Bringing Awareness on disability and disability accommodations in Acute care: Needs Assessment Report

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Mentioned in Rotoli et al. (2023), “People with disabilities experience barriers to care in all facets of healthcare, from engaging with the provider (attitudinal and communication barrier)

to navigating a large institution in a complex health care environment (organizational and environmental barriers).” Many times, patients feel the need to proceed with healthcare interactions without the necessary accommodations (such as language, hearing, or visual accommodations), leading to increased medical errors and decreased health outcomes (2023). Ineffective communication or lack of appropriate accommodations impact hospital outcomes, health safety, functional participation, independence, and overall wellbeing. Environment, program quality, and care are important to improve patient outcomes and patient participation; it is important for institutions and providers to continue implementing best practices and solutions. As I learned more about disability accommodations, I decided to dive into current knowledge or steps being done to increase awareness of needs in acute care settings and to ask Northwestern Medicine (NM) Staff of current work and important steps needed to increase awareness efforts.

Disability and Disability Accommodations in Acute Care

Disability in acute care is highly present, however typically unknown (Haywood et al., 2026). Through a cross-sectional survey of adult patients admitted to a general medicine service hospital, Haywood and her team inform that 72.5% of patients who participated in the study disclosed having a disability. 53.1% of patients who disclosed having a disability had an accompanying survey from their physician/APP with a 60.5% agreement on the patient's disability. 51% of these patients also had an accompanying survey from an RN where 69.4% agreed on patient disability. 29.2% of patients had both physician/APP and RN surveys where there was a 47.9% consensus of the patient's disability (2026). In this study, RNs had slightly more knowledge of patients with hearing disabilities, visual disabilities, ADL assistance, and use of assistive devices or equipment. Haywood et al, discuss that without awareness of a patient’s

disability status on admission, clinicians may overlook accommodation needs and may not have adequate information to optimize patient care plans. This specific study took place at NMH; with the same general medicine units I plan on implementing my quality improvement intervention. Speaking with the first author, Carol Haywood, shares the ongoing work to prepare support for practice teams to provide disability accommodations at point of care. Through active research support such as patient facing tools to self-report disability accommodations, documentation of disability status in EHR, connecting with key NM partners, speaking with constituents in primary care about disability documentation efforts, and the creating of practice resources, Carol and her team hope to increase its provisions of disability accommodations and continued mission of putting patient's first.

Gaining patient perspectives and experiences is crucial in planning implementation projects focused on quality improvement. Read et al 2018, completed a qualitative study obtaining experiences of reasonable accommodations by hospital services and gathered the following: participants expressed that healthcare staff do not ask or document disability status or specific accommodation needs. Participants recommended hospital systems to improve identifying the needs of people with disabilities, hospital environments, provision of disability status information, and involving people with disabilities in the process of change. Participants with disabilities would like for staff to take the time to listen to them, for there to be staff training about the needs of people with disabilities, and processes to be in place to clearly record a patient's needs for improved care from the healthcare team. My stakeholder and content expert mentor, Lindsay Ardiff, if leading a project to gain patient perspectives on disability and disability accommodations here at NMH where I will get the opportunity to participate in conducting IRB approved qualitative as a capstone learning objective.

People with Disabilities (PWD) may be afraid to go to healthcare clinics, ED, or hospitals due to known barriers they may face. Kannam et al. (2024) share, “Websites are a public-facing resource that can provide patients with vital information about accommodations prior to presenting care.” However, this study found that accommodation information is sparce and incomplete in hospital websites, and several hospital sites fail to provide contact information for patients to call the hospital with questions or requests (2024). This sparked curiosity for NM and accommodation information. Although NM does not display types of accommodations provided or available to them, it does have contact information to connect with patient relations on the general website. The information can be located under patient and visitors, at the bottom of the page in accessibility resources. Even though this is beneficial, it is important to reflect that this may be helpful for patients who live near NMH hospitals and choose to have this organization as their primary choice location. However, many times, acute care experiences are unexpected or unplanned situations or depending on the situation, people may be sent to other closer facilities. Whether through a website or in person, it is beneficial for patients to know what accommodations are available to them, it allows for increased self-advocacy and participation in plan of care.

Electronic Health Record Documentation and Providing Accommodations

There is no specific or standardized process in providing disability accommodations. Sarmiento et al. (2025) questioned how healthcare organizations provide disability accommodations through purposeful convenience sampling and found that processes to provide accommodations were ill-defined, cumbersome, and variable. Healthcare Leader participants

inform that EHR systems have no space to document accommodation needs or accommodations and that there is no data for process improvement (2025). This article emphasizes the critical need to educate staff on disability accommodations such as training staff on how to access and provide accommodations is essential and a standard part of staff education. Morris & Sarmiento (2024) inform that there is a desire from clinical staff for disability status and accommodations to be recorded in electronic health records (EHR). Recording documentation related to disability and accommodations is seen as beneficial for all staff to prepare patients, increase efficiency, provide better experiences, and improve patient outcomes. A qualitative study done by Oshita et al. (2024), gathered healthcare organizations who implement communication accommodations to promote equitable access. They emphasized the importance of executive leadership support, the need for education at an organizational level, and for organizations to be able to identify patients who need accommodation through standardized procedures. NM is aware of this and has initiated taking the steps of creating an EPIC disability status and accommodations section that is live for all staff to access and use. NM also provides educational material that is accessible to all healthcare staff through the NM Interactive SharePoint.

Stakeholders: Learned information for next steps

My needs assessments goals were built upon the last capstone student and their initiative in building awareness of disability accommodation availability in acute care. In order to continue this focus, I directed my needs assessment on understanding the stance of different units and processes related to disability and disability accommodations, learn of current impact or feedback on current educational materials that were piloted in 2025, and involve new units and

stakeholders to be involved in continued efforts to decrease barriers related to obtaining and utilizing disability accommodations in acute care while also learning more on the patient perspective for improved patient experiences and outcomes at Northwestern Memorial Hospital (NMH). The stakeholders involved throughout my needs assessment included my expert mentor, a nurse manager, education coordinators, clinical coordinators, the manager of patient relations, a chair of the NM Disability Champion Network, researcher from the center for health services and outcomes research, and the manager of quality and health equity. Throughout my capstone experience, I will continue to reach out to other potential stakeholders such as other rehabilitation staff on their perspectives and roles and project management, to learn more about EHR documentation, communication, and continue the efforts in continuing this initiative post capstone experience.

The past capstone student noted that at NMH, there is a lack of awareness and access to accommodations, lack of data representing disability status or accommodation, and lack of communication and cohesive efforts. With this, an interdisciplinary survey was sent out on two separate general medicine units where results showed that the most prevalent way accommodations were identified were conversation with patients and nurse verbal handoff and less than 20% involving EHR documentation. Other barriers to providing accommodations to patients involved difficulty locating items, inability to obtain in a timely manner, and staff feeling unsure of which accommodation would be appropriate. With this, the capstone student created two educational documents focused on learning EHR documentation, available accommodations, effective communication tips, and education on ADA. The educational materials were presented on two units in July of 2025. Ever since, there has been a small increase in disability accommodations populating within the EHR.

After meeting with stakeholders and the units that received the educational materials, I learned that there is a strong interest in continuing efforts to educate staff on disability and disability accommodations and documentation. There are continued barriers to building awareness, confidence amongst healthcare staff, and systemic difficulties. One continuous systemic issue is related to the individualized process in obtaining and stocking accommodations on each unit- it is not a smooth process. Leadership roles are also a systemic difficulty; what leadership is willing to do impacts the team's efforts in ensuring goal attainment. This in turn will also determine budgeting and availability to provide full wrap around services to meet those reasonable accommodations.

Nurse management, education coordinators, and clinical coordinators indicated that there is no current unit process specific to obtaining information on disability accommodation needs or documentation. One education coordinator expressed that it would be helpful to have a location to document disability accommodations provided to patients. They were not aware of the already live EHR disability questionnaire and disability accommodations section. Highlights of these interviews include: nursing staff do not have a specific actionable component in ensuring patients receive accommodations, some staff may need more education regarding disability and different accommodations, there is a high reliance on Occupational and Physical Therapists in addressing certain accommodation needs, night shift staffing have less accessibility to resources due to timing, and there is a high turnover rate impacting confidence, independence, knowledge, and comfort in accessing specific accommodations. Communication of reasonable accommodation needs usually occurs via word of mouth between nurses and patients, leaving out other interdisciplinary team members unless the patient or nurse also communicates with them. One nurse manager disclosed, "I do not have the bodies," explaining that there are also concerns

with time management, staffing, and budgeting that impact patients receiving certain accommodations. Several of the stakeholders expressed the possibility of including a Nursing Epic Build integrated in their workflow to ensure nurses ask about disability accommodation needs, such as using the disability questionnaire to guide possible accommodations available.

As I spoke with patient relations, they shared patient interactions that involved success stories where team effort ensured equitable care and improved patient outcomes while also sharing stories where there were insufficient resources or staff education/understanding to ensure full wrap around services to meet those reasonable accommodations. They expressed that it is important for all NM to learn more about challenges patients experience and taking social determinants of health into consideration. Within this big hospital system, NM can bridge the gap through educational resources, trainings, bringing in speakers, celebrating disability awareness, and for NM to continue to work on "being more hospitable, welcoming, and accessible." When asked about educational material feedback, patient relations expressed wanting others to know that patient relations are allies and want to support staff in assisting with any accommodation needs to ensure equitable care and positive patient experiences.

The manager for quality and health equity informed me of current projects focused on disability accommodations in the outpatient setting, where there is a process that is being piloted to ensure all patients respond to a disability accommodations questionnaire that asks about disability accommodations needed in order for those outpatient settings to be prepared when patients set and attend their appointments. Patients can access the disability accommodations questionnaire via My NM (my chart). The manager hopes that after these pilot clinics are complete, they can show that the intervention better equips and prepares healthcare staff in

ensuring equitable care, hence increasing patient participation, health outcomes, satisfaction, and more. One of the chair members of the Disability Champion Network provided incite on how to reach APPs/Physicians to increase awareness. An idea involved having disability accommodations as part of "safety moments" discussions during huddles or primary care meetings. These safety moment discussions involve sharing positive or negative stories and outcomes of those specific situations. If a patient does not receive proper accommodation, it can lead to different safety outcomes and situations. This is a great idea for next steps beyond my time here at NMH.

Capstone Project Opportunities

There is a continued need in increasing awareness and education on disability and disability of accommodations within the acute care setting. Unit leaders demonstrate having a strong interest in continuing efforts such as sharing educational documents to their staff, disclosing barriers in providing accommodations, providing feedback on current educational documents available, and assisting in coming up with interventions that would benefit the nursing staff. These unit leaders have invited me to speak on the topic in their monthly quality meetings and have provided an opportunity to create educational slides to be shared with incoming nursing staff during Professional Development Days (PDDs). With these great opportunities and development of skills in quality improvement projects, I hope to continue guiding NM towards future next steps in continuing efforts to bring awareness of disability, disability accommodations, and equitable care in the acute care setting and beyond.

As I continue to work on my Capstone Project, I will further consider and inquire about the best location (s) or placements of educational materials for increased attraction and use. I will

work alongside my content expert mentor to find a champion(s) to continue my capstone efforts and continue to communicate and bring awareness to other healthcare workers and NM Staff for a greater impact.

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