

# NONDISCRIMINATION

## POLICY

As a recipient of Federal financial assistance, CHI Franciscan Health (CHI FH) provides services to patients and welcoming visitors in a manner that respects, protects, and promotes patient rights. CHI FH does not exclude, deny benefits to, or otherwise discriminate against any person on the basis of age, race, color, creed, national origin, ethnicity, religion, marital status, sex, sexual orientation, gender identity or expression, physical, mental or other disability, citizenship, medical condition, or any other basis prohibited by federal, state, or local law in admission to, participation in, or receipt of the services and benefits under any of its programs and activities, whether carried out by CHI FH directly or through a contractor or any other entity with which CHI FH arranges to carry out its programs and activities.

## REFERENCES

- Title VI of the Civil Rights Act of 1964
- Section 504 of the Rehabilitation Act of 1973
- Age Discrimination Act of 1975
- Regulations of the U.S. Department of Health and Human Services issued pursuant to these statutes at Title 45 code of Federal Regulations Parts 80, 84, and 91
- Ethical and Religious Directives for Catholic Health Services
- Section 1557 of the Affordable Care Act

## OVERVIEW

State and federal laws and CHI FH policy prohibit retaliation in any form against any person who has filed a discrimination complaint or assisted in the investigation of a discrimination complaint.

### A. Notice of Program Accessibility

In compliance with Section 504 of regulation 45 C.F.R. 84.22(f) and Section 1557 of regulation 45 C.F.R.92., CHI FH has implemented procedures to ensure that interested persons, including those with impaired vision or hearing can obtain

information as to the existence and location of services, activities, and facilities that are accessible to and usable by disabled persons.

CHI FH facilities and all its programs and activities are accessible to and useable by individuals with limited English proficiency (LEP) and by individuals with disabilities, including those who are deaf, hard of hearing, or blind, or who have other sensory impairments. Access features include, but are not limited to:

1. Convenient off-street parking designated for disabled persons
2. Curb cuts and ramps between parking areas and buildings
3. Level access into first floor level with elevator access to all other floors; automatic doors
4. Fully accessible offices , meeting rooms, bathrooms, public waiting rooms, cafeteria, patient treatment areas including examination and patient rooms.
5. A range of assistive devices and communication aids available to persons who are deaf, hard of hearing, or blind, or have other sensory impairments. There is no additional charge for such aids.
6. Qualified sign language interpreters for persons who are deaf or hard of hearing
7. A 24 hour telecommunication device (TTY/TDD), which can connect the caller to all extensions within the facility and/or portable (TTY/TTD) units, for use by individuals who are deaf, hard of hearing or speech impaired.
8. Communication boards/note pads
9. Assistive devices for person with impaired manual skills
10. Qualified language interpreters for persons with LEP

Each facility/program is required to identify the aids available within their internal procedures. Any patient requiring an available aid should inform the admitting staff of his/her special need(s). CHI FH will provide notice during registration of services available at no charge.

#### **B. Auxiliary Aids and Services for Individuals with Disabilities**

CHI FH will take appropriate steps to ensure that individuals with LEP and individuals with disabilities, including those who are deaf, hard of hearing, or blind or who have other sensory or manual impairments, have an equal opportunity to participate in our services, activities, programs and other benefits. The procedures are intended to ensure effective communication with patients involving their medical conditions, treatments, services and benefits. The procedures also apply to, at minimum, communication of information contained in important documents, including consent to treatment forms, conditions of admission forms, and financial and insurance benefits forms. All necessary auxiliary aids and services shall be provided without cost to the individual(s) being served.

CHI FH will provide written notice of these patient rights during registration.

Refer to Patient Rights/Responsibilities Policy. Staff that may have direct contact with individuals with LEP and individuals with disabilities will be trained in effective communication techniques, including the effective use and access to interpreters, aids, and services.

**Procedures:**

**1. Identification and Assessment of Need(s)**

CHI FH will provide notice of the availability of, contact information, and the procedure for requesting auxiliary aids and services, through notices posted, at minimum in main facility entrances, emergency entrances, and patient care registration entrances. When individuals self-identify as a person with LEP or with a disability that affects the ability to communicate or to access or manipulate written materials, or requests an auxiliary aid or service, staff will consult with the individual to determine what aids or services are necessary to provide effective communication in specific situations. Inpatients are screened on admission for barriers to communication.

**2. Provision of Auxiliary Aids and Services**

CHI FH shall provide the following services or aids to achieve effective communication with individuals with disabilities:

**a. For Persons Who Are Deaf or Hard of Hearing (Hearing Impaired)**

- For persons who are deaf/hard of hearing and who use sign language as their primary means of communication, the facility/program staff handling intake/registration or the clinician as appropriate, is responsible for arranging for a qualified interpreter when needed.
- Communicating by Telephone with Persons Who Are Deaf or Hard of Hearing. CHI FH utilizes a 24 hour telecommunication device for deaf persons (TDDs) and relay services for external telephone with TTY users. We accept and make calls through a relay service.
- Other possible methods of communication may include, but are not limited to: Note-takers; computer-aided transcription services; telephone handset amplifiers; written copies of oral announcements; assistive listening devices; assistive listening systems; telephones compatible with hearing aids; closed caption decoders; open and closed captioning; telecommunications devices for deaf persons (TDDs); videotext displays; or other effective methods that help make aurally delivered materials available to individuals who are deaf or hard of hearing.
- Some persons who are deaf or hard of hearing may prefer or request to use a family member or friend as an

interpreter. Family members or friends of the person will not be used as interpreters unless specifically requested by that individual, and after an offer of an interpreter at no charge to the person has been made by the facility. **Such an offer and the response will be documented in the person's medical record.** If the person chooses to use a family member or friend as an interpreter, issues of competency of interpretation, confidentiality, privacy, and conflict of interest will be considered. If the family member or friend is not competent or appropriate for any of these reasons, competent interpreter services will be provided.

- NOTE: Children will not be used to interpret, in order to ensure confidentiality of information and accurate communication.

**b. For Persons Who are Blind or Who Have Low Vision**

- Staff will communicate information contained in written materials concerning treatment, benefits, services, waivers of rights, and consent to treatment forms by reading out loud and explaining these forms to persons who are blind or who have low vision.
- Other possible methods of communication may include, but are not limited to: qualified readers; reformatting into large print; taping or recording of print materials not available in alternate format; or other effective methods that help make visually delivered materials available to individuals who are blind or who have low vision. In addition, staff are available to assist persons who are blind or who have low vision in filling out forms and in otherwise providing information in a written format.

**c. For Persons With Speech Impairments**

- To ensure effective communication with persons with speech impairments, staff may utilize written materials; TDDs; computers; flashcards; alphabet boards; and other communication aids.

**d. For Persons With Manual Impairments**

- Staff will assist those who have difficulty in manipulating print materials by holding the materials and turning pages as needed, or by providing one or more of the following:
- Note-takers; computer-aided transcription services; speaker phones; or other effective methods that help to ensure effective communication by individuals with manual impairments.

**3. Communication with Persons with LEP-**

- a. CHI FH will take reasonable steps to ensure that persons with LEP

have meaningful access and an equal opportunity to participate in our services, activities, programs and other benefits. The policy of CHI FH is to ensure that each of its facilities, services and programs provides meaningful communication with LEP patients/clients and their authorized representatives involving their medical conditions and treatment. The policy also provides for communication of information contained in vital documents, including but not limited to, waivers of rights, consent to treatment forms, financial and insurance benefit forms, etc. Interpreters, translators and other aids needed to comply with this policy shall be provided without cost to the person being served. Patients/clients and their families will be informed of the availability of free of charge assistance at point of facility or program access.

- b. Language assistance will be provided at each of the CHI FH facilities/programs, and may include use of competent bilingual staff, staff interpreters, contracts or formal arrangements with local organizations and state agencies providing interpretation or translation services, or technology and telephonic interpretation services. Each facility and program is responsible for defining the language assistance methods available to patients and clients and are responsible for ensuring staff is provided notice of its internal policies and procedures. Staff that may have direct contact with LEP individuals will be trained in effective communication techniques, including the effective use of an interpreter.
- c. CHI FH will conduct a regular review of the language access needs of our patient population, as well as update and monitor the implementation of and adherence to this policy within the organization.
- d. Maintain an accurate and current listing of outside interpreter services who have agreed to provide qualified interpreter services for facility/program patients. See Language Interpreter Services Form. These listings may be obtained on the CHI FH intranet/departments/interpretive services, or Clinical Manual policy #721.20. Some LEP persons may prefer or request to use a family member or friend as an interpreter. Family members or friends of the LEP person will not be used as interpreters unless specifically requested by that individual and **after** the LEP person has understood that an offer of an interpreter, at no charge to the person, has been made by the facility. Such an offer and the response will be documented in the person's file. If the LEP person chooses to use a family member or friend as an interpreter, issues of competency of interpretation, confidentiality, privacy, and conflict of interest will be considered. If the family member or friend is not

competent or appropriate for any of these reasons, competent interpreter services will be provided to the LEP person.

Children and other clients/patients will **not** be used to interpret, in order to ensure confidentiality of information and accurate communication.




**e. Providing Notice to LEP Persons**

Each facility or program will post notices and signs in languages LEP persons understand informing them of the availability of language assistance, free of charge. At a minimum, notices and signs will be posted and provided in intake areas and other points of entry, including but not limited to main admitting, the emergency room and outpatient areas.

**f. Monitoring Language Needs and Implementation**

CHI FH will periodically assess changes in demographics, types of services or other needs that may require reevaluation of the LEP policy and its supporting procedures. The efficacy of the procedures will be regularly assessed. The assessment is inclusive of, but not limited to, mechanisms for securing interpreter services, equipment used for the delivery of language assistance, complaints filed by LEP persons, feedback from patients, staff, and community organizations. Each facility or program within CHI FH will set benchmarks for translation of vital documents into additional languages over time.

**C. Regional and Hospital Section 504 and Section 1557 Coordination**

CHI FH facility administration designates a Section 504 and Section 1557 Coordinator for each hospital who is responsible for assuring compliance oversight for non-discrimination requirements. This includes maintenance of an accurate and current list of the contacts, compliance with current policies/standards, relevant staff training, and signage/communication compliance. The Emergency Department Patient Access representative is designated for each CHI FH facility to serve as the local point of contact for language services and aids. The Patient Advocate is responsible for an effective grievance process relating to nondiscrimination issues and can be contacted at 1-877-426-4701  or via mail to the hospital's administration office.  .

**D. Section 504/Section 1557 Grievance Procedure**

All CHI FH facilities/programs have an internal grievance procedure providing for prompt and equitable resolution of complaints alleging any discrimination. Any person who believes she or he has been subjected to discrimination on the basis of disability may file a grievance under this procedure.

**Procedure:**

- Grievances must be submitted to the patient advocate or designee within 30 days of the date the person filing the grievance becomes aware of the alleged discriminatory action.
- Grievances may be confidentially submitted to the patient advocate or


designee in writing or by calling the CHI FH Concern Line and must include the name and address of the person filing the grievance. The grievance must state the problem or action alleged to be discriminatory and the remedy or relief sought.

- The patient advocate or designee will coordinate an investigation of the grievance. This investigation must be thorough, affording all interested persons an opportunity to submit evidence relevant to the complaint. The patient advocate or designee will retain grievance investigation findings, files, and records for CHI FH facilities/programs.
- The patient advocate or designee will issue a written decision on the grievance no later than 30 days after its filing.
- The person filing the grievance may appeal the grievance decision with the patient advocate supervisor by writing to the hospital administration office within 15 days of receiving the grievance letter of response.
- The patient advocate supervisor will issue a written decision in response to the appeal no later than 30 days after its filing.
- The availability of each a facility or program grievance procedure does not prevent a person from filing a complaint of discrimination on the basis of disability with the US Department of Health and Human Services, Office for Civil Rights.

The patient advocate will make appropriate arrangements to ensure that disabled persons are provided other accommodations if needed to participate in this grievance process. Such arrangements may include, but are not limited to, providing interpreters for the deaf, providing taped cassettes of material for the blind, or assuring a barrier-free location for the proceedings. The patient advocate or designee will be responsible for such arrangements.

Any patient who believes she or he has been subjected to discrimination on the basis of disability may file a grievance under the hospital grievance policy and has the right to file a civil rights complaint with the U.S. Department of health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, and at:

U.S. Department of health and Human Services  
200 Independence Avenue, SW  
Room 509F, HHH Building  
Washington, D.C. 20201

1-800-368-1019 , 800-537-7697  (TDD)

Complaint forms are available at

<http://www.hhs.gov/ocr/office/file/index.html>

## **E. Accessibility/Signage**

The hospital will maintain in operable working condition those features of facilities and equipment that are required to be readily accessible to and usable by individuals with disabilities. Problems with such equipment should be reported immediately to the site Patient Access Services.