

St. Joseph Medical Center  
St. Francis Hospital · St. Clare Hospital  
St. Elizabeth Hospital · St. Anthony Hospital

## **NONDISCRIMINATION POLICY**

### **POLICY**

As a recipient of Federal financial assistance, Franciscan Health System (FHS) does not exclude, deny benefits to, or otherwise discriminate against any person on the basis of race, color, national origin, religion, sexual orientation, physical, mental or other disability, economic status, citizenship, medical condition or age in admission to, participation in, or receipt of the services and benefits under any of its programs and activities, whether carried out by Franciscan Health System directly or through a contractor or any other entity with which Franciscan Health System arranges to carry out its programs and activities.

State and federal laws and FHS 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) the Franciscan Health System has implemented procedures to ensure that interested persons, including persons with impaired vision or hearing can obtain information as to the existence and location of services, activities, and facilities that accessible to and usable by disabled persons.

Franciscan Health System facilities and all its programs and activities are accessible to and useable by disabled persons, including persons who are deaf, hard of hearing, or blind, or who have other sensory impairments. Access features include, but are not limited to:

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

Each facility/program is required to identify the aids within their internal procedures that are available. Any patient requiring an available aid should inform the admitting staff of their special needs. FHS will provide notice during registration of services available at no charge.

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

Franciscan Health System will take appropriate steps to ensure that persons with disabilities, including persons who are deaf, hard of hearing, 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

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admission forms, financial and insurance benefits forms. All necessary auxiliary aids and services shall be provided without cost to the persons being served.

Franciscan Health System 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 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**

Franciscan Health System will provide notice of the availability of and 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 themselves as a person 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 particular situations. Inpatients are screened on admission for barriers to communication.

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

Franciscan Health System shall provide the following services or aids to achieve effective communication with persons 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. FHS 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. However, 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 file. 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.

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**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 is 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 Impairment**

- To ensure effective communication with persons with speech impairments, staff may include writing 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 Limited English Proficiency**

- a. Franciscan Health System will take reasonable steps to ensure that persons with Limited English Proficiency (LEP) have meaningful access and an equal opportunity to participate in our services, activities, programs and other benefits. The policy of FHS 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. All interpreters, translators and other aids needed to comply with this policy shall be provided without cost to the person being served, and patients/clients and their families will be informed of the availability of such assistance at point of facility or program access and is available free of charge.
- b. Language assistance will be provided at each of the FHS 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 further 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. FHS will conduct a regular, regional 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.

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- 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. Some LEP persons may prefer or request to use a family member or friend as an interpreter. However, 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.
- e. Children and other clients/patients will **not** be used to interpret, in order to ensure confidentiality of information and accurate communication.
- f. **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.
- g. **Monitoring Language Needs and Implementation**  
As a component of the organization's FHS will assess changes in demographics, types of services or other needs that may require reevaluation of the LEP policy and its supporting procedures on an ongoing basis. 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 FHS will set benchmarks for translation of vital documents into additional languages over time.

**C. Regional and Hospital Section 504 Coordinator** Director of Risk Management has been designated as the organization's Section 504 Coordinator and are responsible for the maintenance of an accurate/current list of the contacts, standards and relevant staff training. The Director of Risk Management or designee is responsible for an effective grievance process relating to nondiscrimination issues and can be contacted at 253-426-6263.

#### **D. Section 504 Grievance Procedure**

All facilities/programs have adopted 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:

- Grievances must be submitted to the Facility Section 504 Coordinator (Site Risk Manager) of the facility/program within 7 days of the date the person filing the grievance becomes aware of the alleged discriminatory action.
- A complaint must be in writing, containing the name and address of the person filing it. The complaint must state the problem or action alleged to be discriminatory and the remedy or relief sought.

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- The Facility Section 504 Coordinator (or her/his designee) shall conduct an investigation of the complaint. This investigation may be informal, but it must be thorough, affording all interested persons an opportunity to submit evidence relevant to the complaint. The Regional Section 504 Coordinator will maintain the files and records of all FHS facilities/programs relating to such grievances.
- The Facility Section 504 Coordinator will issue a written decision on the grievance no later than 30 days after its filing.
- The person filing the grievance may appeal the decision of the Facility Section 504 Coordinator by writing to the FHS Section 504 Coordinator within 15 days of receiving the Facility Section 504 Coordinator's decision.
- The FHS Section 504 Coordinator shall issue a written decision upon review in response to the appeal no later than 30 days after its filing.
- The availability of each FHS Section 504 Coordinator 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.

FHS Regional Section 504 Coordinator 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 Facility Section 504 Coordinator 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 also has a right to file a complaint with the

**Department of Health and Human Resources Office of Civil Rights:  
Region X-Seattle (Alaska, Idaho, Washington, Oregon)**

**Office of Civil Rights**

**U.S. Department of Health and Human Services**

2201 Sixth Avenue-M/S: RX-11

Seattle, WA 98121-1831\

Voice Phone 206-615-2290

FAX 206 615-2297

TDD 206 615-2296

### **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 or Patient Advocate.

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<b>DATE OF ORIGIN:</b>	06/96
<b>LAST DATE REVISED:</b>	06/02, 07/07, 12/09, 08/11, 03/14
<b>LAST DATE REVIEWED:</b>	03/01, 05/04
<b>NEXT REVIEW DATE:</b>	03/17
<b>REQUIRED REVIEW:</b>	Risk Management, Patient Access
<b>DISTRIBUTION:</b>	Regional Administrative Manual
<b>CROSS REFERENCE:</b>	