

CHAPTER 3: EDUCATING THE HEALTH CARE WORKFORCE AND DEAF AND HARD OF HEARING**RECOMMENDATION 3.1:****Convene a Coalition to Increase Communication Access in Health Care Settings for Deaf and Hard of Hearing Patients**

- A. The Secretary of the North Carolina Department of Health and Human Services (NCDHHS), through appropriate designees at the Division of Services for the Deaf and Hard of Hearing (DSDHH), should form and convene a coalition (the Coalition), and invite the following partners: North Carolina health care professional associations, North Carolina health care licensing boards, hospitals, long-term care facility representatives, and Area Health Education Centers.
- B. The Coalition should:
1. Develop and implement strategies to increase understanding of disability civil rights law and improve communication access in health care settings for Deaf and Hard of Hearing populations including:
 - a. Partner with Disability Rights North Carolina (DRNC) and appropriate medical malpractice insurers to outline and develop a “toolkit” for health care providers, including the following:
 - i. The impact that communication barriers can have on Deaf and Hard of Hearing individuals’ health, the communication barriers they face, communicating with them, and the various communication accommodations
 - ii. The impact that lack of communication access, or ineffective communication, can have on the physical and mental health of individuals with hearing loss and the ameliorative impact that health care can have on appropriately treated or managed hearing loss
 - iii. Resources on providing communication accommodations, including devices, to patients who are Deaf and Hard of Hearing
 - iv. All federal communication accessibility laws, including, but not limited to, the ADA and the requirements for health care providers to provide their patients (and their family members) with effective communication
 - v. DOJ guidelines on effective communication for the Deaf and Hard of Hearing
 - vi. Guidance on appropriate referrals for support services and appropriate communication methods for individuals who are DeafBlind
 - vii. Guidance on ensuring that consumer-facing communications include accommodations and are accessible for Deaf and Hard of Hearing individuals
 - viii. DSDHH’s and DRNC’s availability to provide technical assistance
 2. Submit an annual report to the NC Council for the Deaf and Hard of Hearing on the progress of the Coalition in developing and implementing the strategies outlined above as well as any other work
- b. Develop and implement effective strategies to educate their members, licensees, and/or employees on:
- i. Federal and state requirements to provide effective communication methods when requested
 - ii. The impact lack of communication access, or ineffective communication, can have on quality of life and quality of health care
 - iii. Resources available for assistance
 - iv. The “toolkit” for health care providers
- c. Work with health care professional training program leaders to develop and implement effective strategies to educate future health professionals on:
- i. The legal requirements for providing effective communication
 - ii. The impact lack of communication access, or ineffective communication, can have on quality of life and quality of health care
 - iii. Cultural norms of Deaf and Hard of Hearing patients
- d. Develop methods to track complaints, questions, and requests for resources relating to communication access accommodations in health care settings for individuals with hearing loss

RECOMMENDATION 3.2:**Develop Organizational Infrastructure to Coordinate Division of Services for the Deaf and Hard of Hearing (DSDHH) Resources and Partnerships**

- A. DSDHH should submit a budget request to the North Carolina Office of State Budget and Management (OSBM) to create up to eight total new positions responsible for resource and partnership development within DSDHH. These positions will include one program coordinator who will serve as the Secretary’s designee to the Coalition and seven regional specialists
- B. DSDHH should develop job descriptions for the program coordinator and regional specialists. Program coordinator responsibilities should include performing, and/or delegating to regional specialists, the following:
1. Lead the development of the communication access resources “toolkit” by managing relationships with the appropriate representatives from the entities to ensure the toolkit is tailored to that organization in the most effective manner

2. Seek funding opportunities from philanthropic organizations and “toolkit” partners for initial toolkit start-up costs
3. Develop and manage relationships with the appropriate health professional training entities to incorporate the information established in Recommendation 3.1C, and think of innovative ways to reach out to those students
4. Research and discuss with appropriate organizations innovative ways to achieve communication access in health care facilities
5. Develop relationships with advocacy organizations and other state agencies to disseminate information and create innovative educational resources for consumers
6. Provide consultation to support the implementation and expansion of Support Service Provider programming to address access to health care needs for the DeafBlind population
7. Track reports by consumers of noncompliance by health care providers; and track the resources being used by the DSDHH
8. Serve as the DSDHH liaison with health care providers, health care systems, or health care facilities for technical or resource support
9. Create and update tools with DRNC to provide resources to consumers about their rights

RECOMMENDATION 3.3:

Educate Health Care Providers on the Health Benefits of Timely Hearing Screenings

The Coalition, through the Division of Services for the Deaf and Hard of Hearing, should: Partner with health care professional associations to educate providers on the co-morbidities associated with hearing loss and the importance of timely hearing screenings to mitigate the impact of these co-morbidities.

RECOMMENDATION 3.4:

Develop Resources and Educate Deaf and Hard of Hearing Consumers about their Rights

DSDHH, in partnership with Disability Rights North Carolina (DRNC), should create and update tools to provide resources to consumers about their rights, including:

1. All federal communication accessibility laws, including, but not limited to, the ADA and the requirements that health care providers must provide their patients with effective communication. An explanation of the DOJ guidelines and settlements should be included.
2. Forms that can be sent to health care providers explaining their requirements and simultaneously serving as a request for the patient’s communication accessibility accommodation.
3. Options to register complaints with:
 - a. Health care system patient relations departments
 - b. North Carolina DHHS ADA non-compliance reporting tool
 - c. North Carolina health care provider licensing boards
 - d. DRNC
4. DSDHH’s availability for consumer assistance and DRNC’s availability for legal guidance

CHAPTER 4: POLICIES, PROCEDURES, AND SYSTEM PRACTICES TO ENSURE APPROPRIATE CARE FOR DEAF AND HARD OF HEARING INDIVIDUALS

RECOMMENDATION 4.1:

Survey Health Care Providers on Methods of Meeting Communication Access Needs of Patients Who are Deaf or Hard of Hearing

- A. The Coalition should develop and disseminate a voluntary and uniform self-assessment form on providing care for Deaf and Hard of Hearing individuals and their family members. The self-assessment should be designed for health systems, facilities, and individual health care providers for quality improvement purposes.
- B. Coalition members, including professional associations and the North Carolina Healthcare Association (NCHA), should distribute the assessment to members and refer them to the toolkit for information on ADA legal requirements and quality improvement resources. Professional associations and the NCHA should also collect completed assessments and share them, without identifying information, with the Coalition.
- C. The Coalition should review collected self-assessments to identify areas where additional education and technical assistance is needed and to inform their annual reports to the NC Council for the Deaf and Hard of Hearing.

While collecting data for quality improvement, it is imperative that data on Deaf and Hard of Hearing patient satisfaction on the provision of interpretation services and other communication accommodations is included. Doing so establishes a baseline to evaluate the effects that any changes or additions to communication access policies may be having on patient satisfaction and outcomes for patients.

RECOMMENDATION 4.2:

Survey Patients Who are Deaf or Hard of Hearing on Their Communication Access Needs

The Division of Services for the Deaf and Hard of Hearing (DSDHH), on behalf of the Coalition, should survey Deaf and Hard of Hearing consumers on how well their communication access needs are met in health care settings. To do this, DSDHH should:

1. Work with the Coalition to develop a consumer survey.
2. Work with Disability Rights North Carolina and other advocacy and consumer agencies/groups to reach Deaf and Hard of Hearing consumers.

RECOMMENDATION 4.3:

Conduct Cost-Benefit Analysis of Insurance Coverage for Hearing Aids

The Coalition, through the Division of Services for the Deaf and Hard of Hearing, should convene representatives of North Carolina’s public and private insurers and prepaid health plans to study and evaluate the potential benefits of providing coverage for hearing aids for members over the age of 21.

RECOMMENDATION 4.4:**Pilot Distributing Personal Amplifiers in Medical Settings**

The North Carolina Healthcare Association should partner with the Coalition/ the Division of Services for the Deaf and Hard of Hearing (DSDHH) to develop a pilot program to distribute personal amplification devices in hospitals or other large medical settings.

RECOMMENDATION 4.5:**Conduct Cost-Benefit Analysis of Publicly Funded Support Service Providers (SSPs):**

The Division of Services for the Deaf and Hard of Hearing (DSDHH) should assess the needs of DeafBlind North Carolinians to see where and how SSPs may play a role in improving health care access. DSDHH should review other states' and cities' SSP programs to determine the costs and benefits of public funding for SSPs. If there is a positive return on investment for publicly funded SSP programs, DSDHH should develop funding recommendations for such a program for the North Carolina General Assembly and/or the Division of Health Benefits.

RECOMMENDATION 4.6:**Include Disability and Access to Sign Language Interpretation in the Minimum Provision of Patient's Bill of Rights**

A. The Coalition, through the Division of Services for the Deaf and Hard of Hearing (DSDHH), should follow and utilize the rulemaking process outlined in North Carolina General Statute Chapter 150B: Administrative Procedures Act to propose a rule update to the North Carolina Medical Care Commission concerning 10A NCAC 13B .3302 MINIMUM PROVISIONS OF PATIENT'S BILL OF RIGHTS. This proposed rule change should include:

- a. A revision of rule 10A NCAC 13B .3302 (13), which states "A patient has the right to medical and nursing services without discrimination based upon race, color, religion, sex, sexual orientation, gender identity, national origin or source of payment," to read "A patient has the right to medical and nursing services without discrimination based upon race, color, religion, sex, sexual orientation, gender identity, national origin, source of payment or disability."
- b. An addition under rule 10A NCAC 13B .3302 (14), which states "A patient who does not speak English shall have access, when possible, to an interpreter," labeled as 10A NCAC 13B .3302 (15), which should read, " A patient who is Deaf or Hard of Hearing shall have access to effective communication accommodations when receiving medical and nursing services."

B. The Medical Care Commission should approve updates to North Carolina Administrative Code 10A NCAC 13B .3302

CHAPTER 5: POLICIES, PROCEDURES AND SYSTEM PRACTICES FOR LONG-TERM CARE FACILITIES**RECOMMENDATION 5.1:****Improve Care of Deaf and Hard of Hearing Residents of Long-Term Care Facilities**

The Division of Services for the Deaf and Hard of Hearing (DSDHH) should coordinate, in consultation with appropriate health care facilities associations, the creation and implementation of a statewide audiology service program to increase the care of Deaf and Hard of Hearing patients in long-term care facilities. To effectively staff the program:

- A. DSDHH should submit a budget revision request to the North Carolina Office of State Budget and Management (OSBM) to create up to eight total new positions responsible for creating and implementing a statewide audiology service program for long-term care facilities. These positions should include one North Carolina program coordinator and up to seven regional specialists.
- B. DSDHH should develop job descriptions for the program coordinator and regional specialists. Statewide audiology service program coordinator responsibilities should include completing, and/or delegating to regional specialists, the following:
 1. Offer hearing screenings to all residents of long-term care facilities.
 2. Act as liaisons to long-term care settings around audiological concerns.
 3. Provide recommendations/consultation to these facilities about assistive technology, hearing aids, and communication access.
 4. Basic hearing aid care as deemed appropriate by the audiologist.
 5. Collaborate with private audiologists already working with residents.
 6. Serve as the lead for the long-term care facility capacities assessment (**see Recommendation 5.2**) for quality improvement purposes.
 7. Develop and/or locate free training and educational resources for long-term care facilities to use to train their supervisors and/or employees on compliance with communication access laws and cultural sensitivity best practices for delivering care to Deaf and Hard of Hearing individuals.
 8. Act as liaison to other organizations that provide training for adult care home providers such as the NC Assisted Living Association, NC Senior Living Association, and Area Agencies on Aging (Ombudsman Programs).

RECOMMENDATION 5.2:**Survey Long-Term Care Facilities on Communication Access Needs of Patients Who are Deaf or Hard of Hearing**

The Division of Services for the Deaf and Hard of Hearing (DSDHH) should partner with long-term care facility professional associations to develop a voluntary and uniform self-assessment on how care is provided for Deaf and Hard of Hearing individuals and their family members to be used by long-term care facilities for quality improvement purposes. In order to do this:

- A. The DSDHH statewide audiology program coordinator should partner with Division of Health Services Regulation (DHSR) and long-term care facility association representatives to identify effective methods to disseminate the voluntary and uniform self-assessment form to facilities. The self-assessment should be designed for long-term care facilities for quality improvement purposes.
- B. Communication should also include information on ADA legal requirements and quality improvement resources, including the availability of technical assistance from DSDHH to help facilities better meet the communications needs of patients and their families.
- C. The DSDHH statewide audiology program coordinator, in conjunction with long-term care facility associations, should collect the results of this assessment and share them with the Coalition and the NC Council for the Deaf and Hard of Hearing.

RECOMMENDATION 5.3:**Update Procedures and Practices Pertaining to the Care of Deaf and Hard of Hearing Residents of Long-Term Care Facilities**

The Division of Services for the Deaf and Hard of Hearing statewide audiology program coordinator should lead an assessment of:

1. Hearing assessment procedures for the initial resident assessments in long-term care facilities
2. Referral patterns for when a resident is identified as Deaf or Hard of Hearing and what type of periodic review of the resident is being performed
3. Deaf and Hard of Hearing-related regulatory citations in long-term care facilities by gathering data on previous violations committed and their outcomes and evaluating opportunities for educational programs in lieu of penalties when a violation occurs
4. Findings and recommendations to be presented to the NC Council for the Deaf and Hard of Hearing

RECOMMENDATION 5.4:**Educate Administrators and Staff in Long-Term Care Settings on Providing Appropriate Services and Care to Deaf and Hard of Hearing Residents**

The Division of Services for the Deaf and Hard of Hearing, the Division of Health Services Regulation, and the Division of Aging and Adult Services should collaborate to identify and leverage opportunities to expand and/or strengthen training on communication access and cultural/behavioral sensitivity for direct care and administrative staff in long-term care settings.