Appendix 6

Policies for Communication

ADMINISTRATIVE POLICY & PROCEDURE

INTERPRETER SERVICES for (LEP) LIMITED ENGLISH SPEAKING PATIENTS

Approved By: _____ **Date:** _____
President and Chief Executive Officer

_____ **Date:** _____
Director, Patient Satisfaction

PURPOSE:

- To ensure that Monmouth Medical Center upholds a patient's fundamental right to effective communication for healthcare needs.
- To meet the communication needs of our patient population by providing services for effective communication in all patient care settings.
- To comply with Title VI of the Civil Rights Act of 1964 (Title VI) and the Patient Protection and Affordable Care Act (ACA)

DEFINITIONS:

LEP (Limited English Proficiency): Individuals who do not speak English as their primary language

VRI (Video Remote Interpreter): Video Interpreter on wheels utilized by the hospital to communicate with LEP patients

Qualified Interpreter: Includes an interpreter who is trained and deemed qualified through a bilingual medical interpreter training program. **(Note:** If a clinical provider has a college degree in a health care related field from the country where the non-English language is spoken, the provider shall be deemed qualified to provide care without the presence of an interpreter for said language.)

POLICY:

1. Monmouth Medical Center is committed to ensuring that the diverse needs of our patients are met and recognizes that all patients have a fundamental right to effective communication related to healthcare needs. Care/services are provided to all patients without discrimination due to race, color, creed, gender (sex), age, national origin, lifestyle or disability. Monmouth Medical Center's commitment to non-discrimination and the provision of effective communication related to healthcare needs extends to persons with Limited English Proficiency All patients will be treated with respect, dignity, sensitivity and compassion.

2. Monmouth Medical Center will make every effort to identify and respond to communication requests/needs in order to meet the special communication needs of the population we serve in all patient care settings. Patients who request communication assistance or who are identified with communication needs shall be offered communication assistance appropriate to their need.

3. In recognition of the language diversity of the population it serves, Monmouth Medical Center will subscribe to Martti & Language Line for use with patients that do not speak English.

4. LEP Patients will be provided with a language interpreter free of charge through accessing the Martti Interpreter Services and or Language Line

5. Any time a patient requests an interpreter Monmouth Medical Center must supply one at no cost to the patient.

6. The Martti telephone, and Video Remote Interpreters should be used for any conversations related to decisions regarding care or treatment, or consents for procedures; and the use of untrained bilingual staff that are not qualified interpreters, family members or friends to provide translation services is discouraged with the exception of emergent circumstances.

7. Signage will be posted in public areas to notify LEP patients of their right to interpreter services at no cost to the patient. The right to effective communication and the availability of no-cost interpreter services is also included in the Patient's Bill of Rights which is posted in all patient rooms, waiting and registration areas of the Medical Center and provided to all patients at the time of admission.

8. Due to privacy and confidentiality issues and concerns about the effectiveness of communication, friends and relatives of LEP patients will not be utilized as language interpreters unless specifically requested by the patient and appropriately documented in the medical records in accordance with this policy. This permission to use non-qualified language interpreter must be documented in the Medical Record.

EQUIPMENT:
Martti Telephone
(VRI) Video Remote Interpreter

PROCEDURE:
Language Needs (Limited English Proficiency):

1. Through patient assessment and contact, Monmouth Medical Center staff will identify patients whose effective communication ability with staff and care givers is limited. Registration will complete the "Communication Assessment" form on all patients at time of registration.

2. When an LEP patient presents to the Medical Center in an inpatient, outpatient or emergency department setting, the staff will consult with the patient regarding their specialized communication needs, their preferred method of communication and their interpreter service needs to facilitate effective communication.

3. A contracted Martti provides a translation service via telephone in over 200 languages/dialects; Martti phones and (VRI) machines are available in all areas of the hospital providing patient care.

4. Patients with LEP must be informed of the availability of language translation service, free of charge and offered an opportunity to utilize this service.

5. The contracted language translation service must be utilized whenever communicating with LEP patients on medical or clinical subjects or information. Medical or clinical subjects include, but are not limited to, diagnostic related information, test results, informed consent discussion, education and discharge information. Family members, friends or non-clinical staff may not be used as translators for clinical information unless the patient has declined alternatives and indicates this to be his/her preference. Patients will be encouraged to allow use of the language line translator service to avoid the risk of incorrect clinical/medical information being communicated and, if the patient continues to refuse this service, their request will be honored. **Such refusal of services and request to have a friend or relative interpret must be documented in the patient's medical record.**

6. The staff member that uses the contracted language translation services to assist with effective communication will document use of a contracted language translator and the translator's identification number in the medical record.

DOCUMENTATION:

- Form: "Communication Assessment" **Attachment A**

- Medical Record: all attempts to provide interpreter services and outcomes
  Translation and interpretation methods should be documented in the patient's medical record. Documentation will include the date and time, the method of translation/ interpretation and the topic discussed.

INFECTION CONTROL:

- Standard Precautions

SAFETY: N/A

REFERNECES:

New Jersey State Department of Health Licensing Standards for Hospitals 8:43G
New Jersey State Department of Human Services: Division of the Deaf and Hard of Hearing
New Jersey State Department of Human Services
Risk Alert: DHHS Guidance for Persons with Limited English Skills Act 2000 Americans with Disabilities Act
Joint Commission Accreditation Manual for Hospitals
Joint Commission: Advancing Effective Communication, Cultural Competence, and Patient and Family Centered Care: A Roadmap for Hospitals

ORIGINAL DATE: 9/96

REVIEWED: 9/11

REVISED: 7/07, 9/17, 10/2018, 11/2022

Attachment A

Pt. Name:

Pt. Acct. #: MR#:

COMMUNICATION ASSESSMENT

In order to assure that the services that are provided to you (or to the patient that you are legally responsible for) are not compromised by ineffective communication, we ask that you complete this form so that we can assess your communication needs and preferences. Kindly check each appropriate item.

☐ I have no special communication needs

1. **Deaf and Hard of Hearing**

☐ I require the use of TDD/TTY

☐ I require the use of an amplified telephone receiver

☐ I require a closed caption television

☐ I prefer written notes for *brief* communication
☐ I prefer written notes for *all* communication

☐ 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 require a qualified sign language interpreter (at no cost to me)

☐ Other (please specify) _____

2. **Visually Impaired/Blind**

☐ I require assistance with printed materials. ☐ Other (please specify) _____

3. **Non-English Speaking**

☐ I require a translator in my language for communication. My language is _____

4. **Special Needs Assistance** For special needs assistance, contact the Patient Satisfaction department at ext. 36695 or Nursing Administration. For TDD/TTY contact the Operator.

☐ I have read this form or have had it read to me.

_____ Date/Time: _____
Signature of Patient or person authorized to sign for patient

Relationship to Patient: _____

Patient is unable to sign because _____

_____ _____
Interpreter signature, if applicable Registrar electronic signature

Refusal of Services Offered

☐ Patient declined sign language interpreter ☐ Patient declined other auxiliary aids and services offered

Patient: _____ Date/Time: _____

Witness: _____
Electronic Signature

A copy of the Facility's written Administrative Policy and Procedure is available upon request at no charge.

Please check here if you want a copy of this policy ☐.

RWJBarnabas HEALTH

Procedure: Special Communication: Interpreter Services for Deaf and Hard of Hearing Patients and Guests and Services for Low Vision/Blind Patients and Companions
Type: COP+ Clinical
Applicable To: Community Medical Center, Clara Maass Medical Center, Jersey City Medical Center, Monmouth Medical Center, Monmouth Medical Center Southern Campus, Newark Beth Israel Medical Center, RWJUH-Hamilton, RWJUH-New Brunswick, RWJUH-Rahway, RWJUH-Somerset, Cooperman Barnabas Medical Center, Trinitas Regional Medical Center, Behavioral Health
Procedure owner: VP Patient Experience
Effective date: 5/27/22
Approved by: HRO Cabinet

1. Purpose Statement:

- To ensure that RWJBarnabas health upholds a patient's fundamental right to effective communication for patients with special communication needs as it pertains to our Deaf/Hard of Hearing and Low Vision/Blind population.
- To meet the communication needs of our Deaf and Hard of Hearing and Low Vision and Blind patient and guest population by providing services for effective communication in all patient care settings.
- Federal civil rights laws require covered entities to ensure effective communication with people who are Deaf or hard of hearing. For people who communicate primarily in American Sign Language, qualified interpreter services may be necessary. Video Remote Interpreting services are available 24/7. All requests for in-person, on-site interpreting services will be given first preference. If on site is not immediately available, technology such as Video Remote Interpreting will provide an interim solution.

2. Acronyms:

LEP	Limited English Proficiency
ASL	American Sign Language
LAP	Language Access Plan
CDI	Certified Deaf Interpreter
VRI	Video Remote Interpretation (iPads)
OPI	Over The Phone interpretation
TDD/TT	Telecommunications Device for the Deaf/Text Telephone
Auxiliary Aids and Services	"Auxiliary Aids and Services" include, for example, interpreters (either onsite or through video remote interpreting services), note takers, telephone handset amplifiers, assistive listening systems, text telephones, videotext displays, and other methods of making orally delivered information available to the Deaf or hard-of-hearing.
ADA	

3. Procedure: (NOTE CAUTIONS IN ***BOLD ITALICS*** BEFORE STEP)

Performed By (title/area)	Required Action Steps	Supplemental Guidance
Registration/Scheduling	Registration/Scheduling staff will identify patients need interpreting services to effectively communicate. Registration/Scheduling will complete the "Communication Assessment" form on all patients at time of registration or scheduling. 1. Patients identified with special communication needs shall be consulted regarding what communication assistance would be most effective to meeting their communication needs. Methods of initial communication contact include: a. Asking the patient or person accompanying patient what communication needs may be required;	

b. Offering the patient paper/pen to write down needs or special requests;
c. Providing the "Communication Assessment" form to the patient for the option of requesting or refusing a qualified interpreter. This form is also utilized to address special needs and options available to the patient. Forms are located at all inpatient, outpatient and emergency department registration sites.

2. When communication needs are identified appropriate assistive devices and/or services are offered and provided to ensure effective communication.

3. The staff will make all attempts in making reasonable accommodations for patients with communication impairment needs such as Deaf/Hard of Hearing and Low Vision/Blind when the patient presents in an inpatient, outpatient or emergency department setting.

4. Effective communication strategies may change throughout the patient's time in the facility. For example, VRI may be effective at first but depending on the nature of the visit, complexity of care, and information shared, an onsite interpreter may be needed.

5. Certified Deaf Interpreters (CDI) may be necessary for effective communication. They work in conjunction with hearing ASL interpreters. Requests for CDIs should always be honored and provided throughout the patient's care experience once requested.

I. Visually Impaired:

1. The staff will consult with the patient regarding their specialized communication needs, their preferred method of communication and the specialized equipment needs to facilitate effective communication.

2. The staff will offer to read all printed materials (forms, statements, educational literature or requested policies) to the visually impaired patient.

3. A staff member/volunteer will be offered to assist the visually impaired patient. Additionally, instructions regarding downloading and using the Aira (geolocator) app will be made available.

II. Speech Impaired Needs:

1. The staff will consult with the patient regarding their specialized communication needs, their preferred method of

communication and the specialized equipment needs to facilitate effective communication.

2. If verbal communication is impaired due to a disability or clinical condition, the staff shall make provisions for written communication via communication boards, pen/paper and be cognizant of encouraging non-verbal communication techniques.

III. Hard of Hearing/Deaf

1. VRI services can provide immediate, effective access to a Qualified Interpreter in a variety of situations including, but not limited to, emergencies and unplanned incidents. VRI services MUST provide:
   - Real-time, full-motion video and audio over a dedicated high-speed, wide-bandwidth video images that do not produce lags, choppy, blurry, or grainy images or irregular pauses in communication;
   - A sharply delineated image that is large enough to display the interpreter's face, arms, hands, and fingers, and the participating individual's face, arms, hands, and fingers, regardless of his or her body position
   - A clear, audible transmission of voices; and
   - Adequate training to appropriate personnel so that they may quickly and efficiently set up and operate the VRI
2. To obtain the auxiliary aid (which could include TTY/TDD Telecommunications Device for the Deaf, amplified telephone receiver/handset for telephone, assistive listening device which amplifies volumes of any sound, and/or television caption, notify Telecommunications Department. Additional auxiliary aids for communication may include: handwritten communication, texting, picture boards, and lip reading.
3. For Qualified Interpretation services-notify the Patient Experience Department. VRI machines (such as Deaf Talk) are immediately available in the Nursing Department office, Emergency Department and in the Ambulatory Care Services

4. Related Documents:

Document Type	Document Name
Policy	
Job aids	Special Communiction Deaf and Hard of Hearing Training-Job Aid attachment 1 Special Communitation Deaf and Hard of Hearing-Cerner-Job Aid Attachment 2 Special Communication Deaf and Hard of Hearing- Notice Sign Job Aid Attachment 3
Patient/family education materials	Special Communication Deaf and Hard of Hearing-Aira Overview Patient Education Attachment 4

RWJBarnabas HEALTH

	Further information regarding Language Services can be found at https://www.rwjbh.org/taglines-to-language-assistance-services/ under Patient Experience
Resources	• Language Access Plan • MARTTI Help Desk at: 1-866-449-4428 – available 24/7 • Each hospital has a designated ADA Administrator. This is an employee who will be available 24/7 to answer questions and provide assistance regarding Auxiliary Aids and Services. The ADA Administrator will know where the appropriate Auxiliary Aids are stored and how to operate them. The ADA Administrator (or the ADA Administrator on-call) can be contacted 24/7 by patients or companions, by calling the hospital operator. • Each hospital must post signs notifying patients and companions of the availability of Auxiliary Aids and Services. Signs should be posted in areas where they are capable of being seen by the public, including, e.g., the admissions office. • Referral services for the Deaf/Hard of Hearing can be obtained through The NJ Division of Deaf and Hard of Hearing at 609-984-7283 to schedule an interpreter to be present for a patient/client's examination and/or treatment. 360 Translations International, Inc. can also be contacted by calling 1-856-356-2922 to request a face to face American Sign Language (ASL) interpreter.
Forms	Special Communication Deaf and Hard of Hearing- Interpreter Services Form Attachment 5
Regulatory references	• New Jersey State Department of Health Licensing Standards for Hospitals 8:43G • New Jersey State Department of Human Services: Division of the Deaf and Hard of Hearing • New Jersey State Department of Human Services • Risk Alert: DHHS Guidance for Persons with Limited English Skills Act 2000 Americans with Disabilities Act • Joint Commission Accreditation Manual for Hospitals • Joint Commission: Advancing Effective Communication, Cultural Competence, and Patient and Family Centered Care: A Roadmap for Hospitals • NJDOH 8:43G-4.1 Patient Rights • To comply with the American Disabilities Act (ADA) • To comply with Title VI of the Civil Rights Act of 1964 (Title VI) and the Patient Protection and Affordable Care Act (ACA)

Attachment 1

Assessing and Providing Services for the Deaf and Hard of Hearing

Background

- The Americans with Disabilities Act, 42 U.S.C. *12101, et seq. (ADA), Section 504 of the Rehabilitation Act 29 U.S.C.* 794 et seq., New Jersey Law Against Discrimination.
- Hospitals and healthcare providers must provide effective communication for patients and/or companions that are deaf or hard of hearing.
- We use various Auxiliary Aids and Services to fulfill this requirement.

Patients and Companions

- Patient means any individual who is deaf or hard-of-hearing, and is seeking or receiving health care services from the facility, whether as an in-patient or an outpatient.
- Companion means a person who is deaf or hard of hearing, and is a family member, friend, associate, or designated support person of an individual seeking access to, or participating in, the goods, services, facilities, privileges, advantages, or accommodations of the facility.
  - The Companion, along the Patient, is an appropriate person with whom the facility should communicate.

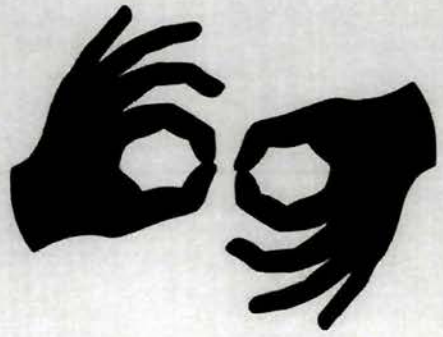
Auxiliary Aids & Services

Auxiliary Aids and Services include, but are not limited to:

- Qualified Interpreter
  - An interpreter who, via a video remote interpreting ("VRI") service or an on-site appearance, that is able to interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary
- Other effective methods of making aurally delivered information available to individuals who are deaf or hard of hearing

Notification of Patient Rights

- Signage alerting patients and companions of the availability of Auxiliary Aids and Services are posted in public areas and at registration



Health Care Provider Responsibility

- The responsible health care provider including, but not limited to: Certified Patient Access Representative, RN, Physician will ensure that Auxiliary Aids and Services, including interpreters, are offered, utilized, and documented in the medical record.

- If hospital personnel recognize or have any reason to believe a patient, relative, or companion of a patient is deaf, deafblind, or hard of hearing, said personnel must advise the person that Auxiliary Aids and Service, including interpreters, will be provided free of charge when necessary for effective communication.

First Point of Contact for the Deaf and Hard of Hearing

- Most patients first encounter in the hospital is with Access Personnel or a Registrar. This may also be a nurse or physician.

- It is the responsibility of the first person who encounters the patient to assess for communication needs and ensure the necessary Auxiliary Aids and Services are available as soon as possible.

Request for Services by Deaf and Hard of Hearing Persons Form

- Use the form, Request for Services by Deaf and Hard of Hearing Persons, to document the patient's communication needs
- The Form should indicate the type of communication need and the Auxiliary Aids or Services.
- Use the form, Refusal of Interpreter Services, for any patient and/or companion who:
  - Declines access to Auxiliary Aids or Services.
  - Prefers an alternative means of communication, i.e. written notes or lip reading.
  - Uses a family member or friend for communication needs.
  - Arranges for their own sign language or interpreter.
- The completed form(s) must remain with the medical record at all times.

Request for Services by Deaf and Hard of Hearing Persons Form - Sample

Patient identification Label

INTERPRETER SERVICES QUESTIONNAIRE FOR DEAF OR HARD OF HEARING PERSONS

Newark Beth Israel Medical Center is committed to providing timely, accurate, and appropriate health care to all members of the community. In order to ensure effective communication with you, there are resources available, including the services of a qualified sign language interpreter which is provided at no cost to you.

Do you require any of the following assistive communication services?

□ **YES** (Please indicate choice below)

□ **NO, I** do not want assistive communication services at this time. ***REFUSAL OF INTERPRETER SERVICES*** form must be completed and signed (see reverse side).

□ **TTY** (also known as TDD/ Telecommunications Device for the Deaf)

□ **AMPLIFIED TELEPHONE RECEIVER** (Handset for telephone)

□ **ASSISTIVE LISTENING DEVICE** (Amplifies volume of any sound)

□ **TELEVISION CAPTIONING**

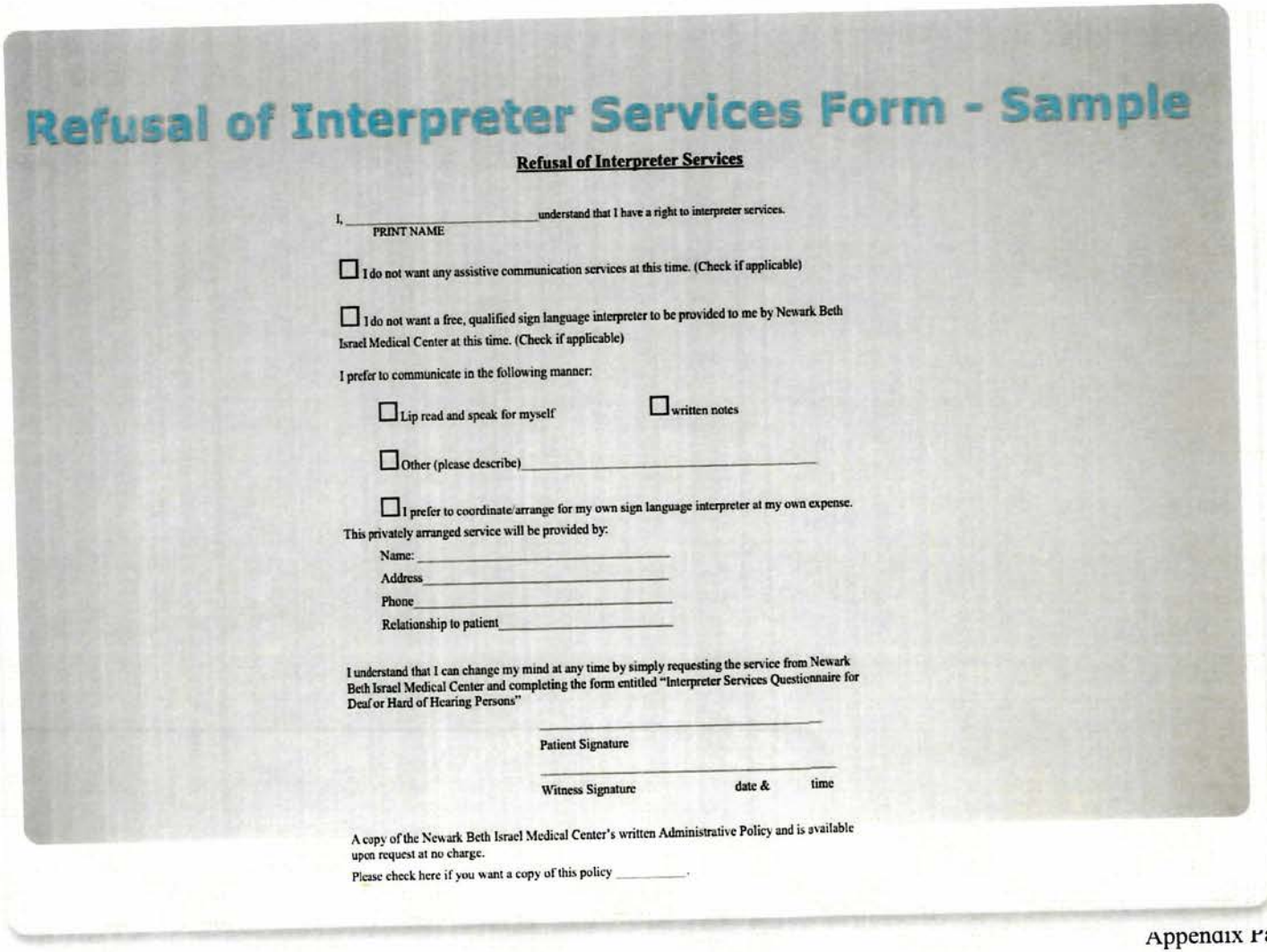
□ **AMERCAN SIGN LANGUAGE INTERPRETER**

Available via Video Sign Language Device (VRI) and/or in-person interpretation services. If there is a need for in-person interpretation please note that due to potential delay in provision of this service, VRI or alternative assistive devices may be appropriate for emergency use.

Patient Signature Witness Signature Date & Time

A copy of the Newark Beth Israel Medical Center's written Administrative Policy and Procedure is available upon request at no charge.
Please check here if you want a copy of this policy _____.

Refusal of Interpreter Services Form - Sample



Refusal of Interpreter Services

I, _____ understand that I have a right to interpreter services.
PRINT NAME

☐ I do not want any assistive communication services at this time. (Check if applicable)

☐ I do not want a free, qualified sign language interpreter to be provided to me by Newark Beth Israel Medical Center at this time. (Check if applicable)

I prefer to communicate in the following manner:

☐ Lip read and speak for myself ☐ written notes

☐ Other (please describe)_____

☐ I prefer to coordinate/arrange for my own sign language interpreter at my own expense. This privately arranged service will be provided by:

Name: _____
Address_____
Phone_____
Relationship to patient_____

I understand that I can change my mind at any time by simply requesting the service from Newark Beth Israel Medical Center and completing the form entitled "Interpreter Services Questionnaire for Deaf or Hard of Hearing Persons"

_____
Patient Signature

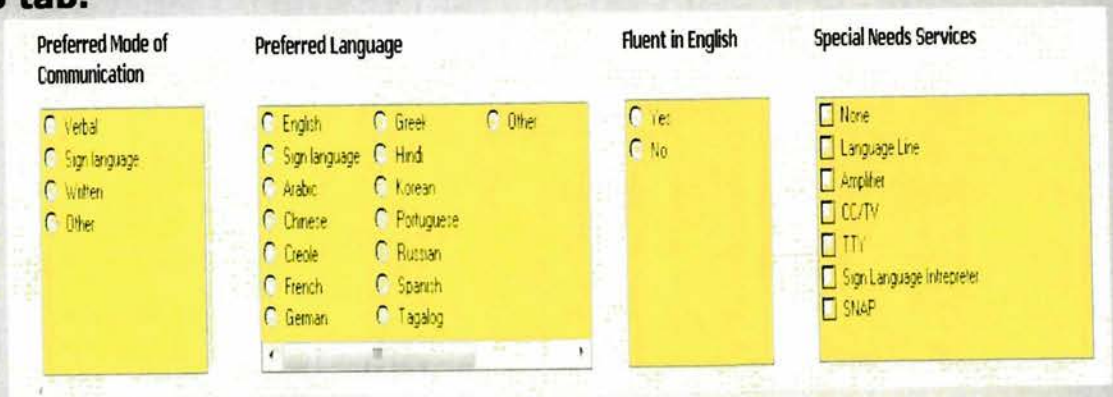
_____
Witness Signature date & time

A copy of the Newark Beth Israel Medical Center's written Administrative Policy and is available upon request at no charge.

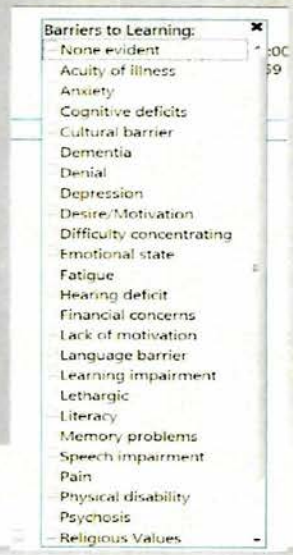
Please check here if you want a copy of this policy _____.

Assessment of Patients Needs

- **Nursing staff assess patients needs during the nursing history admission assessment.**
- **Any special communication needs shall be documented in the Electronic Medical Record.**
- **Communication and Special Needs Services documentation is located in Ad Hoc in the Adult/Peds History form in the General Info tab.**



- **Hearing deficit, speech impairment, etc. is located in the Barriers to Learning Assessment. This is located in the Adult/Peds History in Educational Needs tab.**



"Barriers to Learning" documentation is part of all the education documentation located in the Education Band in I View.

Video Remote Interpreting Services

- VRI services can provide immediate, effective access to a Qualified Interpreter in a variety of situations including, but not limited to, emergencies and unplanned incidents.
- VRI services must provide:
  - Real-time, full-motion video and audio over a dedicated high-speed, wide-bandwidth video connection or wireless connection that delivers high quality video images that do not produce lags, choppy, blurry, or grainy images, or irregular pauses in communication;
  - A sharply delineated image that is large enough to display the interpreter's face, arms, hands, and fingers, and the participating individual's face, arms, hands, and fingers, regardless of his or her body position;
  - A clear, audible transmission of voices; and
  - Adequate training to appropriate personnel so that they may quickly and efficiently set up and operate the VRI.

Video Remote Interpreting Services

- Confirm with the Patient or Companion that the VRI service is effective.
- If the VRI is deemed appropriate and effective and is being used, you must ask the Patient or Companion whether the VRI is meeting his or her communication needs.
  - Document this communication and the response in the Patient's medical record.
- In the event that the Patient or Companion cannot communicate effectively using VRI, you must contact and arrange for an onsite Qualified Interpreter.
  - You must periodically inform the Patient or Companion of the status of those efforts and document the steps taken to obtain another auxiliary aid or service.

Ineffective VRI Services

- VRI shall not be used when it is not effective.
- The following are examples of when VRI is not effective:
  - A Patient or Companion's limited ability to see the video screen, move his or her head, hands or arms; or a Patient's or Companion's vision, pain or cognitive issues that make the use of VRI ineffective;
  - Where the information exchanged is highly complex;
  - The Patient or Companion may be in an area where there is not a designated high speed Internet line; or
  - There are space restrictions in the room where the Patient will be treated; or
  - Where the staff has attempted to make the VRI operational for a period of forty-five (45) minutes but is unable to do so
- If the VRI is not effective for any reason, Facility personnel shall contact and arrange for an onsite Qualified Interpreter to ensure effective communication for the Patient or Companion.

Emergency Situations

- In any emergency situation in which the seriousness of the Patient's medical condition or the best interests of the Patient precludes waiting for the arrival or utilization of a Qualified Interpreter before beginning the assessment and treatment of a Patient, Facility may use whatever means necessary to communicate with the Patient
  - For example, Facility may use written notes, charts, diagrams, non-verbal gestures, lip reading and sign language or oral interpretation by staff employees or others including, but not limited to relatives and friends of the Patient, who have such skills, until such times as a Qualified Interpreter can be utilized.
- Facility employees who know sign language, but are not certified, may be used only in an emergency circumstance and only until a qualified interpreter arrives.

Types of Assistive Auxiliary Aids

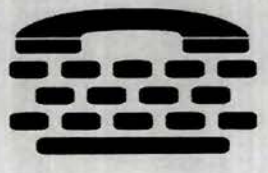
- **TTY** (also known as TDD/ Telecommunications Device for the Deaf)
- **AMPLIFIED TELEPHONE RECEIVER** (Handset for telephone)
- **ASSISTIVE LISTENING DEVICE** (Amplifies volume of any sound)
- **TELEVISION CAPTIONING**
- **AMERCAN SIGN LANGUAGE INTERPRETER**

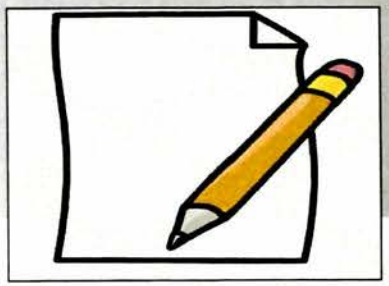
Available via Video Sign Language Device (VRI) and/or in-person interpretation services.

Additional auxiliary aids for communication include:

Handwritten Communication, texting, picture boards and lip reading or any combination of the above.

Examples of auxiliary aids





How to obtain the auxiliary aid?

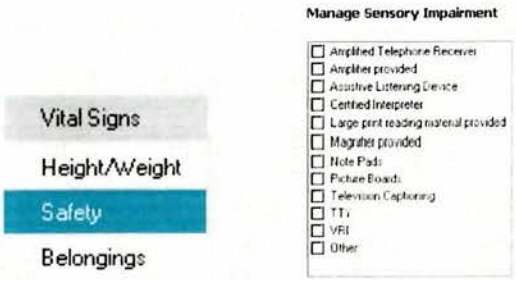
- Any TTY or telephone device-notify Telecommunications Department.
- For Qualified Interpretation Services-notify the Patient Experience Department.
  - VRI machines(Deaf Talk) are immediately available in the Nursing Department office, Emergency Department and in the Ambulatory care Services.

- There is an ADA Coordinator available for staff to contact for any concerns or questions with the use of the VRI or other auxiliary communication needs.

Nursing Supervisor is available on off shifts and weekends. Please call the operator to contact.

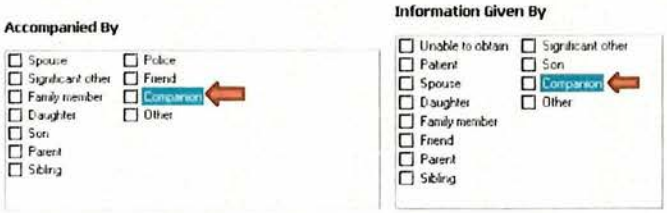
Attachment 2

Deaf and Sensory Impairment Documentation

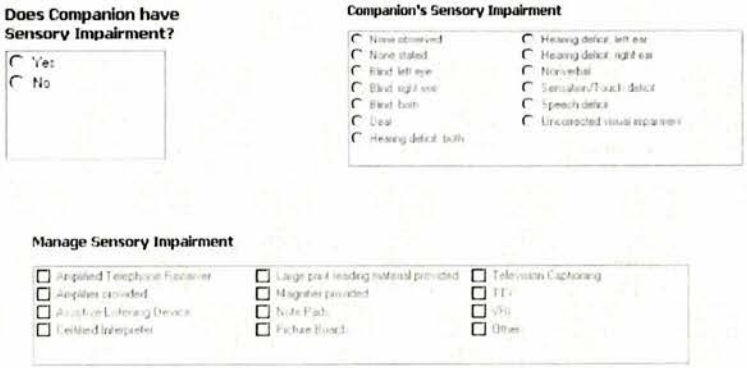


In the Basic Admission Information Adult/Peds located within the Safety tab there are new additions to the Manage Sensory Impairment section. Multiple selections can be made.

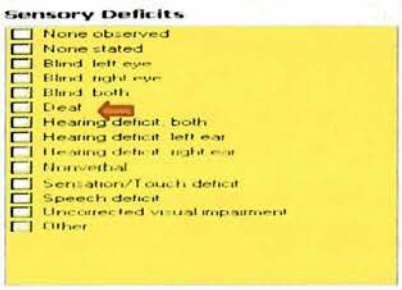
In the Adult/Peds Admission History within the General Info tab "Companion" has been added to the "Accompanied by and Information Given by" sections.



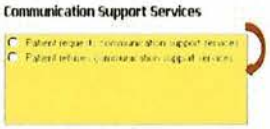
Under General Info three new sections have been added "Does Companion have Sensory Impairment?" Companion's Sensory Impairment and Manage Sensory Impairment.



Deaf and Sensory Impairment Documentation

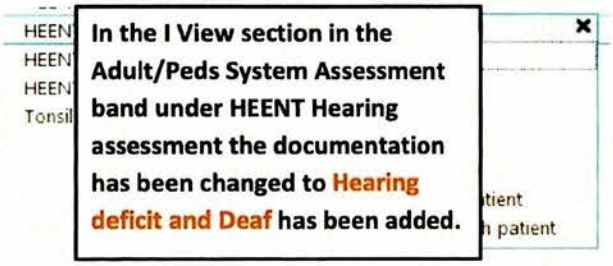


In the Admission History in the Functional Assessment tab, Sensory Deficit section, Deaf has been added. You must document if patient accepts/refuses support services.



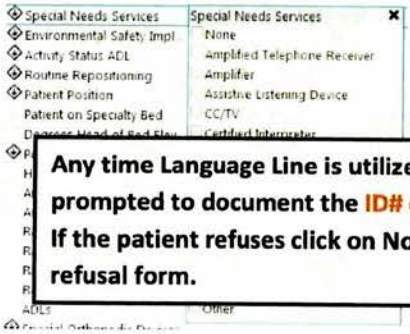
In the Admission History in the Educational Needs tab in the Barriers to Learning section Deaf and Blind have been added.

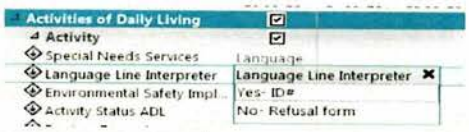
In the Admission History in the Living and Resources tab in the Home Devices and Equipment section TTY/TT have been added.



In the I View section in the Adult/Peds System Assessment band under HEENT Hearing assessment the documentation has been changed to Hearing deficit and Deaf has been added.

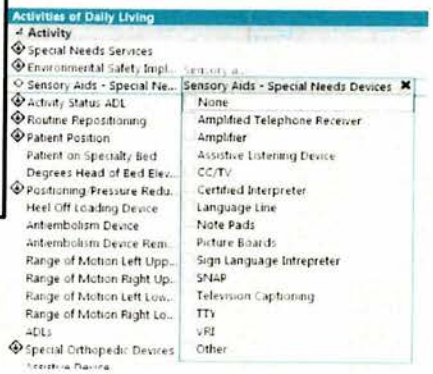
In I View in the Patient Care intervention band under Activities of Daily Living- Special Needs Services the following have been added; Amplified Telephone Receiver, Assistive Listening Device, Television Captioning, Certified Interpreter, Picture Boards, Note Pads and VRI.





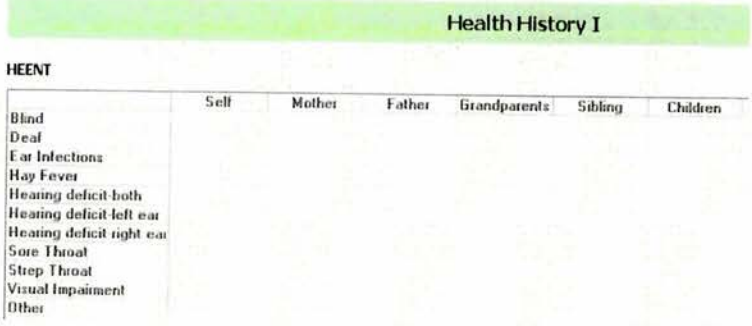
Any time Language Line is utilized you will be prompted to document the ID# of the Interpreter. If the patient refuses click on No and refer to refusal form.

In the Activities of Daily Living- Environmental Safety Implemented –when you choose Sensory aides within reach the following have been added; Amplified Telephone Receiver, Assistive Listening Device, Television Captioning, Certified Interpreter, Picture Boards, Note Pads and VRI.



Changes Specific to Pediatric Admission History

In Peds Admission History under the Health History I tab in the HEENT assessment the documentation is now Hearing deficit, Deaf, Visual Impairment and Blind.



Health History I

HEENT

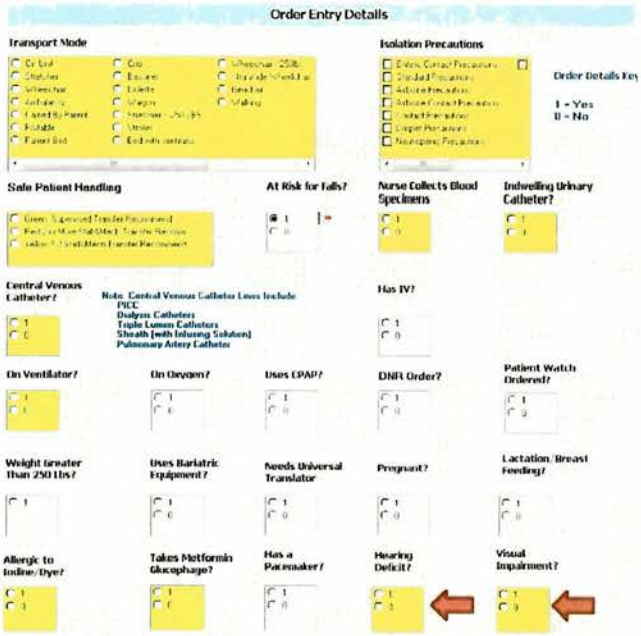
	Self	Mother	Father	Grandparents	Sibling	Children
Blind						
Deaf						
Ear Infections						
Hay Fever						
Hearing deficit-both						
Hearing deficit-left ear						
Hearing deficit-right ear						
Sore Throat						
Strep Throat						
Visual Impairment						
Other						

Medical Devices

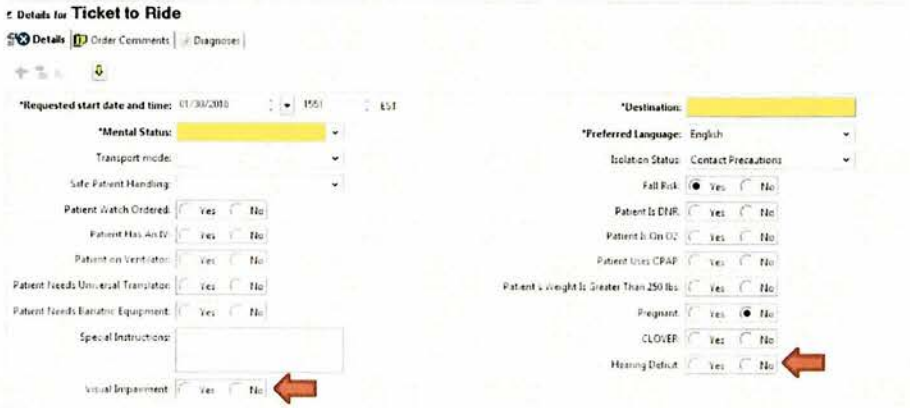
☐ None	☐ Hearing Aid/Assistive Device	☐ Insulin pump	☐ Pacemaker
☐ Blood filtering, blocking device	☐ Implantable cardioverter-defibrillator	☐ Medication pump	☐ Stent
☐ Contraception device	☐ Implantable pump	☐ Orthopedic hardware	☐ Stimulator
☐ Heart mechanical device	☐ Implants	☐ Orthopedic prosthesis	☐ Other

In the tab Health History III Hearing Aid/Assistive Device has been added.

Deaf and Sensory Impairment Documentation



In the OED for Adult/Peds Hearing Deficit and Visual Impairment have been added as a mandatory field. This documentation will cross over to the "Ticket to Ride" order.



ED Primary Nursing Assessment Adult/Peds

In the ED Primary Assessment form under Triage in the "Information Given By" section, Companion has been added. In the Special Needs Service the following have been added; Amplified Telephone Receiver, Assistive Listening Device, Television Captioning, Certified Interpreter, Picture Boards, Note Pads, and VRI.

Information Given By

- ☐ Unable to obtain
- ☐ Patient
- ☐ Spouse
- ☐ Daughter
- ☐ Family member
- ☐ Friend
- ☐ Parent
- ☐ Sibling
- ☐ Significant other
- ☐ Son
- ☐ Companion
- ☐ Other

Special Needs Service

- ☐ None
- ☐ Amplified Telephone Receiver
- ☐ Amplifier
- ☐ Assistive Listening Device
- ☐ CC/TV
- ☐ Certified Interpreter
- ☐ Language Line
- ☐ Note Pads
- ☐ Picture Boards
- ☐ Sign Language Intrepreter
- ☐ SNAP
- ☐ Television Captioning
- ☐ TTY
- ☐ VRI

added "Sensory Deficits". More than one choice can be

Sensory Deficits

- ☐ None observed
- ☐ None stated
- ☐ Blind, left eye
- ☐ Blind, right eye
- ☐ Blind, both
- ☐ Deaf
- ☐ Hearing deficit, both
- ☐ Hearing deficit, left ear
- ☐ Hearing deficit, right ear
- ☐ Nonverbal
- ☐ Sensation/Touch deficit
- ☐ Speech deficit
- ☐ Uncorrected visual impairment
- ☐ Other

Addition to Problem List

When ☐Deaf is chosen in Sensory Deficit section in Adult/Peds or ED Triage, Deaf will automatically be placed on the Problem list.

Attachment 3

Notice to Deaf & Hard of Hearing Patients:

You have the right to a sign language interpreter if one is required for you to effectively communicate with hospital staff.

If you are deaf or hard of hearing and require a sign language interpreter to communicate, please let us know.

Attachment 4

Aira. Visual information on demand.

On April 9th, 2021, **RWJBarnabas Health** renewed their partnership with Aira. Aira, an app and service that connects people who are blind or have low vision with live, personal agents who describe their surroundings for them, enhancing everyday efficiency, engagement, and independence. Originally deployed as a test on the Somerset campus, this can now be activated at all locations.

What is Aira?
Aira is a live human-to-human service, a tool that unlocks independence by delivering on-demand, skilled and reliable visual interpreting for just about any task. Using the camera and an app on your smartphone, Aira's trained agents assist by visually interpreting your surroundings – describing, reading, explaining, navigating - just about anything, safely and securely.

How are people using the Aira service?
While the use of Aira can be virtually endless, common uses fall into three main categories:

- **Everyday tasks** such as reading mail, bills, bank statements, cooking, identifying objects such as one prescription from another. Aira enables self-sufficiency and independence.
- **Digital tasks** include things like shopping on-line, assisting with inaccessible documents or websites, and formatting documents.
- And **navigating** your surroundings. While Aira Agents go through extensive training on orientation and mobility, Aira Agents are not a replacement for a guide dog or a white cane but rather an additional feed of visual information.

Through visual interpretation, this guided service provides access for community members who are blind or have low vision to engage, interact and participate in important, daily activities with enhanced independence, on their own terms.

RWJBH - Aira Access Locations
Aira can be made available at all RWJBH facilities. This means that when patients or visitors are onsite at a RWJBH facility, Aira is available to them free of charge. This is enabled by a geofence around the facility that Aira creates and maintains. The only requirement to take advantage of this is to have the Aira app installed. **From an Android or iOS phone**, visit aira.io/app to download and install Aira.

What is the process for a patient/visitor to use the Aira app?

1. Download and install Aira from the Apple App Store or Google Play.
2. Open the app, register your phone number.
3. Click the link in the text message Aira will send you, which automatically logs you into the app.
4. Make your first call to an Aira Agent.

How can you offer Aira at your RWJBH facility?
Send an email to Marty Watts, Vice President, Sales at Aira Tech Corp, marty@aira.io. Include the full address and your geofence will be enabled within 48 hours.

Who are Aira Agents?
Aira Agents are humans, trained and certified by Aira to provide immediate information to our Explorers. Aira Agents pass a background check and sign a non-disclosure agreement that requires them to maintain confidentiality about their engagement with each Explorer, and go through extensive training on orientation and mobility. Aira Agents are not a replacement for a guide dog or a white cane but rather an additional feed of visual information.

Do I need any special equipment to use the service?
Special equipment is not required. Anyone who is blind or has low vision can use the Aira service on their smartphone simply by downloading the Aira app. Both iOS and Android phones are supported.

Exactly what do Aira Agents see and know about my surroundings?
Your Aira Agent sees what is in front of and near your phone camera. To get a better view of your surroundings, your Aira Agent may ask you to adjust the camera direction.

What are Aira's hours of operation?
Aira Agents are always available, 24/7, and do not require advanced reservations. Trained Agents are ready to support you as you travel and when you arrive at your destination for essential services.
- Aira Agents are available 24 hours a day, 7 days a week.
- Aira Customer Care team is available at 1-800-835-1934 from 9am to 9pm Eastern Time, 7 days a week.

What languages are supported?
English and Spanish are supported. In your Aira profile, you can designate a primary and secondary language preference. If your primary language preference is Spanish, your call will be directed to a Spanish-speaking Aira Agent.

TITLE: INTERPRETER SERVICES FOR THE DEAF & PATIENTS HARD OF HEARING

ATTACHMENT A

Patient Identification Label

REQUEST FOR SERVICES BY DEAF AND HARD OF HEARING PERSONS

The Facility is committed to providing quality care to all members of our community. In order to ensure that there is effective communication in connection with the services that are provided to you, the Facility has resources that are available to you, including the services of a qualified sign language interpreter when necessary, which is provided at no cost to you.

Do you require any of the following assistive communication services?

□ YES (Please indicate choice below)

□ NO, I do not want assistive communication services at this time. *Skip* to Attachment B.

□ TTY (also known as TDD/ Telecommunications Device for the Deaf)

□ AMPLIFIED TELEPHONE RECEIVER (Handset for telephone)

□ ASSISTIVE LISTENING DEVICE (Amplifies volume of any sound)

□ TELEVISION CAPTIONING

□ QUALIFIED INTERPRETER
Available via Video Remote Interpreting ("VRI") services. However, in the event you cannot communicate effectively using VRI, Facility shall contact and arrange for an onsite Qualified Interpreter.

□ OTHER (please explain): [will be provided if the service or device requested constitutes a reasonable accommodation under applicable law]

_____
_____
_____

_____
Patient Signature Witness Signature Date & Time

A copy of the Facility's written Administrative Policy and Procedure is available upon request at no charge.

Please check here if you want a copy of this policy_____.

TITLE: INTERPRETER SERVICES FOR THE DEAF & PATIENTS HARD OF HEARING

ATTACHMENT B

Patient Identification Label

REFUSAL OF INTERPRETER SERVICES

I,_____understand that I have a right to interpreter services.
PRINT NAME

□ I do not want any assistive communication services at this time. (Check if applicable)
□ I do not want a **FREE QUALIFIED INTERPRETER** to be provided to me by Facility at this time because:

- □ I prefer to communicate using:_____
- □ 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.

OR

□ I prefer to coordinate/arrange for my own sign language interpreter at my own expense. This privately arranged service will be provided by:

Name:_____
Address_____
Phone_____
Relationship to patient_____

I understand that I can change my mind about this request by executing a Request for Services by Deaf and Hard of Hearing Persons Form.

_____
Patient Signature

_____
Witness Signature Date & Time

A copy of the Facility's written Administrative Policy and is available upon request at no charge.

Please check here if you want a copy of this policy_____.

For Facility Staff Only:

Refusal of Services Offered:
□ Patient declined Qualified Interpreter

□ Patient declined other Auxiliary Aids and Services offered (please describe):

Signature:_____ _____