below is a sample replacement plan for healthcare organizations with multiple outpatient service lines and locations. This plan covers exam tables/chairs and weight scales and assumes that auditing, planning, and procurement is complete.

Phase One: High-Priority Locations

- Replace or retrofit examination tables/chairs at highest priority locations. These include:
 - Locations that use examination tables/chairs for positioning during examination, care, or treatment.
 - Locations that have the highest patient populations of mobility disabilities or conditions (these locations are subject to 20% minimum scoping).
 - Locations that will benefit from accessible table/chair accessories (ex: Women's Care/OBGYN and Urology will use knee supports in place of stirrups).
- Replace or retrofit accessible scales at highest priority locations. These include:
 - Locations where weight is most critical to patient care.
 - Locations where weight is routinely taken, such as primary care and OB/GYN service lines.
 - Locations that have highest patient populations of mobility disabilities or conditions (these locations are subject to 20% minimum scoping).

Phase Two: Moderate-Priority Locations

- Replace examination tables/chairs at moderate-priority locations. These include:
 - Locations that often use examination tables/chairs for patient positioning during appointments, but can also complete most diagnostic activities with patients seated in wheelchairs or a chair. These may include:
 - Cardiology
 - Pulmonology
 - Endocrinology
- Replace wheelchair accessible scales at moderate-priority locations. These include:

- Locations where weight is not critical to patient care but may be taken on a regular basis. These may include:
 - Ophthalmology
 - Otolaryngology (ENT)
 - Allergy/Immunology

Phase Three: Low-Priority Locations

- Replace examination tables at low-priority locations. These include:
 - Locations where examination tables are not regularly used. These may include:
 - Allergy/Immunology
 - Dermatology
 - Behavioral Health
- Purchase/replace wheelchair accessible scales at low-priority locations. These include:
 - Locations where weight is not critical to patient care and not taken on a regular basis. These may include:
 - Dermatology
 - Behavioral Health
 - Neurology (if they do not see a majority of patients with mobility impairments)



Appendix 5.7

Accessible MDE Standards for Procurement and Replacement

Federal Standards for Accessible MDE, In Brief

To comply with the Standards for Accessible MDE, as mandated by federal regulations under Section 504 of the Rehabilitation Act, certain considerations must be made when purchasing or replacing certain medical diagnostic equipment. Healthcare organizations with accessible MDE procurement policies typically require any newly acquired MDE to meet the Standards for Accessible MDE unless:

1. Scoping is met per the Standards; or
2. A documented exception applies.*

Under the Standards for Accessible MDE, **full scoping requirements** are:

1. **For most locations/units:** 10%, or at least 1, of each available piece of equipment must meet standards for accessibility for that equipment type.
2. **For locations that primarily treat mobility conditions** (such as but not limited to: Orthopedics, Physical Therapy and Rehabilitation, and Neurology): 20%, or at least 1, of each available piece of equipment must meet standards for accessibility for that equipment type.
 - a. If you do not know which locations primarily treat mobility conditions, you may need to assess rates of mobility in each clinic to understand where there are higher rates of mobility disabilities or patients who would benefit from accessible equipment, such as Geriatrics.

Technical requirements for each equipment type can be found on the [U.S. Access Board's website](#).[↗]

*A **documented exception** applies when the provider proves compliance would, “alter diagnostically required structural or operational characteristics of the equipment and would prevent use of the equipment for its intended diagnostic purpose,” or, “result in...undue financial and administrative burden.”¹ In these situations, the provider is required to offer alternate accommodations to enable equal access to the equipment. See the “Using Alternate Methods or Accommodations” section below for an example.

This document does not replace legal counsel. Work closely with your compliance, legal, risk, and facilities departments to ensure your specific legal obligations are met.

Standards for Procurement

This section outlines standards for determining whether a piece of equipment must be replaced with a new model, is “otherwise compliant” and may be modified with accessories, or when alternative accommodations may be used to facilitate equal access.

New Accessible MDE

Healthcare organizations must procure new accessible MDE when:

1. New equipment is needed for new construction, expansions, or renovations, until scoping requirements at that location are fully met; and
2. When purchasing or leasing new MDE to replace broken, non-compliant, or outdated MDE, until scoping is met, unless a documented exception applies.

New construction, expansions, renovations, or other building projects should be designed with accessibility in mind. For the purposes of this chapter, this will ensure spaces will be large enough to accommodate accessible MDE and the transfer/maneuver space around it. See *Chapter 6: Accessible Physical Structures and Features* for additional information.

Modifying Existing Equipment

Healthcare organizations can meet full compliance by modifying existing MDE that is “otherwise compliant”. Otherwise compliant means non-modifiable components of that equipment, such as the base unit of an exam table or the platform of a scale, meet the technical requirements set by the Standards for Accessible MDE. Examples of compatible accessories to modify otherwise compliant equipment include:

- For exam tables/chairs:
 - Patient support rails, transfer support rails, or other handrails
 - Knee crutches or caddies if stirrups are used
- For standing scales
 - Standing supports such as handrails
 - Slip-resistant material for the platform
 - Fold-down scale seats
- For wheelchair-accessible scales
 - Attachable ramps
 - Side rails/edge protection for the platform

- Slip-resistant material for the platform
- Handrails
- NOTE: These accessories may be packaged in an “after-market compliance kit”, if available.

Using Alternate Methods or Accommodations

There are limited situations when MDE cannot be replaced or retrofitted.

Some types of radiology/imaging equipment cannot meet the Standards because of its functional design. For example, equipment like MRI beds cannot be made height-adjustable because parts of the imaging technology (used to scan the underside of a patient’s body) are embedded in the table’s surface.

In these cases, alternative accommodations or modifications must be employed to safely transfer patients and ensure equal access to the diagnostic equipment. Such accommodations may include:

- Ceiling-mounted lift
- Portable transfer lift
- Transfer board
- Portable x-ray or other imaging equipment

See [Chapter 3: Providing Accommodations](#)⁷ for more information.

Standards for Replacement

This section includes example protocols healthcare organizations can establish to initially comply with the Standards for Accessible MDE and maintain compliance overtime in **existing** locations.

Exam Tables/Chairs

Initial Compliance: At least one compliant examination table/chair in all locations where these are used.

Maintaining Compliance: When existing examination tables/chairs are replaced or leases are renewed, acquire additional compliant equipment until full scoping is met.

Wheelchair Scales

Initial Compliance: At least one compliant wheelchair scale (or alternative method of obtaining accurate patient weight, such as exam tables with built-in platform scales) in all locations where any type of scale is used.

Maintaining Compliance: When existing scales of any type are replaced, acquire additional compliant wheelchair scales until full scoping is met.

NOTE: If scales meet standards for both wheelchair scales and standing scales, they can count towards compliance for both types of scales

Standing Scales

Maintaining Compliance: When existing scales of any type are replaced, acquire compliant standing scales until full scoping is met.

NOTE: If scales meet standards for both wheelchair scales and standing scales, they can count towards compliance for both types of scales

Radiology/Imaging Equipment

Maintaining Compliance: When existing equipment is replaced, acquire compliant equipment until full scoping is met.

Reference

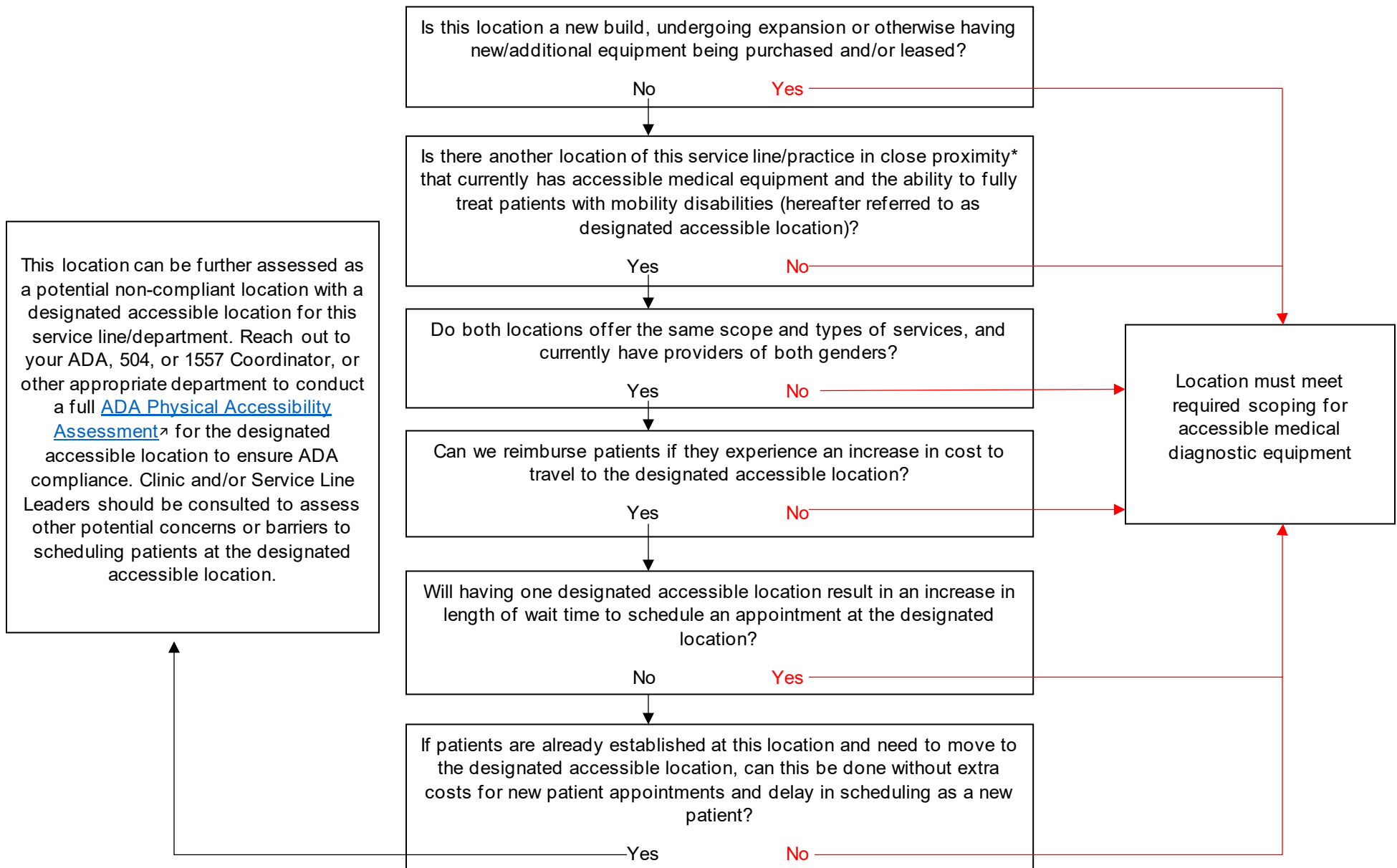
1. Accessible Medical Equipment; Newly purchased, leased, or otherwise acquired medical diagnostic equipment; Fundamental alternation and undue burdens. 45 CFR §84.92(e) (2024). Accessed August 25, 2026. [https://www.ecfr.gov/current/title-45/part-84#p-84.92\(e\)](https://www.ecfr.gov/current/title-45/part-84#p-84.92(e))



Appendix 5.8

Accessible MDE Location Decision-Making Tree

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*Note that close proximity is not defined in the legislation at this time. Considerations should include length of travel between locations and access from public transportation. Reach out to your Disability Coordinator or other related office if you have questions about the potential proximity between two locations being considered.



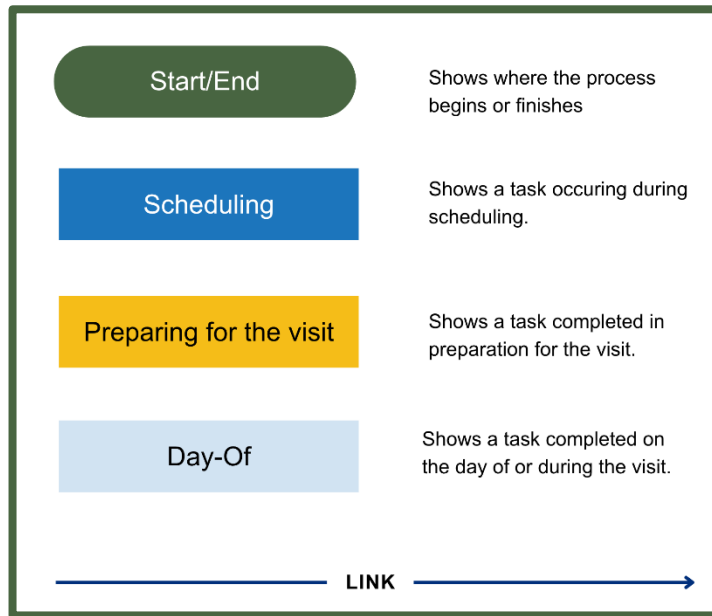
Appendix 5.9

Accessible MDE Process Map

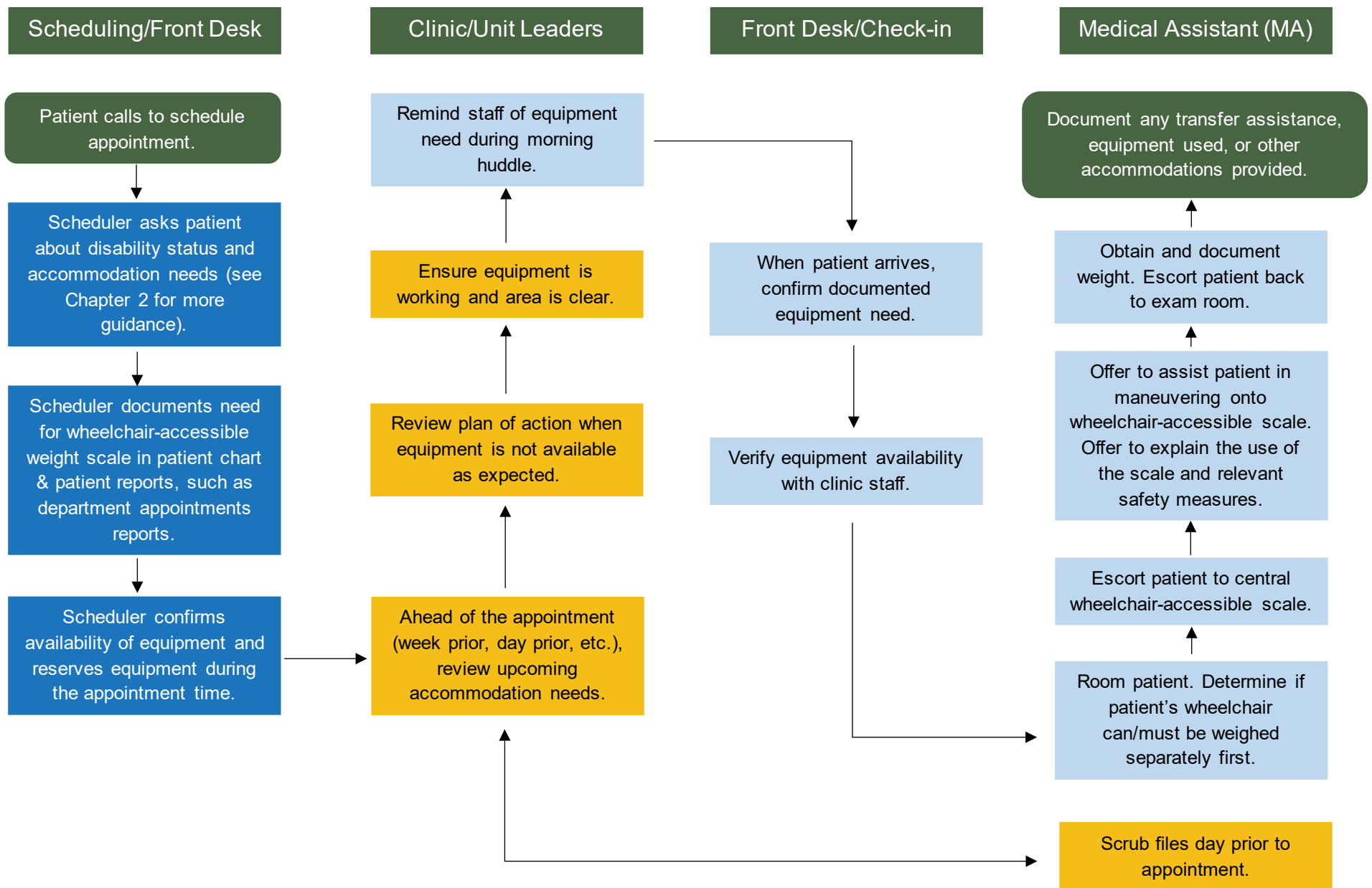
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Below is a sample process map for ensuring a patient receives care via accessible MDE. The process map demonstrates actions taken during scheduling, in preparation for the visit, and on the day of the visit to ensure a patient is weighed via a wheelchair-accessible weight scale located in a central location in the clinic.

Legend



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Appendix 5.10

Accessible MDE Frequently Asked Questions

Below is a list of sample frequently asked questions that staff or clinicians may ask about accessible medical diagnostic equipment (MDE).

1. Why do patients with disabilities need different (accessible) MDE?

Inaccessible MDE prevents patients with disabilities from receiving healthcare. Because of this, patients with disabilities experience lower rates of preventive screenings, increased rates of delaying or avoiding care, and, ultimately, significantly worse health outcomes. Accessible MDE is not only legally required, but critical for delivering high-quality care to patients with disabilities.

Consider a patient who uses a wheelchair at their annual physical exam. Clinic staff are unprepared to safely transfer them onto the exam table, and even though patients are normally laying down when examined, their doctor examines them in their chair. Following the exam, they're referred for a mammogram, but because the clinic does not have a height-adjustable mammography unit, they receive a less accurate screening. A height-adjustable exam table and height-adjustable mammography unit would have ensured this patient could access their care.

2. What if a patient requests equipment that our organization doesn't have?

First, acknowledge the patient's request and your intention to ensure that they can access their care. Apologize that the specific equipment they've requested is not available, and tell them what other equipment or accommodations you have that might meet their needs.

If you do not have equally effective methods to provide their care, have referrals ready to nearby clinics that do have the equipment. Note the equipment request and let the appropriate people in your organization (e.g., program managers, disability coordinator, quality, safety, patient relations, facilities) know of the request.

3. What if a patient's need for accessible MDE isn't identified until the appointment, and the equipment is already in use by another patient?

Patients' accommodation and equipment needs should be asked ahead of the visit to ensure the patient is either scheduled where the equipment is located or the equipment can be reserved during their appointment time.

However, if this is not asked or the patient did not report their need, estimate the wait time for the accessible equipment and ask the patient if they are able to wait for it to become available. If not, offer to reschedule at the earliest possible time the equipment is available. If necessary to reschedule, ensure the patient is not charged for the current appointment and the current appointment is not listed as a no show or late cancellation.

4. Are staff required to assist with transferring patients to accessible MDE?

Yes. If a patient requires assistance, staff must help the patient safely transfer to exam tables, chairs, scales, and other equipment. Healthcare organizations may not require a patient to bring someone to assist them during their visit to access the care and services provided. Under Section 504 of the Rehabilitation Act's regulations, organizations, "must ensure their staff are able to successfully operate accessible MDE, assist with transfers and positioning of individuals with disabilities, and carry out the program access obligation regarding existing MDE."¹ Before assisting the patient, *a/ways* ask how they would like to be transferred and moved.

5. Is it ever okay for a patient to remain in their wheelchair, mobility device, or chair for their appointment?

If you would not typically require a patient to transfer to a table, scale, or other equipment for the particular care delivered during the appointment, a patient may remain in their mobility device. If certain MDE is not critical to care delivery or positioning, you may ask the patient how they would prefer to receive care. If you decide not to transfer the patient, communicate this to the patient, explaining why you think you can provide the same quality of care and exam while they are seated.

Reference

1. U.S. Department of Health & Human Services. Qualified staff. 45 CFR §84.94. 2024. <https://www.ecfr.gov/current/title-45/section-84.94>



Appendix 5.11

Accessible MDE Barriers and Strategies

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)

		• 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	



Appendix 5.12

Accessible MDE Monitoring Progress and Adaptations

In this plan, include a space to describe what changes or adaptations were made to the original implementation plan and the reason for the adjustment. Below are a few examples of adaptations that could be tracked.

WHO is responsible for reviewing this monitoring plan and HOW often will it be reviewed?

HAVE practice leaders proactively removed organizational barriers to procuring or using accessible medical diagnostic equipment (MDE)?

- Not started
- Just beginning
- Actively addressing
- Completed

WHAT stage is the organization or each clinic/unit/department at in the compliance plan?

- Not started
- Just beginning
- Actively addressing
- Completed

WHAT stage is the organization in meeting accessible MDE scoping requirements? If multiple locations, what stage is each clinic at?

- 0%
- Up to 25%
- 26-50%
- 51-75%
- 76-99%
- Full scoping met

ARE there standardized protocols within the practice workflow to schedule patients where accessible MDE is located?

- Not started
- Just beginning
- Actively addressing
- Completed

HOW often do patients receive care via accessible MDE when needed (best estimate)?

- Never
- Up to 25% of the time
- 26-50% of the time
- 51-75% of the time
- 76% of the time or more

When accessible MDE is not used or there are significant delays in availability, what are the most common reasons?

- Lack of awareness
- Workflow barriers
- Staffing limitations
- Technology issues
- Budget constraints
- Other:

WHAT modifications have been made to the original implementation plan across your organization and at each site?

- When?
- Why?
- Who requested the modification? Who executed the modification?
- How has this improved implementation?



Appendix 5.13

Accessible MDE Training Resources

While procuring accessible medical diagnostic equipment (MDE) is a critical component of ensuring equal access to care for your patients with disabilities, buying equipment alone is not enough to ensure patients actually receive care with that equipment. Staff must be trained on what equipment is available and how to use that equipment to effectively deliver safe, high-quality care.

Educational Resources

Below are some sample resources to educate staff on the Standards for Accessible MDE.

- **Disability Equity Collaborative:** [Section 504/1557 New Rules: Implications for Healthcare Organizations and Teams](#)[↗]
- **ADA.Gov Fact Sheet:** [New Rule on the Accessibility of Medical Diagnostic Equipment Used by State and Local Governments](#)[↗]
- **American Academy of Pediatrics:** [Complying with 2024 ADA/HHS Requirements for Accessible Medical Diagnostic Equipment](#)[↗]
- **ADA National Network:** [Accessible Medical Diagnostic Equipment](#)[↗]

Training Development Guidance

Below are a few considerations when developing your organization's internal training policies and/or materials.

- Consult with your equipment vendor(s) to develop or administer trainings on how to operate their MDE. They may have existing training modules or staff available to conduct hands-on training with staff at your facility.
- Periodically review patient complaints and safety incidences to inform training development.
 - For example, if a clinic has received a number of complaints that staff did not know how to operate an available portable floor lift, conduct a follow-up training with clinic staff on the topic.
- Utilize pictures and diagrams whenever possible.
 - For example, take a photo of an exam room when it's arranged for accessibility elements like approach, turning space, and clearances. Post the photo in a visible location, such as the back of the exam room door, so that any staff who rearrange furniture (between patients, to clean, etc.) can refer to the photo to maintain the accessibility of the space.
- Create "quick guides" for staff on how to use any given equipment and post them to the equipment itself.
 - For example, print, laminate, and post the procedures for operating a height-adjustable mammography unit on its workstation.
- Consider training "super-users" at each clinic/unit, staff who are trained more frequently and can be a resource to others at their location. This may be especially helpful for outpatient settings that don't use accessible MDE often.

Training Table

Below is a table to help identify who may need to be trained, topics, when to conduct training, and how. Be sure that your trainings include role-specific responsibilities (e.g., who identifies a patient's need, who requests room access, etc.) to ensure each staff member clearly understands their responsibility for procuring, using, and maintaining accessible MDE.

Who	What	When	How
Leadership	Disability Competency: creating an affirming environment; language to use with people with disabilities	• Annually • Ad hoc	• Didactic
	Accessible MDE Overview: examples of accessible MDE; who might benefit from accessible MDE; why accessible MDE is important; benefit to staff in reducing injury		
	Laws/regulations and standards related to accessible MDE		
	Staff responsibilities when a disabled person needs to receive care via accessible MDE, including which roles/departments must be involved		
Implementation team	Disability competency: creating an affirming environment; language to use with people with disabilities	• Annually • Every two years • Every 6 months • Ad hoc	• Didactic (could be in-person or online) • Laminated guides
	Laws and regulations related to accessible MDE		
	Existing MDE procurement/replacement policies and involved departments (if applicable)		
	Accessible MDE: what the equipment is, what's available, how to use, and how to find in organization		
Clinician and staff	Disability competency: creating an affirming environment; language to use when speaking with people with disabilities, including how to ask a patient how they would like to be transferred and moved	• Orientation • Annually • Every two years • Every 6 months • Ad hoc	• Didactic (could be in-person or online) • EHR tools (e.g., best practice advisories) • Laminated guides
	High-level overview of accessible MDE laws and regulations, including how they apply to staff and what patients are covered		
	How and when to use accessible MDE		
	How to respond when there is a need for accessible MDE or otherwise adapted care, including where equipment is located and who is responsible for it		
	Accessible MDE policy(ies) related to maintenance and replacement, including signs that equipment may be nearing the end of its useful life or when equipment is in need of repair		