I. **POLICY:**

Saint Peter’s University Hospital recognizes the special communication and access needs of certain consumers and ensures that a patient’s right to health care will not be compromised by any physical disability.

II. **PURPOSE:**

To provide information regarding resources available for patients with sight, hearing and communication disabilities.

III. **PROCEDURE:**

Upon registration Admitting will notify Bed Management or the necessary clinical areas of any evidence of disability.

I. General Procedures:

A. Admission/registration will indicate in the registration any assessed disability which includes sight, hearing and literacy.

B. In accordance with Federal regulation, including the American with Disabilities Act and the 504 section of the affirmative action legislation, patients are not asked if they have a disability.

C. Upon registration all requests for special services/equipment are coordinated through the Admitting department upon initial presentation. Ongoing requests for special services will be coordinated by the Nursing Office (after business hours, holidays, and weekends will be coordinated by the Nursing Supervisor.)

D. Cyraphone translation will be utilized for non-English speaking patients.
II. Patients with Visual Impairment:

A. Physical Surroundings:
1. Patients are fully oriented to the room and the floor.
   a. A staff member walks patients from the bed to the
      bathroom, from the bed to the chair and from the bed to the
      door in order to orient the patients to the room set up. If
      equipment/furniture is moved within the room or removed
      or added to the room, this process is repeated.
   b. Patients are oriented to the bathroom by a staff member who
      will describe the location of the toilet/sink/shower using the
      clock reference (ex. The sink is at 12 o’clock.)
   c. The staff orients patients to the floor by escorting patients
      from patients’ room to the nursing desk; from room to
      nearest fire exit; from room to solarium. Patients are
      advised how many doors or other landmarks will be
      encountered. Staff makes every effort to keep the hallway
      outside patients’ doors clear of carts and equipment.
   d. Patients’ bedside tables are kept in the same location
      throughout the patients’ stays. Locations of items on the
      table are described using the clock reference. Bed contacts,
      light controls and call bell are placed within patients’ reach
      and patients are instructed as to their placement and usage.
   e. When patients are transported to other parts of the facility,
      the staff ensures that patients are oriented to that area.
   f. Nursing unit will notify the clinical department when a
      patient is brought to that area as part of hands off
      communication.
   g. Personnel in the clinical department who will be attending
      to the patient introduces themselves and explain what
      procedure will be done and what actions, if any, the patient
      may have to perform.
   h. Upon entering and leaving the room, the technician will step
      into patients’ line of vision and advise patient that they are
      entering or leaving the room.

2. Upon entering the room, all personnel announce their presence.
3. Prior to touching the patients or performing any procedure, patients
   are given a full explanation of what is going to be done.
4. In the event that evacuation of the floor is necessary in the event of
   fire or other emergency situations, the nurse assigned to patients
   assists them in leaving the floor.
5. Upon request ‘big button’ phones are provided; must be requested
   from the Switchboard operator.

B. Documents:
1. Any printed information (consents, menus, educational material,
   etc.) is to be offered to be read to patients.
2. Audio CD’s for medical consents are available on admission.

C. General Facilities:
1. Exit signs are brightly lit and easily visible.
2. Outpatients are offered an escort to the department or area they
need to access by the Transportation Department.

a. The personnel in the clinical department who will be attending the patient introduce themselves and explain what procedures will be done and what actions, if any the patient may have to perform.

b. The technicians will advise the patient when they step out of the room and when they re-enter the room.

6. Seeing eye dogs have access to the facility as defined by law.

III. Patients with Communication Barriers (Foreign Language Only):

1. Saint Peter's University Hospital will provide access to telephonic interpretation services to non-English speaking patients or patients with Limited English Proficiency (LEP) as needed, 24 hours/7 days per week via CyraCom International using the CyraPhone®.

2. The Communications Manager and the Clinical Education and Nursing Research Department (CENR) will collaborate to provide optimal access and education regarding the CyraPhone® system.

   a. The Communications Manager will have administrative responsibility for overseeing access to this CyraPhone® system.

   b. The CENR Department along with the Communications Manager will assess needs for new services or additional needs as requested by service area in order to facilitate and maximize use of the system.

   c. The CENR Department will provide initial education to staff during general hospital orientation and ongoing as needed.

   d. Department Managers, along with CENR Department will have responsibility for promoting and ensuring Hospital personnel utilize the available service and identify and communicate when/if additional education/training is needed.

   e. Department Managers will be responsible for the safe keeping of the designated CyraPhone®(s) and assuring it is in working order.

   f. Malfunctioning CyraPhone®(s) will be returned to the Communications Manager and a replacement CyraPhone® will be issued to the unit/service as soon as possible.

2. PROCEDURE:

   a. Hospital personnel will identify patients in need of interpretation services.

   b. Hospital personnel will connect CyraPhone® to the analog telephone jack nearest the patient and obtain an outside dial tone.
c. Hospital personnel will activate the CyraPhone® Telephonic interpretation system by following the operating instructions displayed on the hang-tag attached to the CyraPhone® or posted in the area.

d. Areas not deemed to have sufficient need to have a designated CyraPhone® or those areas that may have a periodic need for more than one phone at any given time may borrow a CyraPhone® from Switchboard Office on an “as needed” basis.

e. Hospital personnel borrowing a CyraPhone® from the Switchboard Office must sign it out and take responsibility for the CyraPhone® until it is returned to the Switchboard Office.

f. If the patient does not have activated telephone service, call the operator to request activation for the purpose of medical interpretation and specify location (i.e. unit, room and bed number). Staff must notify the operator when the telephonic interpretation call is complete.

g. When the telephonic interpretation session has ended, hospital personnel will use sanicloths to clean each handset and keypad. Allow drying to take place before replacing CyraPhone® into its blue carrying case.

h. Hospital personnel will report any and all technical problems related to the CyraPhone® to their supervisor and the Communications Manager (x8302) or the hospital operator. Any service delivery problems or concerns related to telephonic interpretation will be reported to the immediate supervisor.

IV. Patient’s with Hearing and/or Speech Impairment:

A. Physical Surroundings:

1. Patients’ rooms should be brightly lit to facilitate patients’ perception skills.

2. Upon entering the room, the staff member should immediately come into/patients’ line of vision.

3. In the event that evacuation of the floor is necessary for fire and other emergency situations, the nurse assigned to patients will assist them in leaving the floor.

B. Communication:

1. The initial assessment will be made at the time an appointment is scheduled or upon arrival of the patient, whichever is earlier. Hospital personnel will perform and document a communication assessment as part of each initial assessment, which includes the communication method the patient is most comfortable with. Communication options include sign language, lip-reading, and written notes.

   a. If a sign language interpreter is necessary, staff will request
patients or family members who need a sign language interpreter to complete the Request for Sign Language Interpreter form. Patients who want interpreter services but refuse to sign will not deter staff from proceeding with the necessary process. Any such refusal to sign shall be recorded on the Request form and witnessed. * If the patient chooses to refuse interpreter services the patient will be requested to sign the Refusal of interpreter services form. The nursing supervisor or department head or designee shall utilize the web-based interpretive services, unless the patient has a visual impairment in addition to a hearing impairment. In the event that the web-based interpretive services is not available, an approved vendor will be contacted to provide appropriate assistance. Family members are not to be used as interpreters unless the patient specifically requests this.

b. All assessments, care and provision of auxiliary aids and services must be documented in the medical record by the caregiver in the appropriate discipline of notes. Whenever an interpreter is utilized for communication with the patient the following must be documented in the medical record by the appropriate discipline of care using the interpreter:
   - Name of the interpreter and name of outside service or agency;
   - Circumstances involved in the need for an interpreter;
   - Date and time of services provided.

c. When the preferred method of communication by a patient is note taking, the hospital staff caring for the patient must place all written communication notes in the medical record for permanent retention. All notes must show evidence of patient identification, date and time of discussion.

2. If patients request a teletypewriter (TTY), a telecommunication device for the deaf (TDD) or an amplified hand set; contact the switchboard operator. If the request is made after business hours, the evening nursing supervisor must be contacted. The equipment is kept in telecommunications department with the switchboard operator.

3. If requested, TV service will provide a closed-captioning capable television.

4. The switchboard operators have TTY capability for access by patients.

C. General Procedures:

1. Hearing ear dogs have access to the facility as defined by law.
2. The nursing unit notifies a clinical department when a hearing impaired person is brought to that department.
   a. The personnel in the clinical department who will be attending the patient introduce themselves and explain what procedure will be done and what actions, if any the patient may have to perform.
b. Upon entering and leaving the room, the technician will step into patients’ line of vision and advise patients that they are entering or leaving the room.

IV. REFERENCES:

NJ Division of Board of Hearing – ADA.
NOTICE TO DEAF & HARD OF HEARING PATIENTS

You have a right to have a Sign Language Interpreter if one is required for you to effectively Communicate Medical Information with Hospital Staff.

If you are Deaf or Hard of Hearing and require a Sign Language Interpreter.

PLEASE LET US KNOW. THANK YOU.
SAINT PETER’S UNIVERSITY HOSPITAL
NEW BRUNSWICK, NJ

REQUEST FOR SIGN LANGUAGE INTERPRETER

Patient’s Name: ______________________________ Room: __________

Saint Peter’s University Hospital is committed to providing quality health care to all patients. In order to assure services provided to you are properly communicated, Saint Peter’s requests that you identify which form of communication best meets your needs. A Sign Language Interpreter can be provided at no cost to you if necessary. Also available are Telecommunication devices for the Deaf (TDD) and amplified telephones on a rental basis. Please indicate below your request for a SIGN LANGUAGE INTERPRETER to assist you with medical communication(s) while you are in the hospital:

[] I wish to have a Sign Language Interpreter to assist me with Communication medical information.

NOTE: If the patient does not wish a free Sign Language Interpreter, the Patient must sign REFUSAL OF SPUH INTERPRETER SERVICES found on the Reverse Side of this Form (Over).

In addition, I wish to have the following Services which are available:

[] A telephone for a Telecommunication Device for the Deaf TDD/TTY with a light signaler; NOTE: ALL Patients pay for Telephones;

[] An Amplified Telephone Receiver; No Extra Charge

[] Television Captioning; NOTE: All Patients pay for Television Service, there is no extra charge for Captioning.

OTHER: (Please Explain)

DATE: ____________ Time: ______ Patient: ______________________________

Witness: ______________________________ Interpreter: ________________________
REFUSAL OF FREE INTERPRETER SERVICES:

I, __________________________, understand that I have a right to be provided a free qualified sign language interpreter by Saint Peter's University Hospital to communicate with my physician and Hospital Employees. I have been given a copy of the NOTICE TO DEAF & HARD OF HEARING PATIENTS.

I do not wish to have a FREE Sign Language Interpreter provided to me by Saint Peter's University Hospital because:

[ ] I prefer to lip read and speak for myself for BRIEF COMMUNICATIONS;

[ ] I prefer to LIP READ and speak for myself for ALL COMMUNICATIONS;

[ ] I prefer WRITTEN NOTES for BRIEF COMMUNICATIONS;

[ ] I prefer WRITTEN NOTES FOR ALL COMMUNICATIONS;

[ ] I prefer to provide my OWN INTERPRETER at MY OWN EXPENSE.

Services shall be provided by: ____________________________________________________

ADDRESS: _________________________________________________________________________

TELEPHONE NUMBER: _____________________________________________________________

RELATIONSHIP TO PATIENT: _____________________________________________________

I understand that I can change my mind at any time and request a FEE SIGN LANGUAGE INTERPRETER.

DATE: _______________ TIME: _______________ ________________________________

PATIENT’S SIGNATURE

DATE: _______________ TIME: _______________ ________________________________

WITNESS’S SIGNATURE

DATE: _______________ TIME INTERPRETED: ________________________________

BY: ________________________________

INTERPRETER’S SIGNATURE
Sign Language Interpreters

The following Sign Language Interpreters may be utilized:

ASL Interpreter Referral Service, Inc.: (732) 873-6401
Tri-State ASL Interpreting Services: (908) 391-3645
Nydia Hernandez: (732) 423-8088
Sharon Ferraro: (908) 755-6616