

# Effective Communication in Healthcare Settings

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Mid-Atlantic ADA Update

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# Our Focus

## Title II and Title III of the ADA

- Reaching, engaging, informing, involving, and serving people with disabilities through effective communication and interaction

# Effective Communication

- Entities must ensure that communication with people with disabilities is as effective as communication with others.
- The type of auxiliary aid needed to provide effective communication will **vary by context and depends on many factors.**

# Auxiliary Aids and Services

May be needed to communicate and interact effectively with individuals who have hearing, vision, and/or speech disabilities

# Auxiliary Aids and Services

- Covered entities must provide auxiliary aids and services when necessary to communicate effectively with people who have hearing, vision, and/or speech disabilities
- Program participants, customers, patients, members of the public, etc., as well as their companions (family members, friends, etc.) with whom the entity would normally communicate

# Individual Needs, Customized Solutions

Auxiliary aids and services include a wide range of methods, strategies, devices, technologies, and services

- Example: an individual who is deaf may be able to communicate effectively through the exchange of written notes in one situation, but may need a qualified sign language interpreter in another situation

# How to Choose

Consider nature, length, complexity, context of communication

- Title II: must give primary consideration to individuals' requests
- Title III: should consult with individuals

# Reasonable Modifications

May be needed to communicate and interact effectively with individuals who have intellectual, cognitive, psychiatric, or other types of disabilities

- Example: assisting an individual with an intellectual disability in filling out a form



# Limits

Auxiliary aid or service, or policy modification, does not need to be provided if doing so would

- Impose an **undue financial or administrative burden**, or
- Cause a **fundamental alteration** in the nature of a business, program, service, or activity

# Factors to Consider

**Essential nature** of goods, services, programs

**Significant difficulty** or **expense**, considering

Resources available (including tax incentives if applicable)

Operational issues

Safety

# Deafness and Hearing Loss: The Communication Challenges

Northern Virginia Resource Center for Deaf and Hard of Hearing Persons  
3951 Pender Drive, Suite 130  
Fairfax, VA 22030  
703-352-9055 (V), 9056 (TTY), 9058 (Fax)  
[www.nvrc.org](http://www.nvrc.org)



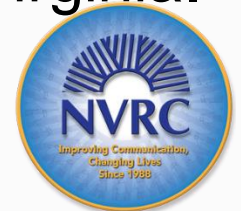
Bonnie O'Leary  
Certified Peer Mentor & Hearing Loss Support Specialist  
[boleary@nvrc.org](mailto:boleary@nvrc.org)

# NVRC – Celebrating 30 Years

- ▶ **Mission:** Empowering deaf and hard of hearing individuals and their families through education, advocacy and community involvement.



- ▶ **Services:** Information and referral, outreach and education, ASL Interpreting, hearing screenings, mentoring, and advocacy for deaf, hard of hearing, late-deafened, and DeafBlind residents in Northern Virginia.
- ▶ Visit [www.nvrc.org](http://www.nvrc.org) to learn more about us.





*Offering Keys to Communication*

**VDDHH**

# Device Demonstration Room

People who are deaf, hard of hearing, late-deafened or DeafBlind can come in and try equipment before deciding to purchase.



*Contact our Technology Specialist, Debbie Jones, to make an appointment.*

[djones@nvrc.org](mailto:djones@nvrc.org)

NVRC does not  
sell equipment.  
We provide  
vendor  
information only.

# Virginia Dept. for the Deaf and Hard of Hearing (VDDHH)

## ▶ *Technology Assistance Program*

- Telephones and alerting devices
- Borrow for 30 days
- Keep it at no charge if you meet financial eligibility guidelines



If you don't meet financial eligibility guidelines, you might qualify for a discount through the state.



# All-access Meeting Room



CART  
Reporter

Induction  
Loop

Interpreters



# Deafness and Hearing Loss: the Continuum, the Myths

# Continuum of Deafness/Hearing Loss



Hard of hearing



**Culturally Deaf**

**Oral deaf**

Hard of hearing from birth or childhood

Late-deafened gradually or suddenly

- \* Differences in communication preferences, degrees and types of hearing loss, suddenness and age of onset
- \* Influencing factors: age, gender, culture, support system, financial stability, behavioral patterns and cognitive abilities, availability of resources

# Five Common Myths about Hearing Loss

- Hearing aids and cochlear implants are like glasses for the ears
- Deaf and hard of hearing people can lipread
- Low background noise will not bother someone who is deaf or hard of hearing
- All deaf individuals communicate in sign language
- All ASL users can write and understand English

# Degrees of Hearing Loss

## Audio Simulation: Let's Listen

### ➤ Mild:

- Difficulty with normal speech

### ➤ Moderate:

- Difficulty understanding loud speech

### ➤ Severe:

- Can only understand amplified speech

### ➤ Profound:

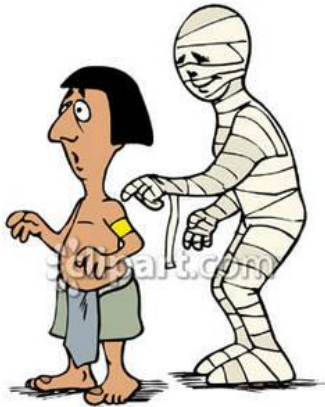
- Difficulty understanding amplified speech

# **Helpful Communication Strategies**

# 1. Ask What Accommodations They Need

- ▶ Interpreter?
  - ▶ CART?
- ▶ Personal amplifier?
  - ▶ Note writing?
  - ▶ Quiet room?

## 2. Get their Attention Before you Start Talking



They need to be in on the conversation  
from the beginning

# 3. Face the Person



Make sure nothing covers your mouth

Do not eat or chew gum

Gentlemen, be mindful of mustaches

Don't turn away or walk away while you are speaking



## 4. Speak Slowly, Clearly and at a Comfortable Pace



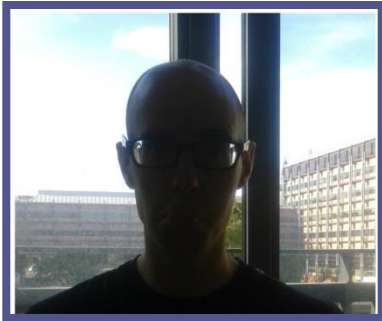
But do not  
exaggerate your  
words

Remember: *louder is not necessarily better*

# 5. Rephrase!

- ▶ **Rephrasing** uses different vocabulary and might be more helpful, such as:
  - “Time for your medication.”
  - “*What?*”
  - “Here are your pills.”

## 6. Don't Stand in Front of Bright Light



Makes it difficult to  
speechread by  
casting shadow on  
the face



*How might we improve this situation?*

# 7. Pause Now and Then



Give the person time to process the information and keep up with what you are saying.

## 8. Confirm that the Person has Understood You

- ▶ Write down your instructions or have pre-printed instructions to give him
- ▶ Don't assume he can speechread



# Who is Easier to Speechread?



# 9. Can you Improve the Environment?

## Problems



## Solutions

- ▶ Can you turn off TV?
- ▶ Can you close drapes?

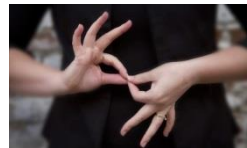
# 10. Writing Notes can Help



When all else fails, write it down!



# Auxiliary Aids and Services



# An Interpreter is an Auxiliary Service



A doctor uses sign language interpreter to communicate with a patient who is deaf.

# Interpreters

Sign language



Oral transliterator



Cued Speech



Tactile interpreter



# Sign Language Interpreters

- ▶ Ask the patient or companion about needs and preferences
- ▶ Use certified interpreters whenever possible.
- ▶ Provide as much information as possible to the interpreter in advance
- ▶ Registry of Interpreters for the Deaf – advancing the profession of interpreting: [www.rid.org](http://www.rid.org)
- ▶ Learn how to work with an interpreter:  
<http://www.vitalsigns.cc/newuseservices.htm>

# Can't we use Staff who Sign "Pretty Well"?

Signing and interpreting are not the same thing.

The interpreter must be able to interpret both  
receptively and expressively.

*Americans with Disability Act, Technical Assistance Manual, § III-4.3100.*

# Communication Access Realtime Translation (CART)

- ▶ Realtime captioning
  - Often popular with late-deafened adults **who do not use sign language**
  - A transcript of the conversation can also be obtained.



**CCP:** Certified CART Provider  
Can provide translation at **96% accuracy**

**CRR:** Certified Realtime Reporter  
Registered Professional Reporter first,  
has been tested at higher speeds

# CART Writers and Captioners

- ▶ Seek certified CART writers or Captioners:  
National Court Reporters Association  
[www.ncra.org](http://www.ncra.org)
- ▶ CCP: Certified CART Provider
  - *Can provide accurate translation at 96% accuracy*
- ▶ CRR: Certified Realtime Reporter
  - *Is a Registered Professional Reporter first, has been tested at higher speeds*

# Assistive Listening Devices: Hand-held Personal Amplifiers:



PockeTalker with headphones



Wide-range earphone

Neckloop for use with HA telecoils



Comfort Duett





# Assistive Devices: TV Listening Systems/Caption Decoder



# Assistive Devices: Telephones

## Amplified Phones



## Captioned Phones



Should be hearing aid compatible (HAC)

# TTY/TDD



Can be used TTY to TTY or TTY through Relay to a hearing person

# Relay and Video Relay Services

## Telephone and Videophone



*Video Relay especially useful for individuals who cannot read or write*

# Video Remote Interpreting -- VRI

- Real-time video and audio with high-quality images
- Sufficient dedicated wide-bandwidth connection
- Large enough screen
- Clear voices
- Training to staff for quick set-up and proper operation



*28 C.F.R. 36.303(f)*

# Some Limitations of VRI

- (1) If many people are talking in a room
- (2) Physical conditions (room layout)
- (3) Poor eyesight
- (4) Physical limitations of the individual needing the interpreting services, such as medically unable to focus on a video screen

# For More Information

- ▶ **Presentations and trainings: Bonnie O'Leary**  
[boleary@nvrc.org](mailto:boleary@nvrc.org)
- ▶ **Technology & Resources: Debbie Jones**  
[djones@nvrc.org](mailto:djones@nvrc.org)
- ▶ **ASL Interpreting: Leah Atwa**  
[Interpreters@nvrc.org](mailto:Interpreters@nvrc.org)

# With Thanks to:

- ▶ Steven Gordon, Assistant US Attorney, Eastern District of Virginia, U.S. Dept. of Justice
  
- ▶ Providing Access to Healthcare (PAH), Beth Klein, Executive Director; CW Tillman, Former Outreach Director
  
- ▶ Dr. Scott J. Bally, Ph.D., Associate Professor (Ret.), Dept. of Audiology & Speech Language Pathology, Gallaudet University
  
- ▶ Northern Virginia Resource Center for Deaf and Hard of Hearing Persons
  - Bonnie O'Leary, Certified Hearing Loss Support Specialist
  - Debbie Jones, Resource and Technology Specialist
  - Marla Dougherty, Outreach Specialist (ret.)



# Mary Washington Healthcare

Communication Access for the patient who is Deaf,  
Hard of Hearing, Late Deafened, or DeafBlind

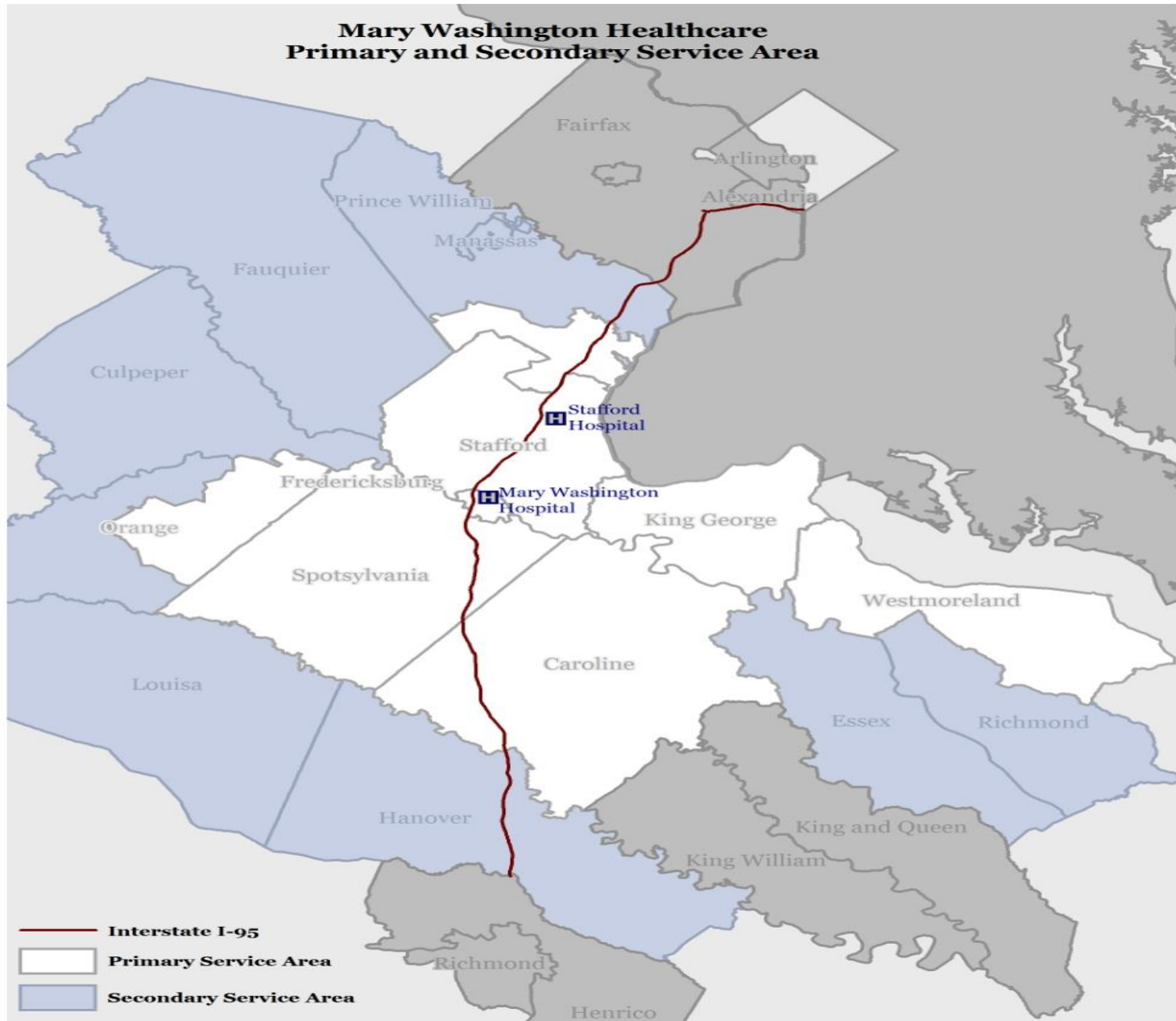


# History & Overview

- ▶ Mary Washington Hospital was established in 1899 in an eight room cottage as the area's first hospital
- ▶ Today, a not-for-profit regional system, Mary Washington Healthcare (MWHC) comprises of two hospitals, 530+ inpatient beds, 20+ outpatients facilities, and 18 medical practices.
- ▶ Over 3,500 Associates and 600 physicians on medical staff



# Mary Washington Healthcare Primary and Secondary Service Area



# Mary Washington Healthcare Cultural Services

- ▶ The impact of changing demographics is felt throughout the service sector, but it is particularly apparent in health care.
- ▶ In an effort to assist health care providers meet the needs of our changing patient demographics, Mary Washington Healthcare is committed to support the development of a Cultural Services Program.

“Knowing is not enough; we must apply. Willing is not enough; we must do.” —  
Goethe

# Welcome to Mary Washington Hospital



# The Key Principles of the ADA

Title II of the Americans with Disabilities Act promises full access to state and local government services and activities for individuals with disabilities.

It is based on four principles:

1. Policy and Operations - make reasonable modifications and accommodations to policies and practices.
2. Communication - ensure effective communication with people with disabilities affecting hearing, vision, or speech, including through the provision of auxiliary aids and services.
3. Integration - offer services in the most integrated setting appropriate to the needs of individuals with disabilities.
4. Physical Access - meet accessibility standards for new and altered buildings and ensure that programs are accessible as a whole.

Free Valet parking is available at the main entrance seven days a week from 10:00am–6:00pm.





Our community is important to us and our Associates and staff are there to assist you.



# Public TTY phone's are available at locations throughout the hospital.



# Large Screen Monitors are located in strategic areas to provide information for patients and visitors.



# Service dogs are allowed in hospital



# Patient Access / Patient Registration



**At Patient Access an Associate writes messages for patient's understanding.**



# Misconceptions

- ▶ Excellent lip readers.
- ▶ Yelling makes them hear better.
- ▶ Communication can be achieved through writing.
- ▶ Hearing aids and cochlear implants bring back perfect hearing.
- ▶ All people with hearing loss know sign language.
- ▶ Vision does not improve to compensate for hearing loss.



# Flashing – Vibrating pagers signal the patient's when it is their turn.





# Patient responds to the pager.



**Interpreters are scheduled to meet patient upon entry into the hospital.**



Never assume what the patient's communication access needs are. Ask the patient what they need.

## It is important to share all critical information at registration.

- Patients should provide information about the relay system hospital Associates should use to contact their home or family.
  - Virginia Relay– 711 – TTY / VCO Phone
  - CapTel – 1 877 243 2823
  - Video Relay – 1 877 761 9054
- How can we best communicate during your stay?
- Do you need an interpreter? Assistive listening device?
- Request any additional assistance needed during your stay...

With the patient's permission, a broken ear sticker can be placed on the patient's registration form and patient identification band.



# Identify Communication Access Needs



## I communicate with the following methods:

- American Sign Language/Cued Speech
- Pen/Paper/CART (Captioning)
- Upread and use what hearing I have.

## Here's how you can help:

- Try to eliminate background noise
- Do not cover your mouth with hand or paper
- Don't shout - use a normal tone
- Speak slowly and clearly
- Face me when you speak
- Be sure there is light for me to see you
- If I use sign language, I will need an interpreter.
- If I use cued speech, I need a transliterator

## Tips for using this Visor Alert:

- Attach the Visor Alert to the vehicle sun visor using a binder clip.
- If you are stopped by an officer, pull your visor down and put your hands on the steering wheel.
- When the officer walks up, point to your ear and the Visor Alert.
- Remove Visor Alert and show this side to the officer so he knows how best to communicate with you.



Funded by  
Virginia Department of Motor Vehicles  
2300 West Broad Street  
Richmond Virginia 23269-0001  
1-800-435-5137/1-800-272-9268 TTY  
email "dmvnow.com"  
website: <http://www.dmv.state.va.us>

Resources for  
Communication Access  
Virginia Department for the Deaf  
& Hard of Hearing  
Interpreter Directory: [www.vddhh.org](http://www.vddhh.org)

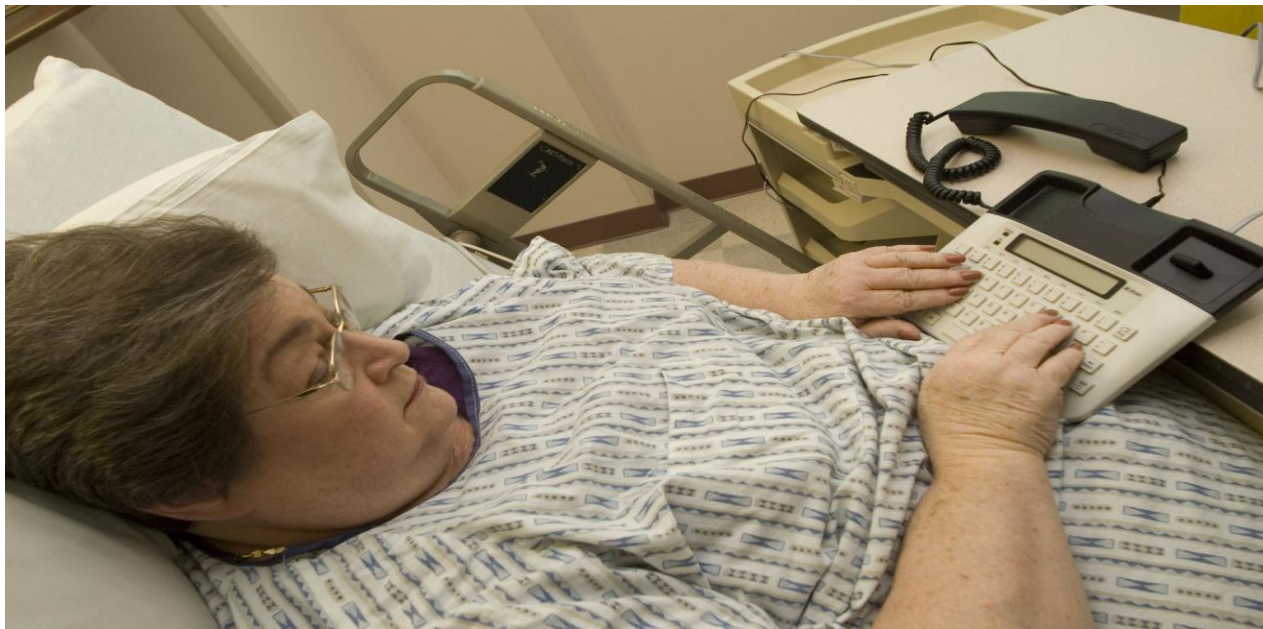
# Professional Medical Interpreters

American Sign Language (ASL) interpreters require maximum advanced notice. (minimum level 3)



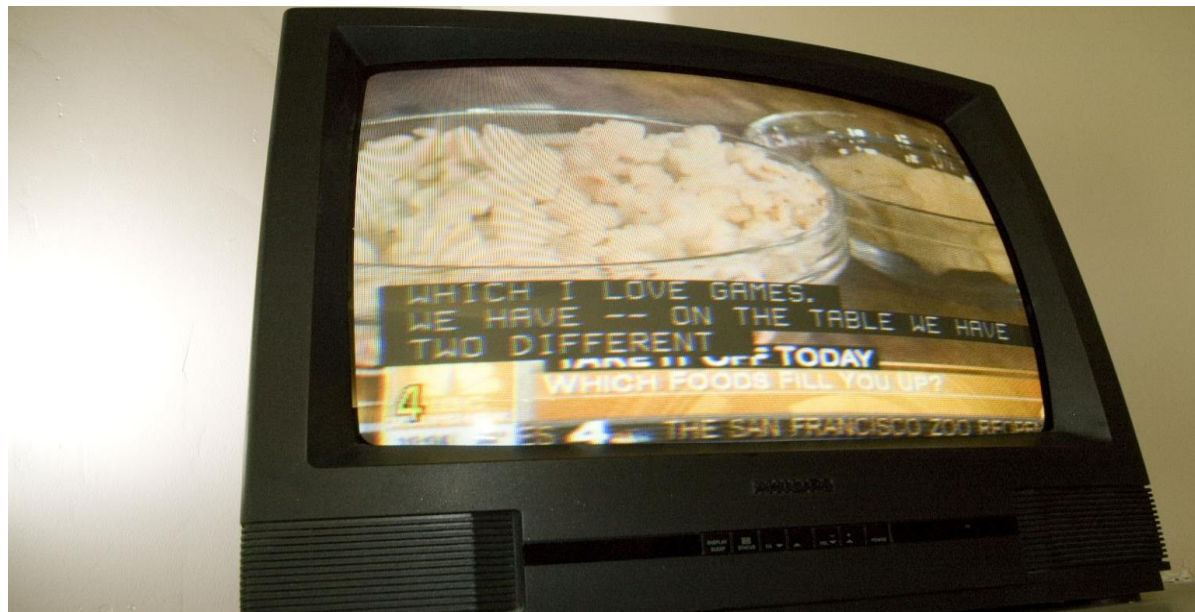
Interpreters are provided at appropriate times during the patient's care.

**There are TTY's available for use in the patient's room.**





Closed Captioning for TV's are available in all patient's rooms upon request.



**“Door Knockers” flash when someone knocks on the door.**



Fire Alarms flash when a fire alert is in progress.  
Flashing strobe alarms are located in the  
hallways.



# Personal amplification devices (Pocket Talkers) are available for the hard of hearing.



**Amplified /Hearing Aid compatible telephones are available for the hard of hearing.**



**Deaf or hard of hearing patients are placed  
in a room close to the Nurse's station.  
(when census allows)**



# Valet Parking for Emergency Department patients and family.



# Closed Captioning on the Television in the Emergency Department waiting area.





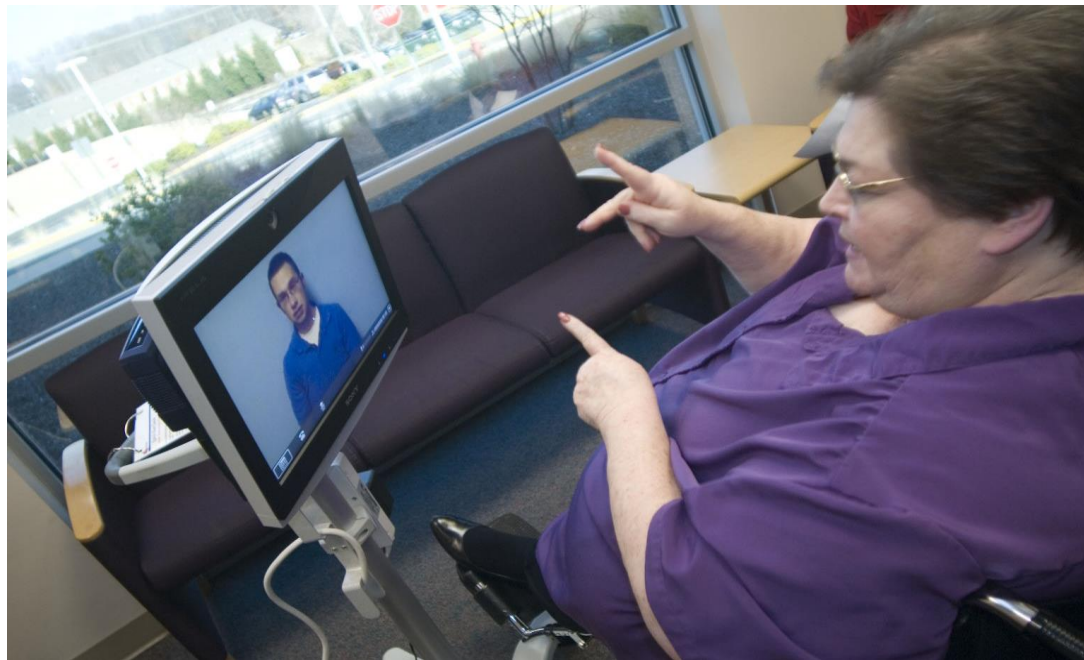
# Video Remote Interpreting Service



**Access a live ASL interpreter through a wireless telephone system in seconds, 24 hours a day, 7 days a week, year long.**



No more delays while waiting for  
Interpreters to arrive.



Training, Training, Training,  
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# Questions / Comments

# Resources

- ▶ Mary Washington Healthcare, Cultural Services  
Contact: Pamela Jones, Coordinator of Cultural Services and Special Projects  
540-741-2655  
[pamela.jones@mwhc.com](mailto:pamela.jones@mwhc.com)
- ▶ disAbility Resource Center  
Contact: Rebecca Bennett  
540-373-2559 (voice)  
540-373-5890 (TTY)  
[rebeccab@drc-fredericksburg.org](mailto:rebeccab@drc-fredericksburg.org)

▶ **League for the Hard of Hearing**

71 West 23rd Street  
New York, NY 10010  
(212) 741-7650 Voice  
(212) 255-1932 TTY  
Fax: (212) 255-4413

[www.lhh.org](http://www.lhh.org)

Email: [postmaster@lhh.org](mailto:postmaster@lhh.org)

▶ **Hearing Loss Association of America**

7910 Woodmont Ave, Suite  
1200  
Bethesda, MD  
(301) 657-2248 Voice  
(301) 657-2249 TTY  
Fax: (301) 913-9413

<http://www.hearingloss.org>

▶ **National Association of the Deaf**

814 Thayer

Silver Springs, MD

20910-4500 USA

(301) 587-1789 TTY

(301) 587-1788 Voice

(301) 587-7791 Fax

Email: [NADinfo@nad.org](mailto:NADinfo@nad.org)

▶ **Virginia Office for Protection and Advocacy**

1910 Byrd Avenue, Suite 5

Richmond, VA 23230

Julie Kegley, Staff Attorney

Jonathan Martinis,

Managing Attorney

▶ **Virginia Department for the Deaf and Hard of Hearing (VDDHH)**

Ratcliffe Building, Suite 203

1602 Rolling Hills Drive

Richmond, VA 23229-5012

(800) 552-7917 Voice/TTY

(804) 662-9502 Voice/TTY

Fax: (804) 662-9718

Email:

[ddhhinfo@ddhh.state.va.us](mailto:ddhhinfo@ddhh.state.va.us)

Web: [vddhh.org](http://vddhh.org)



## **Hearmore (Equipment for Access)**

(800) 881 - 4327 Voice

(800) 281 - 3555 TTY

(631) 752 -0689 Fax

*A good source of information about vendors of assistive equipment are the advertisers in HEARING LOSS, The Journal of Self Help for Hard of Hearing People, published by SHHH.*

# Mid-Atlantic ADA Center

TransCen, Inc.

12300 Twinbrook Parkway, Suite 350

Rockville, MD 20852

Toll Free: 800-949-4232 (DC, DE, MD, PA, VA, WV)

Telephone: 301-217-0124

Fax: 301-251-3762

TTY: 301-217-0124

[ADAinfo@transcen.org](mailto:ADAinfo@transcen.org)

[www.ADAinfo.org](http://www.ADAinfo.org)