

# **Raising Decibels: Engaging Deaf and Hard of Hearing Patients**

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## **A Note on this Independent Research Project:**

When I arrived at Adelante Healthcare as a GE-NMF Primary Care Leadership scholar it was clear that Adelante had specific projects that the organization would like addressed. I was initially presented with a document from the State of Arizona Office of the Attorney General Civil Rights Division, and asked if I could assist. A Deaf patient of Adelante Healthcare had filed a formal complaint with the Attorney General, which had been settled in mediation. My main role was to ensure Adelante Healthcare was in full compliance with the points of the mediation agreement. However, I wanted to go beyond improving Adelante's support and services to the Deaf and the hard of hearing community and truly engage this population. With support from Sean Furman, a Deaf Specialist at the Arizona Commission for the Deaf and Hard of Hearing, as well as Mary Ann Stefko, the Assistant Principal of The Scranton School for the Deaf and Hard of Hearing Children in Scranton, Pennsylvania, I hoped to create meaningful and lasting changes to Adelante Healthcare's policies that promoted patient centered healthcare rooted in dignity and respect. As a life long advocate for those with disabilities and the sister to a young man with a disability I was ready to take on this project.

**Background:**

Patient centered medicine is fundamental value of Adelante Healthcare. Patient centered medicine requires effective communication between a patient and a physician. Achieving true patient centered medicine may be challenging for certain types of populations including the Deaf and the hard of hearing. The Deaf and the hard of hearing are a diverse population that includes varying degrees of hearing. Level of hearing loss, age of onset of hearing loss, and preferred language all must be considered when caring for this cohort.

Deaf individuals report lower levels of patient satisfaction especially in personal care such as physicians asking about their concerns and physicians answering all of their healthcare questions (Iezzoni et al. 2002). Deaf individuals also visit the doctors less often compared to normal hearing patients (Barnett, 2002). A study on communication in health care found that Deaf interviewees believed physicians hold inherent biases about deafness that undermine the patient-physician relationship (Iezzoni, 2004). Interviewees also believed that physicians did not understand the richness of Deaf culture and linguistic identities (Iezzoni, 2004). In fact, American Sign Language has grammar and syntax different from spoken English (Hogan, 1997).

Physicians often use inadequate forms of communication with their Deaf and hard of hearing patients including reading lips, writing notes, or using family members to interpret. Even when an American Sign Language interpreter is presents, there are additional challenges. For example the interpreter may not be specifically trained in medical sign language and the physician may inappropriately maintain eye contact with the interpreter instead of the patient. Inadequate communication can lead to negative outcomes including misdiagnosis, medication

errors, and incomplete information undermining patient care for Deaf and hard of hearing patients.

However, there are legal mandates to prevent ineffective patient-physician communication for Deaf and hard of hearing patients. Section 504 of the Rehabilitation Act of 1973 prohibits discrimination on the basis of disability from benefits and services provided by programs that receive funding from funds from the Department of Health and Human Services. In addition, Title II of the Americans with Disabilities Act (ADA) of 1990 further protects individuals with disabilities from discrimination in programs and activities of all State and local governments. It is ultimately the role of the Attorney General to investigate any alleged violations of the ADA.

### **Methodology:**

Due to the nature of the independent project, different portions were completed over a 7-week period. The first task was to determine dates for Healthcare Providers Curriculum Training, a deaf and hard of hearing sensitivity training presented by Sean Furman, Deaf Specialist at the Arizona Commission for the Deaf and the Hard of Hearing.

The second task included researching and compiling a list of American Sign Language (ASL) courses in Maricopa County. A site administrator was interested in completing a sign language certification course. Since Adelante Healthcare is dedicated to improving its support and services to the deaf community, they are financially supporting this employee.

It was also necessary to contract a new American Sign Language Interpreting company located in Maricopa County. During conversations with Adelante staff, numerous employees discussed how the current interpreting agencies were unreliable and how the interpreters often

failed to show, leaving patients without an interpreter for their visits. Sean Furman provided Adelante a list of all certified interpreting Agencies in Arizona. Mary Anne Steftko, the Assistant Principal of The Scranton School for Deaf and Hard of Hearing Children, and Sean Furman provided important criteria to consider when contracting an ASL agency from their experience working with deaf populations. Key questions included:

*Are all of your interpreters certified with the Registry of Interpreters for the Deaf (RID)?*

*Do any of your interpreters have medical training or have experience interpreting in healthcare settings?*

*Are your interpreters experienced with children?*

Beyond the scope of the mediation agreement, Adelante Healthcare aimed to make corporate level changes to improve its services and support to Deaf and hard of hearing patients. After numerous conversations with Adelante site leaders, administrators, and call center representatives, it became apparent that know one was aware of who was responsible for contacting an interpreter and confirming an interpreter for patient visits. This communication error was likely contributing to the poor appearance rate of ASL interpreters during patient visits. With input from Adelante's people officers; call center representatives, and site managers a protocol for scheduling, confirming, and documenting an American Sign Language interpreter was created. Also adding to the confusion when scheduling an ASL interpreter, a majority of Adelante's employees were unaware of how to identify and track a Deaf or hard of hearing patient using Next Gen, Adelante's Electronic Health Record System (EHR). IT worked to determine a practical tracking method moving forward for Deaf and hard of hearing patients.

**Results:**

Two two-hour training sessions for 20 Adelante Healthcare employees each were scheduled for July 25<sup>th</sup> and August 1<sup>st</sup>. The Healthcare Providers Training Curriculum will cover laws, auxiliary aids, definitions, and differences in communication techniques, interpreters, and assistive devices.

One site administrator will be enrolling in Deaf Studies at Phoenix College starting in the fall. This program is designed to provide students with basic sign language skills and an overview of issues related to Deaf and hard of hearing Individuals. At the completion of the program this employee will receive a Certificate of Completion (CCL) in Deaf Studies.

Adelante Healthcare will now use Access Professional Interpreting Service for American Sign Language interpreting. The company is based out of Tempe, Arizona and has experienced interpreters in the healthcare setting. An interpreting request template was created that includes all of the pertinent information for scheduling and confirming an interpreter through Access Professional Interpreting Service.

*See appendix*

A protocol for all Adelante Healthcare front desk and people service center staff was created that will guide them through the process of scheduling and confirming an interpreter.

*See appendix*

Although IT was initially unaware of a tracking system, one Adelante physician was already tracking Deaf and hard of hearing patients through an indicator in Next Gen on the

Health Records interface. Physicians and Adelante staff will be informed of this indicator at the next Adelante Healthcare staff meeting.

*See appendix*

**Discussion:**

After the formal complaint was filed against Adelante Healthcare, the organization was determined to improve its support and services to the Deaf and the hard of hearing community. Over a short period of time Adelante Healthcare has taken many initiatives to engage the deaf and hard of hearing community. By hosting sensitivity training sessions for all front desk employees, Adelante aims to improve communication and foster more positive patient interactions. Feedback from this training session can help guide future sessions in a purposeful and meaningful direction. By supporting a site administrator's Deaf Studies at Phoenix College, Adelante Healthcare hopes this employee will practice patient centered medicine and serve a resource when communicating with Deaf and hard of hearing patients.

The interpreter protocol and template is intended to be a lasting resource for Adelante Healthcare. This template will ensure that all necessary information is included throughout the process of scheduling and confirming an interpreter. In the past there was a general lack of knowledge and communication regarding confirming an interpreter. With feedback from Adelante Healthcare site managers, medical assistants, and the people call center representatives specific tasks in this process were designated. For example, both medical assistants and people service center representatives schedule appointments. Although both roles are responsible for contacting and scheduling an interpreter, only medical assistants confirm appointments. Therefore it is also the role of the medical assistants to confirm an interpreter for the visit. However, there needs to be transparent records of who initially contacts the interpreter and

finally who confirms the interpreter. The protocol clearly indicates who is responsible for each step of the process and what information they need to include in the patients health record. At the next Adelante Healthcare staff meeting, the protocol should be addressed and explained in detail. Any questions or concerns should be addressed at this meeting.

When researching new American Sign Language Interpreting agencies Deaf and Hard of Hearing Specialists suggested asking key questions which would foster patient-centered medicine and effective communication at a healthcare site. Access Professional Interpreting Service was chosen because there is a lot of opportunity for growth with this company. The owner of the company, Andrea Shultze, believes Video Remote Interpreting (VRI) will be a service offered in the future. VRI is not conducive in healthcare situations such as highly sensitive communication or when the patient is a child, has limited cognitive ability, is heavily medicate, intoxicated, or in severe pain, or is emotional. Despite these limitations, this technology is ideal for Adelante Healthcare outpatient sites where ASL interpreters are scarce such as Buckeye and Gila Bend. With improvements in technology VRI is now even possible on everyday devices such as smart phones and tablets using applications including Facetime and Skype.

**Recommendations:**

Adelante Healthcare is dedicated to improving their relationship with the Deaf and hard of hearing community. Despite making significant improvements in recent months including hosting a two-hour Healthcare Curriculum training, contracting a new American Sign Language Interpreting agency, and designing a new protocol for scheduling an ASL interpreter there are still areas that require improvement.

First, Adelante Healthcare must identify all of their deaf and hard of hearing patient in the electronic health records. This will help track these patients in future and ensure their needs are being met. Although it is up to the healthcare provider to determine what is considered effective communication in healthcare setting, the ADA recommends that effective communications should be determined by patient preference. Adelante Healthcare should determine and document in Deaf and hard of hearing patient's health record communication preferences language and hearing assistive needs including hearing assistive technology. By understanding a patient's preferred method of communication, Adelante Healthcare can provide patient centered medicine.

In addition, because Deaf individuals report lower levels of patient satisfaction, Adelante Healthcare should determine the level of satisfaction among their Deaf and hard of hearing patients (Iezzoni et al. 2002). This will determine baseline patient satisfaction and can be used as a reference for future surveys. Furthermore, clinically appropriate and feasible recommendations should be considered on a corporate and on a site level.

Adelante Healthcare should hold yearly physician and medical assistant training sessions on working with interpreters, the role of interpreters, and the parameters within which interpreters work. This will ensure healthcare providers are trained to provide the highest quality services to this population. If this is not possible, at the very least every health care worker should be required to read "Communicating with Your Deaf Patient", a handout created by The University of Washington Medical Center. It provides an overview of deaf culture as well as guidance for promoting patient centered communication with a Deaf individual.

**Conclusion:**

After a formal complaint with the Arizona State Attorney General was filed against Adelante Healthcare, the organization has implemented significant changes including hosting employee training sessions, creating a new interpreter scheduling protocol and template, contracting an additional American Sign Language agency, and standardizing the documentation of a Deaf or hard of hearing patient in Adelante Healthcare's electronic health records system. These initiatives are all intended to move the organization in a direction that promotes effective communication and patient-centered medicine for all populations. Adelante Healthcare hopes to continue to improve its support and services to the Deaf and hard of hearing community in future by determining and documenting each patient's specific communication preferences and hosting yearly employee training sessions on the Deaf and hard and hearing.

## References:

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- The University of Washington Medical Center. 2012. *The Deaf Culture Clue*.  
<http://depts.washington.edu/pfes/PDFs/DeafCultureClue.pdf>



**Access Professional Interpreting Request Form:**

P.O. Box 10988  
Tempe, AZ 85284  
Office: 602.865.9800  
Fax: 480.777.8881  
[requests@apinterpreting.com](mailto:requests@apinterpreting.com)

Requesters Information:

Name \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

Service Information: ASL Interpreting

Service Date \_\_\_\_\_

Start Time \_\_\_\_\_ End Time \_\_\_\_\_

Service Location:

Location/Site \_\_\_\_\_

Address \_\_\_\_\_

Site Phone \_\_\_\_\_

Client Information:

Name \_\_\_\_\_

Gender \_\_\_\_\_

Additional Notes: \_\_\_\_\_

\_\_\_\_\_



## **Scheduling Interpreter**

**You must contact Access Professional Interpreting immediately after you schedule a provider appointment.**

- You must request an interpreter for 2 hours
  - Book interpreter for 30 minute prior to appointment time
- Unless medically necessary, all appointments must be scheduled 5 days out.

To schedule interpreter through **Access Professional Interpreting:**

- Email **requests@apinterpreting.com**
  - You must include:
    - Requesters Information: Name, Phone, Email
    - Service Information: Date, Time, Site Location, Site Address, Phone
    - Client Information: Name, Phone

**Document the confirmation of the interpreter services in the description notes once the appointment is booked.**

- Interpreting Agency
- Name of Interpreter
- Confirmation #
- Your name
- Your contact information

**Note: If an interpreter is unavailable during the requested appointment time you must:**

- Call patient and inform them that an interpreter is unavailable for their scheduled appointment
- Give them the option to go ahead and keep their scheduled appointment OR reschedule their appointment for another date when an interpreter is available

**Confirming Interpreter:** This is the **site's** responsibility

- After a site representative calls to confirm an appointment with the patient, you must immediately confirm the appointment with the interpreter
- If an interpreter is no longer able to attend, the patient must be called again and given the opportunity to keep their appointment or reschedule their appointment for another date when an interpreter is available

PCP: **Susan**

AHC Alerts Mrp

<input type="checkbox"/> Abuse	<input type="checkbox"/> Medicare Care Management Performance patient	Pregnant: <input type="radio"/> No <input type="radio"/> Yes
<input type="checkbox"/> Active addiction	<input type="checkbox"/> Mute	
<input type="checkbox"/> Active Tuberculosis	<input type="checkbox"/> No blood pressure right arm	
<input type="checkbox"/> Adult protective services alert	<input type="checkbox"/> No blood pressure left arm	
<input type="checkbox"/> Ambulance transit required	<input type="checkbox"/> No information to family	
<input checked="" type="checkbox"/> Deaf	<input type="checkbox"/> No medication refills	
<input type="checkbox"/> Discharged from this practice	<input type="checkbox"/> No medication refills until seen in office	
<input type="checkbox"/> Do not use this chart	<input type="checkbox"/> No narcotics	
<input type="checkbox"/> Drug seeking	<input type="checkbox"/> No narcotics until seen in office	
<input type="checkbox"/> Hard of hearing, left ear	<input type="checkbox"/> No sexual information sharing except with patient	
<input type="checkbox"/> Hard of hearing, right ear	<input type="checkbox"/> Patient has expired	
<input type="checkbox"/> History of alcohol abuse	<input type="checkbox"/> Research participant:	
<input type="checkbox"/> History of drug addiction	<input type="checkbox"/> Spouse estranged	
<input type="checkbox"/> History of fainting	<input type="checkbox"/> Terminally ill	
<input type="checkbox"/> History of fainting with phlebotomy	<input type="checkbox"/> Urine screen prior to medication prescription	
<input type="checkbox"/> Immunizations due	<input type="checkbox"/> Wheelchair required	
<input type="checkbox"/> Legally blind	<input type="checkbox"/> Work restrictions:	
<input type="checkbox"/> <b>Patient Centered Medical Home (Recommend Follow Up Within 2-3 Months)</b>		

Other: