Hypothetical Project

DEFINE:

- ☐ Review Literature
  RojasSerrano_Literature Review.docx

Haywood, C., Leviton, L., Huang, L., Barnes, C., Kim, J.S., Lagu, T. Desai, & O'Leary, K. (2026). Unrecognized disability and accommodation needs in the inpatient care settings. [Submitted for publication to *Journal of General Internal Medicine*]

Kannam, A., Haywood, C., Morris, M. A., Huang, L., Singer, T., Bajaj, G., Muhammad, A., & Lagu, T. (2024). Can you know before you go? Information about disability accommodations on US hospital websites. *Journal of Hospital Medicine*, *20*(2), 109–119. https://doi.org/10.1002/jhm.13477

Morris, M.A. & Sarmiento, C. (2024). Documentation of disability status and accommodation needs in the electronic health record: A qualitative study of health care organizations' current practices. *The Joint Commission Journal on Quality and Patient Safety, 50,* 16-23. https://doi.org/10.1016/j.jcjq.2023.10.006

Oshita, J.Y., MacLean, C.D., Couture, A. E., Morris, M.A. (2024). How health care organizations are implementing disability accommodations for effective communication: A qualitative study. *The Joint Commission Journal on Quality and Patient Safety,* 50, 664-672. https://doi.org/10.1016/j.jcjq.2024.05.003

Read, S., Heslop, P., Turner, S., Mason-Angelow, V., Tilbury, N., Miles, Ca., 7 Hatton. C. (2018). Disabled people's experiences of accessing reasonable adjustments in hospitals: a qualitative study. *BMC Health Services Research, 18*. https://doi.org/10.1186/s12913-018-3757-7

Sarmiento, C.A., Eberle, K., Oshita, J., Feinstein, J.A., Matlock, D., & Morris, M. A. (2025). How healthcare organizations provide disability accommodations to promote equitable care: A qualitative study. *Disability and Health Journal, 18*(3), 101823 10.1016/j.dhjo.2025.101823

- ☐ Expert Opinion/evidence to understand if there is a concern for disparities

Strong interest in continuing efforts	Gaps in processes	Barriers to staff knowledge and resource access	Systemic Leadership Constraints

• Bringing about new ideas
  ◦ Inclusion of Nursing Epic Build
  ◦ "Safety Moments"
  ▪ No proper accommodation = different safety outcomes/situations
  ◦ Find FY25 educational documents to be very beneficial and helpful
  ▪ How to best share these materials?
• Building connecting with EPIC superusers
	• No current unit process specific to obtaining information on disability accommodation needs or documentation.
	• Not aware of the live EHR disability questionnaire and disability accommodations section
	• Communication of accommodations is usually via word of mouth
		• Staff need more education
		• High reliance on OT and PT
		• Night shift have less accessibility to resources due to timing
		• High turnover rate impacting confidence, independence, knowledge, and comfort in accessing specific accommodations
		• Need for NM staff to learn more of challenges patients experience and taking into account SDOH
			• No standard process in obtaining and stocking accommodations on each unit.
			• Leadership Roles
			  ◦ Budgeting and availability to provide full wrap around services to meet reasonable accommodations
			• "I do not have the bodies"
			  ◦ time management, budgeting, and staffing
			• Insufficient resources
			• No data

Hypothetical Project

- ☐ Assemble a diverse project team

  -Nurse management (1 or 2: Laurin from 15E and Alyssa S from 16E expressed strong interest and project ideas)

  -Education Coordinators: Lauren Miller, Jacob O

  -Rehabilitation Department: OT team member (?; e.g. Lauren Bima) and PT team member (e.g. Lindsay Ardiff)

  -Patient relations: 1 member (e.g. Alexandra Ford)

  - Health Equity: Mary Kidney

  - Clinical Quality: Mimi Le
  - Nurse Informaticist: such as Chad Carroll

- ☐ Collaborate with existing quality committee to approve charter and advance project work: **NMHC Quality Management Committee**

Inpatient Care

- **Chairs:** Dr. Rachel Cyrus, Gina Reid
- **Quality Leadership:** Deneen Ochab, Teresa Pollack, Sharon Filsinger
- **Meeting Time:** 3rd Thursday of the Month from 1:00 – 2:00pm
- **Key focus areas for FY2026:**
  - *Continuing HAPI and Falls Prevention Initiatives*
  - *Device Related Infections*
  - *Patient Experience (PX)*

Hypothetical Project

Creating Processes: Disability and Accommodation needs Documentation

Last Updated: 6/24/2026

Overview

Problem Statement: After 2 separate need assessments focused on disability and disability accommodations, pre/post surveys gaining staff confidence and documentation of disability accommodations, and various stakeholder conversations, it was found that there are no current unit processes specific to obtaining information on disability accommodation needs, documentation, or access to accommodations. Although there is a live EMR disability questionnaire and disability accommodations section in EPIC, a very small % of inpatient healthcare staff are aware of it with no actionable documentation steps within the workflow to document regarding disability and accommodation needs.

Lack of documentation, awareness of accommodation needs, and ineffective communication or lack of appropriate accommodations influence equitable healthcare for our patients with disabilities here at NM such as hospital outcomes, health safety, functional and meaningful participation in patients plan of care, and overall wellbeing.

Goal/Benefit: Providing a set process in documentation of disability and accommodation needs in the inpatient setting will guide steps towards more actionable, patient centered, and equitable care for our patients by bringing increased awareness, communication, plan of care, advocacy, and opportunity to acquire data for other improvement projects in the future.

Scope: This project will focus on general medicine units, including day and night shift, Sunday-Saturday.

Definitions of Success

Outcome Metric(s):
- Increase data on disability and accommodations
- Increased documentation on disability/accommodation needs

Process Metric(s):
- Adding disability questionnaire and disability accommodation needs into admission workflow
- Adding documentation section focused on accommodations received into interdisciplinary workflow.

Key Deliverables:
- Analysis of opportunities to improve processes regarding providing accommodation needs for improved equitable care.
- Implementation of selected improvements

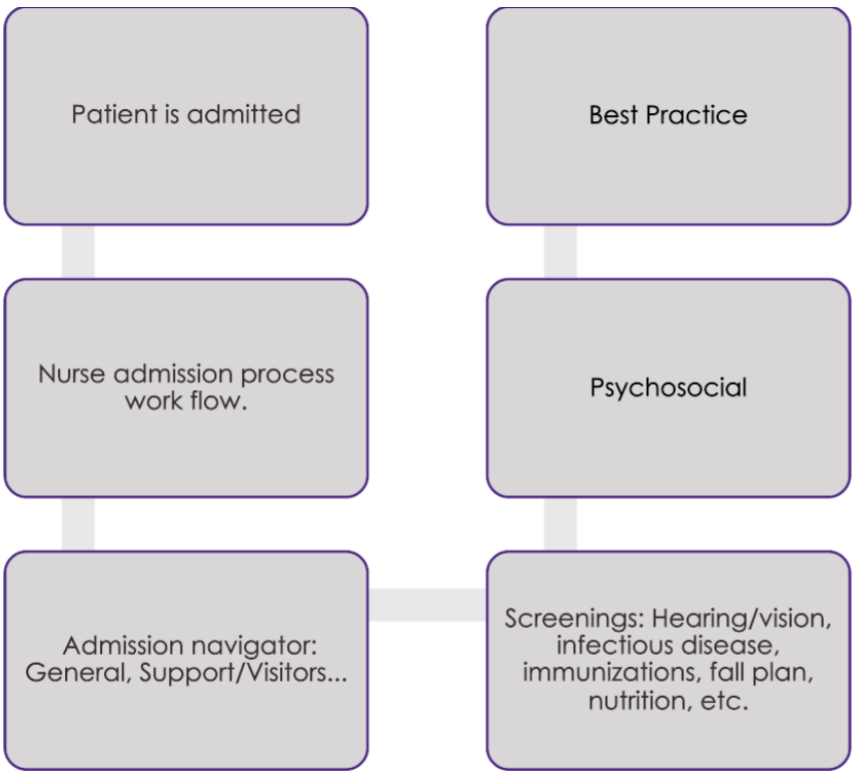
Key Milestones		Date
Define	Conduct stakeholder meetings, VOC	00/00
Measure	Conduct Observations	00/00
Analyze	Identify key drivers	00/00
Improve	Prioritize solutions, design and implement, collect data	00/00
Control	Control plan, transition to process owner	00/00

Team

Executive Sponsor: *TBD*
Clinical Sponsor: *TBD*
Sponsor: *TBD*
Process Owner: *TBD*
Improvement Leader: *TBD*
Team Members: *Enter*
System Partners: *TBD*

Current process:

Last Updated: 6/24,



No specific process on disability/accommodation needs screening or documentation. Knowledge of a patient's disability or accommodation needs occur mostly via:
- Conversation with patient
- Whiteboard in pt room
- Verbal handoff
- Signs posted on patient's door

MEASURE: **To continue to do... gain RN/MD/SW and other perspectives**

- What are the current processes focused on disability and disability accommodations?

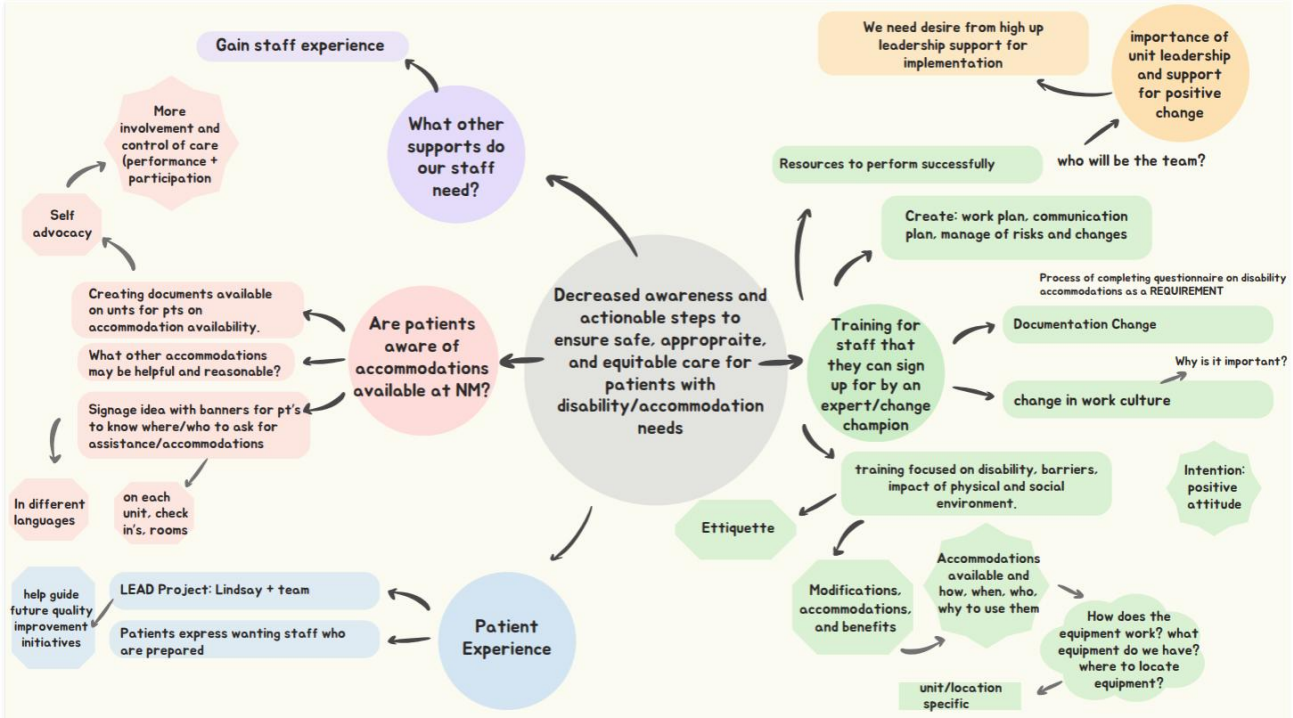
Hypothetical Project

- What happens between the current processes?
- Are staff receiving training on processes/familiarity of accommodations available and when/how to use accommodations
- What is the current state of performance? What are patients saying?
- Quantitative Measurement: Disability documented data is limited currently
    - Possible to review outpatient data and outcomes (Mary/Carol)
- Important to continue receiving stakeholder opinions from a variety of individuals including ethics committee, members of quality management committee, RN staff, MD directors involved in movements, EPIC super users, etc.

ANALYZE:

- Direct Cause: No set processes in documenting or taking actionable steps in asking of accommodation needs or disability status
- Problem: no standardized steps regarding working with patients that may have a disability/have accommodation needs
- Root Cause:
- Analyze outpatient data
- Healthcare staff want to continue efforts focused on disability and accommodation needs

IMPROVE: Solutions



- Educate staff on accommodations available currently at NM
    - How to use, when to use, where to retrieve, etc.
- Educate on importance of documenting disability status and accommodation needs

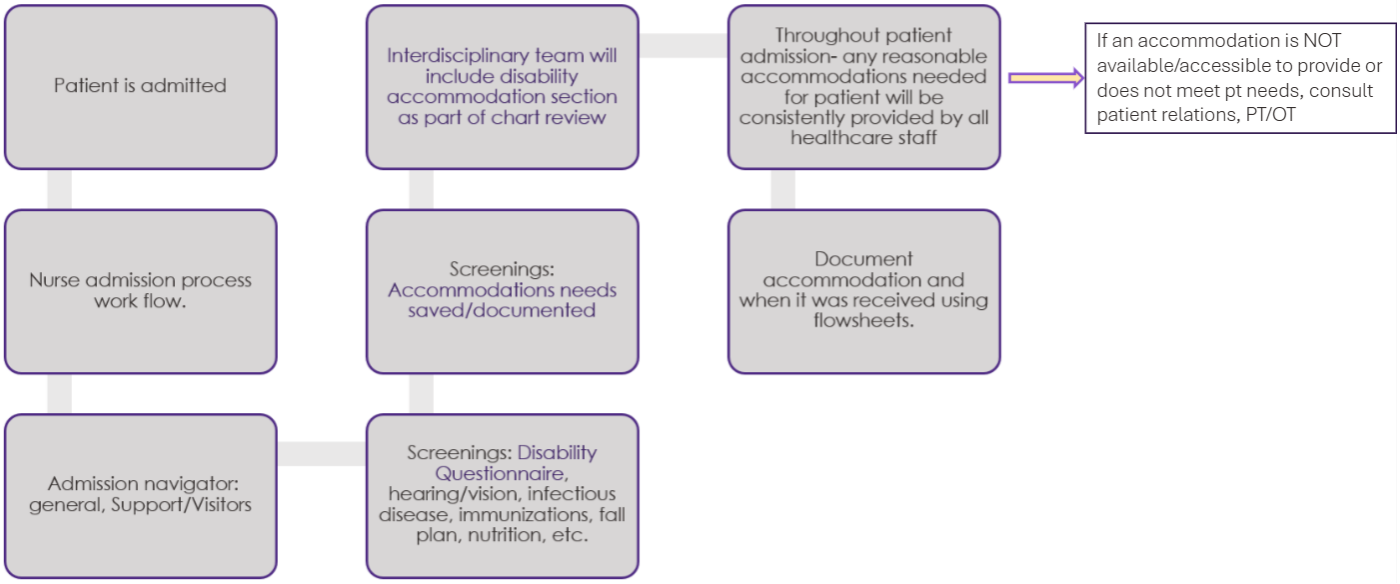
- What do we want to achieve and why
- Providing documents on accommodations for patients --> self-advocacy
- EPIC build: Admission RN workflow

  What are the costs? How much time will the build take? Who completes EPIC build?

  How would the RN team like for the build to look/which area of the workflow?

  How should we implement it? What does the new vision process look like?

Vision:



A pilot of implementation may be appropriate to allow for continued improvement and build our CONTROL once ready to implement all NMH units.

- Trainings on new process; receive feedback
  - What is working, what is challenging, what can be improved
- Monitor pilot groups
  - Are we noting more documentation on disability accommodation/needs provided
    - Is this impacting workflow/time management? Any pushbacks from patients?
    - Can this intervention be transferred to other units or are there other steps we need to take

      e.g. ensure we are providing accommodations we are documenting

- Iterate on improvement design (can we implement design to the rest of NMH or are there other improvement steps before we do this; i.e. ensuring staff are competent in all types of accommodations available (vs building knowledge from learned experience).
- Survey for pilot units

Hypothetical Project

CONTROL

How to sustain improved performance?

- Quarterly meetings with nurse management: how is the new change going? How can we best support the team? Any feedback? Is current training helpful or should we engage other learning methods aside from the current training documents?

Who will take over the process?

Ensure we are gathering data for future improved process/steps towards equitable care.

Long term plan to educate new staff members or re-educating existing ones