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Healthcare Resources for the Deaf Community: A Study of Kalamazoo Area Hospitals

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Abstract

Hospitals need to analyze all patient care delivery methods, and especially those designated for vulnerable populations. The Deaf community is a particularly unique and often overlooked vulnerable population because of the additional communication barriers that they possess. The goal for this research is to look at the current best practices for communication and treatment in hospitals from the perspective of the Deaf community. This research also looks at how or if these practices are being carried out in community hospitals. In order to obtain this information, interview questions were developed with the help of an ASL interpreter and two interviews were conducted at area hospitals with communication specialists. After the information was analyzed, it was compared to the national standard from the perspective of Deaf organizations.

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There are over four million Americans between the ages of 18-64 that have a measureable level of hearing loss, or about 2.1% of the population (Harrington, 2014). This ranges from someone who is completely deaf to someone who has trouble hearing on the telephone or mild hearing loss. The data being used excludes people who are aged 65 and over because many of these people have age-related hearing problems, and this tends to skew the conversation when talking about deaf accessibility. Of these individuals, most estimates say that around 500,000 people use ASL as their primary form of communication (Harrington, 2014). This means that roughly 1/8th of all Americans with hearing loss use ASL as their primary means of communication. Using ASL as your primary form of communication and being integrated into Deaf culture denotes that person as Deaf, having hearing loss but not using ASL or identifying with Deaf culture denotes someone as being a person who is deaf.

Bronson Healthcare System Policy

Background

Bronson Healthcare Group sees approximately two million patients annually across all of their hospitals and clinics and has about 800 licensed beds in their system. According to Beth Washington, the Director of Diversity and Inclusion at Bronson Healthcare System, diversity is a part of society that allows people to be unique in the way they think, their perspectives, the way they do things, or just the way they are (B. Washington, personal communication, January 18, 2017). She stresses that we are all diverse in our own way, which is a valued part of what makes Bronson Hospital an institution for all people. Bronson has a budget of $500,000 annually for their language services, which encompasses the Deaf population, and is expecting an increase in that number in the near future. Annually, Bronson serves about 150-200 Deaf individuals across all of their locations. They have a language and communications policy as well as a disability policy which guides their care and treatment of individuals who don't use English as a primary language, which includes the Deaf population. These policies are determined by many factors, including input from the Civil Rights Act, Joint Commission, the Americans with Disabilities Act, precedents that have been set, knowledge from other hospitals, and rigorous internal legal and quality review. According to Washington; Bronson considers a successful interaction with a Deaf individual to mean that the individual has received exceptional care according to their own standards, that quality care was provided in a compassionate, timely manner, and that the care was at no extra cost to the individual based on their need for communication services (B. Washington, personal communication, January 18, 2017).

Resources

Bronson has several different resources available to Deaf individuals who both schedule an appointment and who come to the hospital emergently. For patients who schedule an appointment ahead of time and indicate that they would like an ASL interpreter, Bronson will schedule an interpreter to come and meet the patient at their scheduled appointment time to provide interpretation. For all other patients who require ASL interpretation there are many other resources including posters with pictures indicating interpretive services are desired, eight video remote interpretation (VRI) carts, white boards, iPads for typing, paper and pencil, pocket talkers for individuals who are hard of hearing and who don't use ASL for communication, Televox appointment reminder texts, and communication boards with pictures to indicate things like pain or basic services such as an x-ray or blood draw. Additionally, Bronson provides all new employees with a training on the care of patients who don't use English as their primary language, how to contact an interpreter, and some of the legal requirements for providing communication. The policy for Bronson concerning a Deaf individual who comes to Bronson emergently is that the VRI is brought in as soon as possible, and an interpreter is called as soon as possible every time with a printed explanation that the interpreter is being contacted. If a Deaf individual refuses VRI, the machine is still kept on and in the room for the use of the staff members who are interacting with the individual and an interpreter is called immediately (B. Washington, personal communication, January 18, 2017).

Interpreters

Bronson hospital does not employ any full-time ASL interpreters. Bronson uses two specific agencies for their interpreting services for Deaf individuals: Deaf and Hard of Hearing Services out of Grand Rapids and Alliance for Deaf Services. These agencies send about 30 different ASL interpreters to Bronson annually to provide interpretive services. Bronson has a

policy which prohibits patients from bringing their own interpreters or from having their family members interpret for them, with the exception being that a parent or guardian is allowed to interpret for a minor. This policy is Bronson's way of confirming that the patient isn't paying an interpreter out of their own pocket, as Bronson is legally required to provide these services for free (B. Washington, personal communication, January 18, 2017).

Barriers

There are many barriers to effective communication and care of Deaf individuals according to Washington. Some of the most prevalent barriers are that qualified onsite ASL interpreters are not available as often and as readily as needed, and even fewer tactile interpreters are available. The second barrier that is significant is that patients and families are used to being able to interpret for each other or not being used to having an interpreter provided for them, this change in procedure can upset people and cause a more difficult interaction that necessary. Another barrier is that staff don't always understand Deaf culture enough to interact appropriately with a Deaf individual the way they would choose to be communicated with. Often employees think that there are many good options for communication, but don't consider, or don't know what the preferences of the Deaf individual might be. Another significant barrier is with regards to scheduling and cancellations or changed appointments for Deaf individuals, and the struggle that this bring with scheduling interpreters (B. Washington, personal communication, January 18, 2017).

Updates

Bronson is working on many different updates with regards to their care of Deaf individuals. One of these updates includes implementing the Televox texting system for

appointment reminders and an application that will send email reminders to individuals who might not be able to receive or hear the voicemail reminders. Bronson is also providing printed instructions to access MyChart so that the individuals have access to a printed form of their health information. Bronson is also adding an Interpreter Scheduling Report within EPIC, Bronson's electric charting program, which allows Bronson to open a chart and see whether or not an interpreter is already assigned to an interpreter so that they are able to schedule them about a month ahead of time. Bronson is also working on implementing an alert that pops up when a staff member opens a chart of a Deaf individual indicating that they require or have requested that they use an interpreter for communication, similar to the alert that pops up when a patient has an allergy. The last current update that Bronson is working on is some research to determine if a patient who requests an interpreter has a sign indicating this request on their door, if that increases the amount of time that they actually have an interpreter readily available or if it decreases the number of encounters when an interpreter is not present (B. Washington, personal communication, January 18, 2017).

Borgess Medical Center Policy

Background

Borgess is a 591 bed facility and the number of patients annually could not be determined. According to Brad Greuter, the Supervisor of Care Management at Borgess Medical Center, diversity is welcoming everyone, including the underprivileged, underinsured, uninsured, and doing whatever it takes to provide for these individuals. Borgess and their satellite campuses serve at least an estimated five individuals within the Deaf community according to Greuter, with an annual budget of $75,000. Borgess is currently working on developing policies for providing care for individuals in the Deaf community and for individuals who are hard of

hearing. These policies are being developed by the risk management teams, the legal team, care management, and the physicians (B. Greuter, personal communication, January 23, 2017).

Resources

Borgess has several different resources available to individuals in the Deaf community who come both emergently and who schedule their appointment ahead of time. For emergent patients they use picture boards, some staff does interpretation, writing with paper and pencil to communicate. For someone who is admitted to the hospital or who schedules an appointment, it takes about 24 to 48 hours to get an interpreter on site to interpret for a Deaf individual. Most scheduled appointments are able to get an interpreter scheduled. The goal for someone who is admitted to Borgess is to get an interpreter for at least two hours a day and to have their care team present so that information can be relayed and questions can be answered. Borgess does have a few VRI machines available on request, but they are not used frequently. Borgess does not currently offer an education for new staff related to individuals who use a language other than English as their primary language, which includes ASL (B. Greuter, personal communication, January 23, 2017).

Interpreters

Borgess uses four different interpreting agencies, with DeafLINK out of Battle Creek being their primary source of interpreting services. Borgess uses an estimated 5-10 interpreters regularly for their interpreting services. Borgess policy states that family is allowed to interpret for each other, as long as a certified medical interpreter is offered first. Borgess does allow parents to interpret for their children, but ultimately a certified medical interpreter is ideally involved in each interaction (B. Greuter, personal communication, January 23, 2017).

Barriers

There was two major barriers that Greuter addressed when discussing barriers to effective communication with the Deaf population. The first barrier was the timeliness of interpreting services for emergent cases. Not being able to have interpreters on staff, and not knowing how long it will be until they arrive can delay effective communication between a patient and a provider significantly. The second major barrier is availability of medically certified ASL interpreters. Greuter explained that there is a very small pool of people who are qualified for this type of interpreting, which contributes greatly to the length of time it takes for an interpreter to arrive (B. Greuter, personal communication, January 23, 2017).

Updates

There are several updates to the care of Deaf individuals or individuals who use a primary language other than English that Borgess is in the process of implementing. The first update involves their merge into the Ascension Health group, which greatly grows their resources and their interpreter pool, according to Greuter. The second update that Borgess is implementing is a process of on-call interpreters for ASL, among other languages. According to Greuter these individuals would work an on-call basis only for Borgess and be available much sooner than the interpreters from the agencies. The last update that Borgess is implementing is a Borgess specific training on interpretation services for new employees going through orientation. This will give employees a basic understanding of the policies and services available for individuals who don't use English as their primary language, including ASL, at Borgess (B. Greuter, personal communication, January 23, 2017).

Deaf Community

Background

There are many policies and laws in place that play a role in the implementation of policy in hospitals. Some of the most prevalent are the Americans with Disabilities Act, the Qualified Interpreter - General Rules of Michigan, and the Persons with Disabilities Civil Rights Act. There are also many different Deaf organizations which contribute to the implementation of policy change. Some of the most prevalent are Gallaudet University, the first higher education institution in the world that was designed specifically for deaf and hard of hearing individuals, the National Association of the Deaf, which is a non-profit that advocates for deaf rights, and the Division on Deaf, DeafBlind, and Hard of Hearing which is a part of the Michigan Department of Civil Rights.

Interpreters

The Americans with Disabilities Act (ADA) requires that if requested or for complicated, interactive communication, a patient must be supplied with a qualified, in person language interpreter (ADA, 1990). This can mean many things for deaf individuals, most commonly it refers to an ASL interpreter. It can also refer to an oral interpreter who specializes in lip reading communication, cued speech interpreters who use lip reading and hand code to represent each sound, or it can mean a Computer Assisted Real-time Transcription (CART) where someone translates in real time and types into a computer for the individual to read (ADA, 1990). Some examples of a situation where an interpreter might be required is when a physician is discussing symptoms, medications, medical conditions, a new diagnosis, treatment options, or mental health services.

Michigan law requires that if an institution, such as a hospital, has reasonable notice that an individual might need interpretation services, such as a scheduled appointment, that they be supplied with a qualified interpreter at no additional cost to the individual (Michigan Department of Civil Rights, 2014). Michigan law also specifies which certifications are included under the phrase 'qualified interpreter', for example in this case they must have an appropriate specialized medical and ASL vocabulary. Michigan law also has specific requirements for establishing temporary communication with individuals in an emergency situation. Law requires that an interpreter is contacted immediately, an alternative method of communication is initiated immediately, the deaf individual must be notified of the delay of an interpreter, the deaf individual must be presented with all available communication options and given the choice of how to proceed, and if a more preferable form of communication becomes available it must be utilized immediately (Michigan Department of Civil Rights, 2014).

The ADA also discusses families interpreting for each other while in the hospital. According to the ADA it is inappropriate for a family member to interpret for a person who is deaf or hard of hearing while in the hospital because the added emotional stress may cause them to interpret inaccurately. In a case like this a qualified interpreter would be contacted and brought in immediately, even if refused by the patient. The use of a child to interpret is strictly prohibited, however a parent or legal guardian is allowed to interpret for their child as they are making the medical decisions (ADA, 1990).

Additional Resources

While there are countless different resources and aids for enhancing communication with a Deaf individual, the only method of communication endorsed by the Registry of Interpreters for the Deaf (RID) in hospital settings is a qualified interpreter. The RID’s Standard Practice

Papers (SPP) state the agreed upon standard practices and positions in various interpreting roles and issues. The SPPs stated that interpreting is the only method that ensures that the Deaf individual receives equal access to communication.

VRI has been agreed upon for temporary emergent situations until an interpreter can arrive or for more low-fidelity appointments such as routine physical exams, some follow-up appointments, rounds, admission paperwork, etc. This resource is also mandated to be available to individuals in the hospital for 24 hours a day, seven days a week. Additionally, the VRI companies themselves are mandated to reply to each call within two minutes and are monitored to maintain a regular 80% success rate (Michigan Department of Civil Rights, 2014).

Barriers

According to the National Association of the Deaf, some of the biggest barriers to health care for Deaf individuals are poor patient-provider communication, lack of preparation in medical training programs for communication with deaf individuals, scarcity of qualified ASL interpreters, monetary challenges of providing language services, and the relatively poor awareness of the needs of Deaf and deaf individuals (NAD, 2017).

Updates/Recommendations

The NAD suggests that the barriers mentioned above be addressed in a step-by-step manner so that the problem can be slowly and effectively improved. The first step according to the NAD is to establish a strong relationship between the provider and the patient. Research shows that a good relationship with a provider helps to improve chronic disease management because patients trust that the care provider's instructions will help them to get better. However this relationship can be hindered by poor communication, like that which is seen by Deaf

individuals. Poor communication can lead to poor comprehension of disease management and poor adherence to treatments due to lack of understanding. Research also suggests this is a contributing factor for why Deaf individuals over-utilize the emergency room for routine health care matters. The NAD also suggests these steps for improving communication with Deaf individuals in their health system: identify at-risk individuals for poor communication, visual medical aids, providers learning basic ASL (for increasing comfort, not interpreter services), establishing an effective communication office policy, providing qualified sign language interpreters, recognizing ineffective methods of communication, and knowing relevant laws related to the rights a Deaf individual has for their access to communication (NAD, 2017).

Conclusion

In conclusion, there is room for improvement for both Bronson and Borgess. While some of the areas of improvement are different, there were also some similarities. For example, when developing their policies neither hospital involved Deaf individuals or asked for their input or ideas. One of the main improvements for Bronson that was recognized was that they had the need for a full-time interpreter based on the number of Deaf individuals that visit annually, but have not yet hired a full-time interpreter. One of the main improvements for Borgess was that they had no set policy developed for the treatment, care, and communication with Deaf or deaf individuals. This is something currently under development, and once it is established will help streamline the care of these individuals.

Additionally, there is so much room for research regarding the Deaf community, especially in hospitals. A productive next step would be to get these individuals involved in the research process and to get their honest opinions about how hospital policy should be set. What

their preferences are for communication in a stressful environment like the hospital, and to increase the amount of Deaf-centered research that is done in the hospital.

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