

Bringing Awareness on Disability and Disability Accommodations in Acute Care

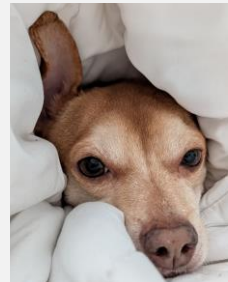
Presented by: Noemi Rojas Serrano, OTD/S
Guest Speaker: Mary Kidney, LCSW, ADAC; Project Manager, Accessibility

Capstone Mentor: Lindsay Ardiff, PT, DPT
Faculty Mentor: Carla Walker, OTD, OTR/L, ATP

June 15, 2026

Introduction

Noemi Rojas Serrano



Occupational Therapy Doctoral Student

Future Colleague (give me 4 more weeks!)

Spinal Cord Injury and Disease (SCI/D) Program

Graduate Assistant: Social Health and Participation Lab

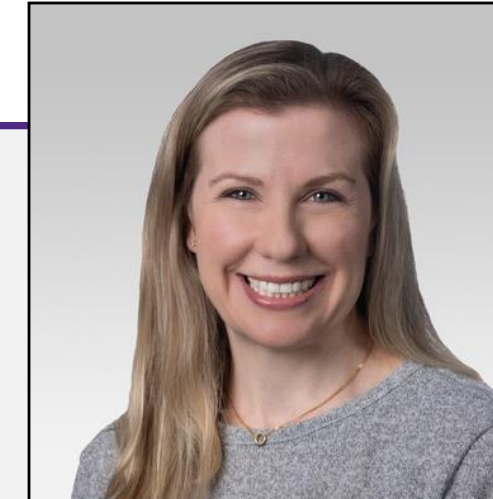
(Traumatic Brain Injury (TBI) Community)

Community volunteering

Personal Care assistant

Professional Interests: Disability, TBI/SCI, Community, Oncology

Mary Kidney, LCSW, ADAC



Accessibility Program Manager

Office of Health Equity

Social work background: Medical, community mental health, hospice

Fun fact: Mom to two girls and three cats

Professional Interests: Health equity, healthcare policy, medical ethics

Agenda Overview

In-service to do's

- Accessibility at NM by Mary Kidney
- Capstone Learning Objectives Overview
- Background
- Needs Assessment Findings
 - Post Survey
- Disability, Effective Communication, Accommodation needs
 - NM Specific
- Resources
- References



Accessibility at NM

Mary Kidney, LCSW, ADAC; Program Manager, Accessibility

June 15, 2026

Healthcare and People with Disabilities

- 67 million Americans live with a disability, which includes disabilities impacting patient mobility, communication, hearing, cognition, vision, and mental health (Disability Equity Collaborative [DEC], n.d.)
- People with disabilities (PWD) are more likely to report fair to poor health, less likely to receive preventative healthcare services, have higher rates of comorbid conditions, and have greater social determinants of health (SDOH) needs (Morris et al., 2024)
- A major contributor to poor health outcomes includes inadequate access to high-quality, equitable healthcare (DEC, n.d.)
 - PWD have more difficulty finding a clinician and report lower satisfaction with communication and care quality (DEC, n.d.)
 - Healthcare setting barriers to care for PWD include lack of accessible care facilities and diagnostic equipment, ineffective healthcare communication, and biases and assumptions of healthcare teams (Morris et al., 2024)
 - Women with disabilities are less likely to receive breast and cervical cancer screenings (Morris et al., 2021)
 - Older patients and PWD are less likely to be examined on an exam table (Morris, Maragh-Bass et al., 2017)

Laws and Regulations for Accessible Medical Care

Americans with Disabilities Act (ADA) of 1990

The ADA is a civil rights law that prohibits discrimination of people with disabilities in many areas of public life and ensures that people with disabilities have full and equal access (ADA National Network [ADANN], n.d.a)

- Title I covers employers who employ 15 or more people and requires employers to provide reasonable accommodations to qualified applicants or employees (ADANN, n.d.a)
- Title II covers state and local governments, requiring that their programs, services, and activities are accessible to people with disabilities (U.S. Department of Justice [USDOJ], 2024a)
 - Includes public hospitals, public healthcare clinics, and public colleges' and universities' healthcare systems (USDOJ, 2024a)
- Title III covers places of public accommodation, setting minimum standards for accessibility, and directing “reasonable modifications” when serving people with disabilities (ADANN, n.d.a)
 - Includes businesses, doctors' offices, and privately owned hospital systems (ADANN, n.d.a)
 - NM is regulated by Title III
- Title IV covers telecommunications and Title V covers miscellaneous provisions (ADANN, n.d.a)

Rehabilitation Act and ACA

Rehabilitation Act of 1973, Section 504

- Protects PWD against discrimination as it applies to service availability, accessibility, delivery, employment, and administrative activities and responsibilities of organizations receiving federal financial assistance (U.S. Department of Health and Human Services, 2006)

Patient Protection and Affordable Care Act of 2010 (ACA)

- Section 1557: Prohibits discrimination based on race, color, national origin, age, disability or sex by ACA covered entities and requires entities to provide appropriate auxiliary aids and services (DEC, n.d.)
- Section 4203: Mandates creation of US Access Board committee to develop guidelines for accessible medical equipment and requires accessible medical equipment in healthcare settings (Morris, Maragh-Bass et al., 2017)
- Section 4302: Requires federally supported healthcare or public health programs to collect data on race, ethnicity, sex, primary language, and disability status to document disparities (Morris, Lagu, et al., 2017)

Documenting Disability Status and Accommodation Needs

Documenting Patient Accommodations in EHR

- Collecting disability status allows organizations to identify and address potential disparities, track quality of care, provide data to design and measure care improvement initiatives, and better provide accommodations, auxiliary aids, and services (DEC, n.d.)
- Facilitates preparing for needs prior to care, decreasing inefficiencies and delays and improving the care experience for patients and the care team (Morris et al., 2024)
- Disability status is a self-reported demographic; just like race, ethnicity, gender identity, sexual orientation, and preferred language; and should be incorporated into the collection of these other demographics then saved in the same area of the EHR (DEC, n.d.)
- Studies show that patients have a high level of comfort with healthcare organizations collecting this data and are more comfortable sharing their disability status than sharing their race or ethnicity (DEC, n.d.; Morris et al., 2021)
- Important to ask all patients about their disability status because some patients have non-apparent disabilities (DEC, n.d.)
- Beneficial to ask along different points in time because disability status can change over time (Morris, Lagu, et al., 2017)

MyNM Disability & Accommodation Documentation

MyNM

Patients can complete a questionnaire in MyNM that asks about disability status and Accommodation needs

- Answers auto populate into Epic

Disability and Accommodation Questionnaire for NM MyChart
For an upcoming appointment on 10/10/2025

Due to a disability, do you need any additional assistance or accommodations during your visit?

Yes, I need additional assistance or accommodation.

No, I don't have a disability, or I don't need additional assistance or accommodation.

I am not sure if I have a disability or if I need additional assistance or accommodation.

I don't wish to answer.

Continue Finish later Cancel

Disability and Accommodation Questionnaire for NM MyChart
For an upcoming appointment on 10/10/2025

Please answer the following questions. (Select all that apply.)

	Yes	No	Prefer not to say
Are you deaf, or do you have serious difficulty hearing?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Are you blind, or do you have serious difficulty seeing, even when wearing glasses?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Do you have difficulty remembering or concentrating?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Do you have serious difficulty walking or climbing stairs?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Do you have difficulty dressing or bathing?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Disability and Accommodation Questionnaire for NM MyChart

What type of accommodation(s) do you need? (Select all that apply.) We will provide either the accommodation requested or an equivalent, based on availability.

at apply.

- Assistance for Notetaking
- Assistance for Reading Written Materials
- Assistance with Transferring, Positioning, and Procedural Support
- Assistance with Changing Clothes and Toileting
- Assistance with Pushing Wheelchair
- Medical Equipment: Adjustable Exam Table
- Medical Equipment: Accessible Weight Scales
- Medical Equipment: Bariatric Equipment
- Medical Equipment: Lift or Other Transfer Aids
- Medical Equipment: Facility Wheelchair

Back

Epic Disability Accommodation Documentation

Epic

Disability Accommodations can be accessed in multiple places within Epic:

Schedule in Disability Accommodations

C...	Status	MPS Attendi...	Admitted?	M...	Time	Disability Accommodations	Patient Name/Age/Gender
	Scheduled		No		3:00 PM	Accessible PDF Staff Assistance for Notetaking Service Animal	Test, Kennedy 33 y.o. / M

Demographics section of Registration

The screenshot shows the 'Registration' page with the 'Demographics' section active. The patient's name is Kennedy Test. The 'Disability Accommodations' field is highlighted with a red box and contains the following text: Accessible PDF, Staff Assistance for Notetaking, and Service Animal.

Storyboard (hover to see specific accommodations and to open Demographics)

The storyboard displays patient information for Kennedy Test, including MRN 111011500601 and language English. A 'Disability Accommodation: (3)' link is highlighted, which opens a list of accommodations: Accessible PDF [3], Staff Assistance for Notetaking [33], and Service Animal [13].

Epic Disability Accommodation Documentation

Epic

Sections within the Disability Accommodations field:

Disability Status

Disability Accommodations

Disability Accommodations

Disability Status

Needed

Received

+ New Reading

MRA Chest Bav W

10/28/2025 0439

Disability Status

Due to a disability, do you need any additional assistance or accommodations during your visit? Yes, I need additional assistance or accommodation.

Are you deaf, or do you have serious difficulty hearing? No

Are you blind, or do you have serious difficulty seeing, even when wearing glasses? No

Do you have difficulty remembering or concentrating? No

Do you have serious difficulty walking or climbing stairs? No

Do you have difficulty dressing or bathing? No

Do you have difficulty doing errands alone, such as visiting a physician's office or shopping? Yes

Using your usual language, do you have difficulty communicating, understanding, or being understood? No

I am still not sure if I have a disability or if I need additional assistance or accommodation. No

Disability Accommodations Received

Disability Accommodations

Disability Accommodations

Disability Status

Needed

Received

Time taken: 10/28/2025 0441 Responsible Create Note Macro Manager

Show Row Info Show Last Filed Value Show Details

Disability Accommodations Received

Patient Disability Accommodations (Received)

Accessible PDF Accessible Weight Scales Accompanied by Caregiver Adjustable Exam Table Adult Changing Area ASL Assistance Completing Forms Bariatric Equipment

Braille Patient Material Bringing Personal Wheelchair CART Services (Real-time captioning) Clear Masks Communication Boards Documents Read Aloud

Human Guide for Room Orientation and Facility Navigation Large Print (18 pt.) Patient Material Lift or Other Transfer Aids Light Touch Call Light Lip Read Magnifier PDF Picture Cards

Plain Language Pocket Talker (Sound Amplifier) Service Animal Signature Guides Simple Explanations, Additional Time to Respond to Questions Sip and Puff Call Light

Staff Assistance with Changing Clothes and Toileting Staff Assistance for Notetaking Staff Assistance with Patient Kiosks Staff Assistance with Pushing Wheelchair

Staff Assistance for Reading Written materials Staff Assistance with Transferring, Positioning, and Procedural Support Staff Assistance with Written Forms T.V. Closed Caption TTY or TDD (Hospital)

Voice Amplifier Written Communication Wheelchair

Disability Accommodations Requested

Disability Accommodations Requested

Disability Accommodation (Requested)

Accessible PDF	Assistance Completing Forms
Assistance with Self-Care	Braille Patient Material
CART Services (Real-Time Captioning)	Communication Boards
Documents Read Aloud	Large Print (18pt) Patient Material
Magnifier	Pocket Talker (Sound Amplifier)
Service Animal	Simple Explanations, Additional Time to Respond to Questions
Written Communication	Lip Reading
Picture Cards	T.V. Closed Caption
TTY or TDD (Hospital)	Wheelchair
Sip and Puff Call Light	Soft touch call button
Schedule appointment at times with limited waiting/delays	Portable Hearing Loops (receptive noise amplification)
Sound Amplification (projection of own voice)	ASL
Clear Masks	Staff assistance with Transferring, Positioning, and Procedural Support
Staff Assistance with Changing Clothes and Toileting	Human Guide for Room Orientation and Facility Navigation
Staff Assistance with Patient Kiosks	Staff Assistance for Notetaking
Staff Assistance for Reading Written Materials	Adjustable exam table
Accessible weight scales	Bariatric equipment
Lift or other Transfer Aids	Adult Changing Area
Accompanied by Caregiver	Bringing Personal Wheelchair
Accessible Written Materials with Signature Guides	Accessible Written Materials in Plain Language
Staff Assistance with Pushing Wheelchair	

Once populated, this question does not need to be asked. Only update as patient identifies additional or updated needs. Displays information from MyChart and viewable in Storyboard.

Research Pilots on Documentation

NU and NM Partnership

- Implemented within three primary care sites; Galter 18 GIM (mobility), South Loop (communication), and South Clark (communication)
- Pilot goals:
 - Develop a tool for patients to self-report disability and accommodation needs in MyNM
 - Work with NM Epic team to build a “front-end) data architecture (i.e., how NM clinicians and staff will see and interact with disability status and accommodation needs)
 - Work with clinicians, staff, and health care system leaders to develop practice supports and implementation guides for how to document disability status and respond to accommodation needs
- MyNM Questionnaire “pushed” to patients with appointments at pilot sites (Questionnaire passively available to all NM patients)
- Informed by a Design Advisory Group through the Disability Equity Collaborative, which includes people with disabilities, disability rights advocates, and NM clinical practice and Information Services partners

Additional Clinical Support for Patient Accessibility

Providing Full and Equal Access Under the ADA

Yes

- Reasonable modifications of policies, practices and procedure
 - Staff assistance with paperwork, early appointment time, service animal
- Effective communication with patients and caregivers
 - Auxiliary aids, such as pocket talkers and communication boards; translator service, digital accessibility
- Accessible facilities
 - Accessible parking spots, wheelchair accessible exam rooms and bathrooms, height adjustable exam tables

No

- Examining a patient in their wheelchair instead of an exam table
- Referring a patient to a different provider due to lack of accessible equipment or concerns about extra time needed for an appointment
- Requiring a patient to bring a caregiver to an appointment
- Charging a patient to meet their accommodation needs
- Making a patient with a disability wait longer for care than patients without disabilities

Note: Healthcare providers are not required to comply with ADA requirements if they can demonstrate that doing so would be overly expensive (“undue financial burden”) or completely change the care provided (“fundamentally alter the nature of the service, program, or activity”). There are a number of factors to consider before making these claims and they are not to be made lightly.

(ADANN, n.d.b; USDOJ, 2020a)

Everyday Practice to Accommodate Patient Needs

- There is no single staff or provider who is responsible for accommodating patient disability needs
- Unit and clinic staff and providers should work together to make sure accommodations are being met
- Documenting disability accommodations in the EHR is great first step!
- Know where the auxiliary aids on your unit or in your clinic are kept and alert management if any item is missing, damaged, or requires restocking
- Be available to assist by reading forms, helping patients complete forms, and printing out documents in large type
- Learn more about best practices by reviewing the Disability Accommodations Sharepoint page at <https://nmhealth.sharepoint.com/sites/nm-inclusion/SitePages/Disability-Accommodations.aspx>

Get Support

Reach out! I am available for questions or consult on accessibility

Mary Kidney, LCSW, ADAC
Program Manager, Accessibility
Mary.kidney@nm.org
Or contact through MS Teams

Thank you



Capstone Learning Objectives

Experience

- **Enhance skills in Needs Assessment**
- **Skill Development in quality improvement projects**
- **Gain experience implementing quality improvement interventions**
- **Gain experience in qualitative research (team building, protocol, IRB approval, conducting patient interviews)**



Northwestern | RESEARCH

Northwestern University
Institutional Review Board
Biomedical IRB
750 N. Lake Shore Dr., 7th Fl.
Chicago, Illinois 60611
ib@northwestern.edu
Office 312.503.9338

Social & Behavioral Sciences IRB
600 Foster St., 2nd Floor
Evanston, Illinois 60208
sbirb@northwestern.edu
Office #47.467.1723

APPROVAL OF NEW STUDY

DATE: June 11, 2026

TO: Dr. Lindsay M Arditt
FROM: Office of the IRB

DETERMINATION DATE: 6/11/2026
APPROVAL DATE: 6/11/2026

Background

Inpatient Setting



Background

“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).” (Rotoli et al., 2023)

Disability in acute care is highly present, however typically unknown (Haywood et al., 2026)

Accommodation information is scarce and incomplete in hospital websites, and several hospital sites do not provide contact information for patients to call the hospital with questions or requests (Kannam et al., 2024)

Processes to provide accommodations in healthcare organizations are ill-defined, cumbersome, and variable (Sarmiento et al., 2025).

A qualitative study obtaining experiences of reasonable accommodations by hospital services: participants expressed that healthcare staff do not ask or document disability status or specific accommodation needs (Read et al., 2018)

Mindful listening and patience from healthcare staff (Read et al., 2018; Carmichael et al., 2023)

It is important to have executive leadership support, education at an organizational level, and for organizations to be able to identify patient accommodation needs through standardized procedures. (Oshita et al., 2024; Carmichael et al., 2023)

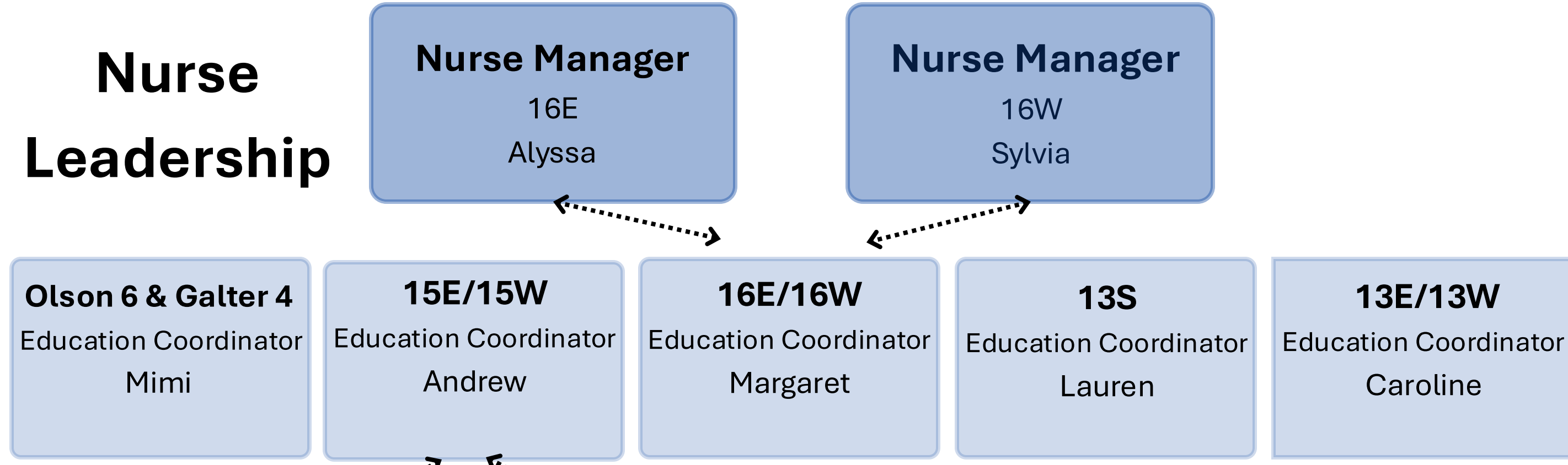
Does NM have any current processes? Are staff documenting disability and accommodation needs? What are the current efforts being done at NM?

Needs Assessment

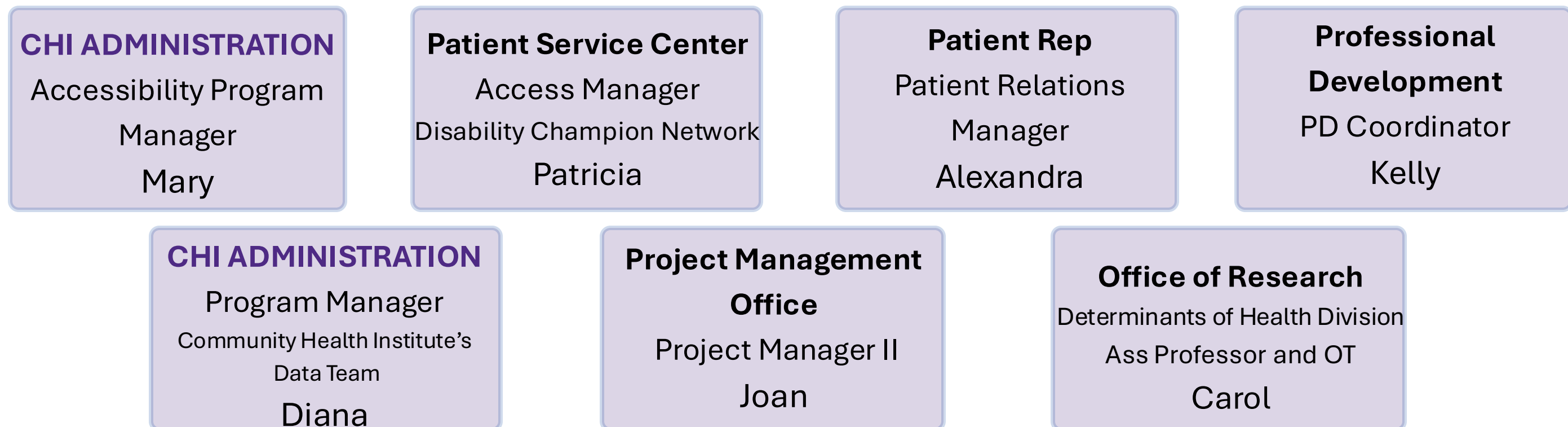
Inpatient Setting: Stakeholders and Survey



Nurse Leadership



NM Health Care Departments



Needs Assessment

Highlights from Stakeholders

Strong interest in continuing efforts	Gaps in processes	Barriers to staff knowledge and resource access	Systemic Leadership Constraints
<ul style="list-style-type: none"> • Bringing about new ideas <ul style="list-style-type: none"> ◦ Inclusion of Nursing Epic Build ◦ “Safety Moments” <ul style="list-style-type: none"> ▪ No proper accommodation = different safety outcomes/situations ◦ Find FY25 educational documents to be very beneficial and helpful <ul style="list-style-type: none"> ▪ How to best share these materials? • Building connecting with EPIC superusers 	<ul style="list-style-type: none"> • 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 	<ul style="list-style-type: none"> • 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 	<ul style="list-style-type: none"> • No standard process in obtaining and stocking accommodations on each unit. • Leadership Roles <ul style="list-style-type: none"> ◦ Budgeting and availability to provide full wrap around services to meet reasonable accommodations • “I do not have the bodies” <ul style="list-style-type: none"> ◦ time management, budgeting, and staffing • Insufficient resources • No data

Olson 6 & 16E Intervention (2025)



Disability Accommodations

Accommodations are modifications that enable our patients to perform tasks, access services, and participate in activities that might otherwise be difficult

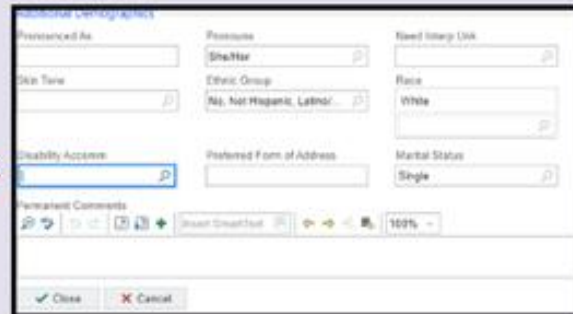


HOW TO DOCUMENT ACCOMMODATION USAGE ON EPIC

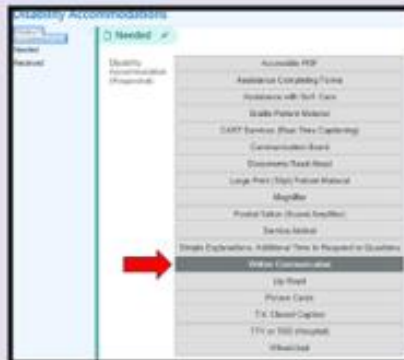
Step 1: Open Demographics Tab



Step 2: Under basics tab, scroll to Disability Accommodation



Step 3: Select accommodations



Step 4: Confirm Disability Accommodation is visible under demographic information



UNIT ACCOMMODATIONS

Clear Face Mask



For patient who are hard of hearing

Magnifier



To help patients read handouts or view an object

Sip&Puff Call Light



For patients with limited manual dexterity

Dry Erase Board



For patients with verbal communication limitations

Communication Board



For patients who are non-speaking

Soft Touch Call Light



For patients with fine motor limitations

Large Text Print



For patient handouts

Audio Amplifier



For patients who are hard of hearing

EFFECTIVE COMMUNICATION TIPS

- Use a normal volume level (do not shout) and a moderate pace, not too fast or too slow.
- Speak clearly, but do not exaggerate words.
- Face the patient with good eye contact and keep hands away from mouth to help ensure mouth visibility.
- If a patient has better hearing in one ear, position yourself closer to that side.
- Reduce background noise by closing a door if in a noisy area or turning off a buzzing fan.
- Ask the patient open-ended questions to confirm understanding.

Obtained from NM.org

HOW TO LOCATE ACCOMMODATIONS

Please refer to charge binder or your unit leadership for tips on ordering, locating and utilizing accommodations

AMERICANS WITH DISABILITIES ACT

Health care organizations must provide full and equal access for people with disabilities:

Reasonable modifications

For example: set up of meals and providing built up handles for utensils for a patient with fine motor limitations

Effective communication

For example: Implementing large print discharge paperwork for a patient with low vision

Accessible facilities

For example: ensuring proper room set up for a patient who uses a wheelchair

Summarized from adata.org

Accommodations Available

Accommodations are modifications that enable our patients to perform tasks, access services, and participate in activities that might otherwise be difficult

Clear face mask



Use: For patients who are hard of hearing and benefit from lip reading

How to locate: Contact unit leadership or visit your centralized accommodation storage on unit

To reorder: NM marketplace #390561

Additional tips: For urgent needs, contact interpretations services

Audio Amplifier



Use: For patients with hearing impairments. It amplifies sounds closest to the listener while reducing background noise.

How to locate: Contact nursing leadership or visit your centralized accommodations storage on unit

For reordering: NM Market place item #309649

Additional tips: For urgent needs, contact interpretation services. Also referred to as a "pocket talker." Utilize new earbud coverings with each use.

Sip and puff call light



Use: For patients with limited manual dexterity

How to locate: [Sentact](#)

Set up

Device will come up on an IV pole and bedside staff responsible for setting up device

Step 1: Plug in electric cord to head wall

Step 2: Disconnect nurse call light remote and connect sip and puff device to the call-light cord

Step 3: Install tubing to goose neck until an audible click is heard

Return

When the patient is discharged, bedside staff is responsible for removing from room, place IV pole/device in soiled utility room

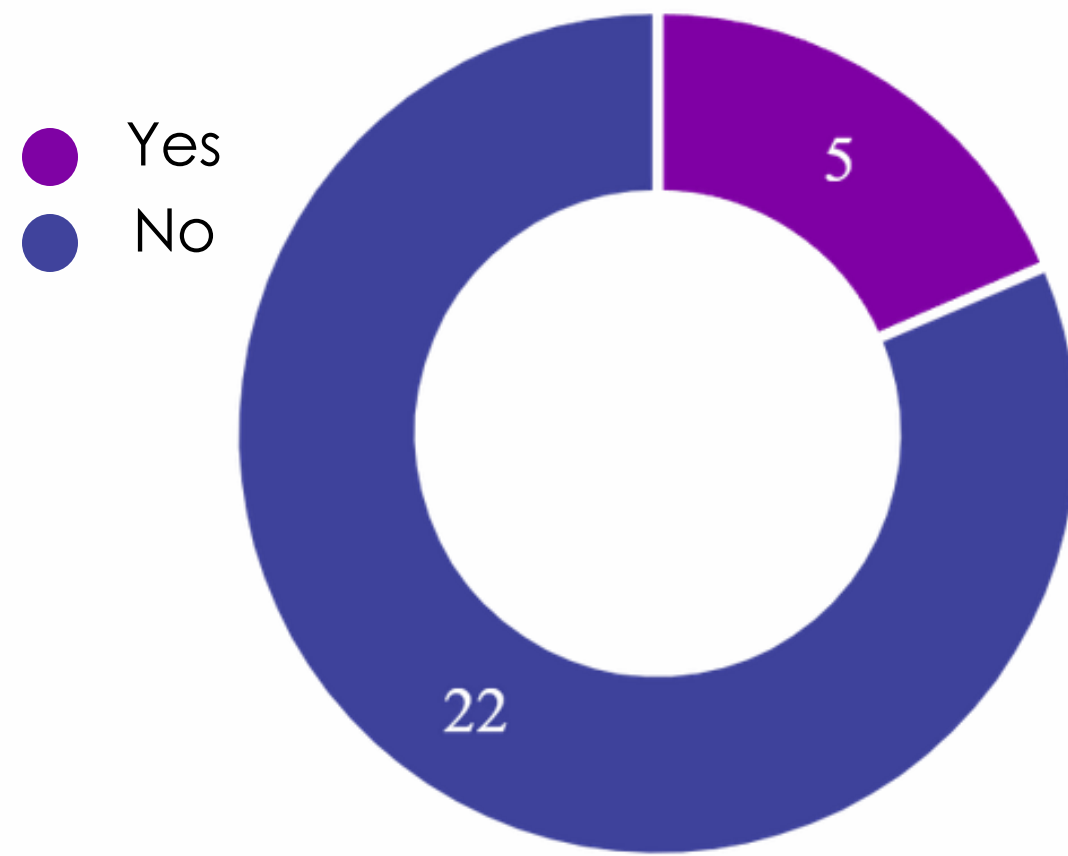
Step 1: Disconnect disposable tubing and dispose of it in garbage

Step 2: Disconnect Sip Puff device from call-light cord and re-connect nurse call light remote to call-light cord

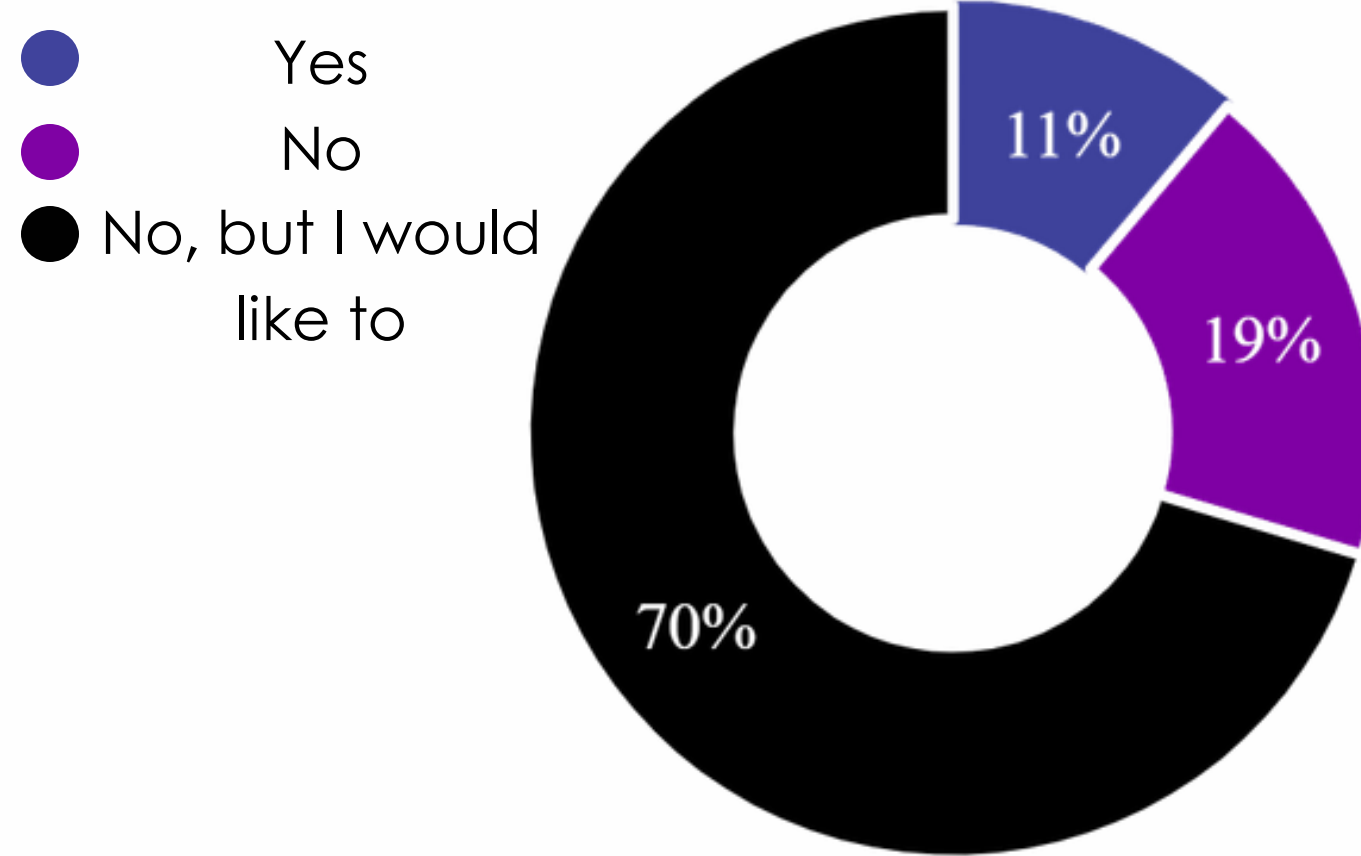
Step 3: IV pole with mounted items placed in the soiled utility room. Supply chain to come and pick up IV pole

*If patient is transferred to another unit, send with the patient to new unit

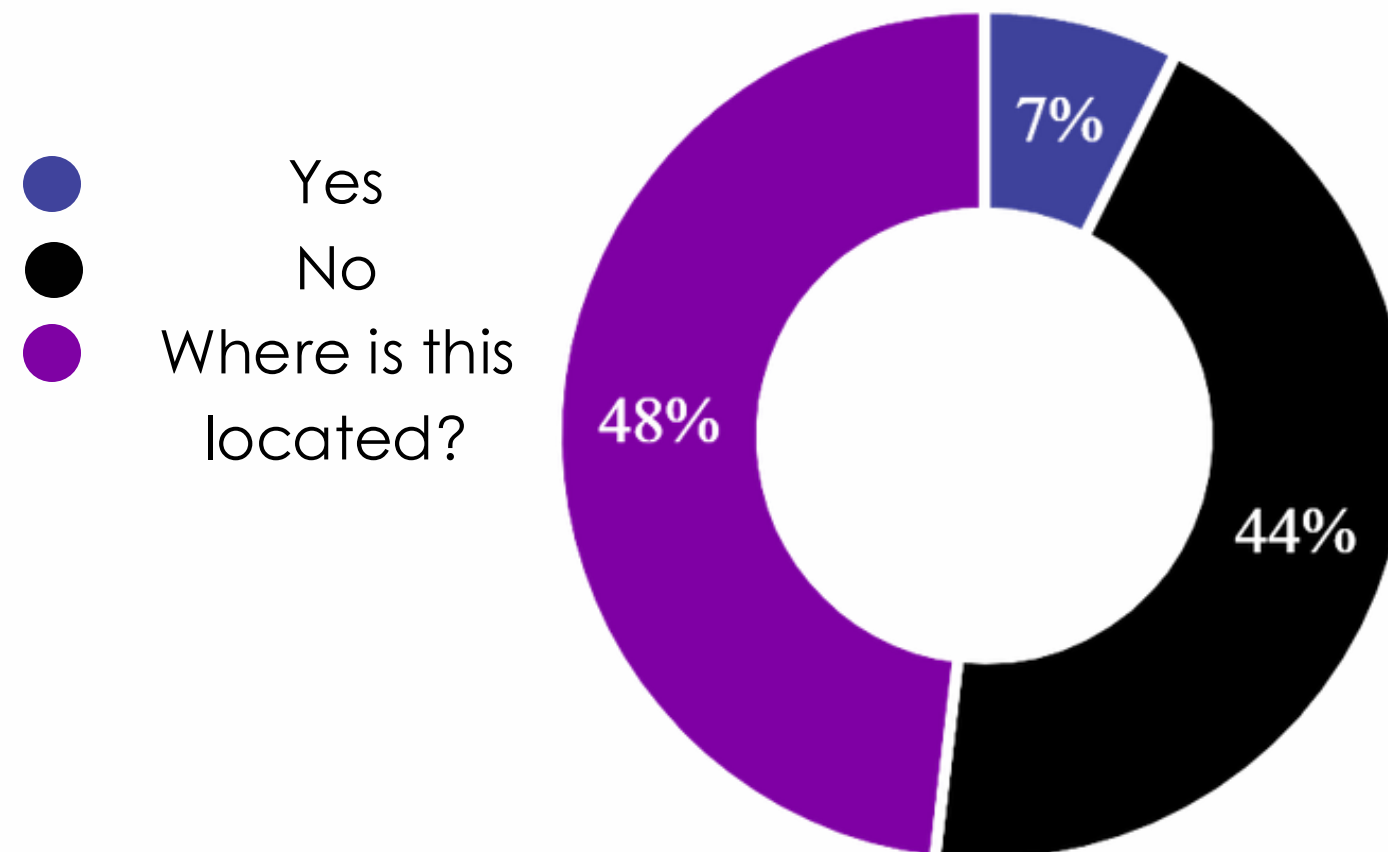
Have you seen the disability accommodations poster on the floor?



Have you referenced the Disability Accommodations Poster?

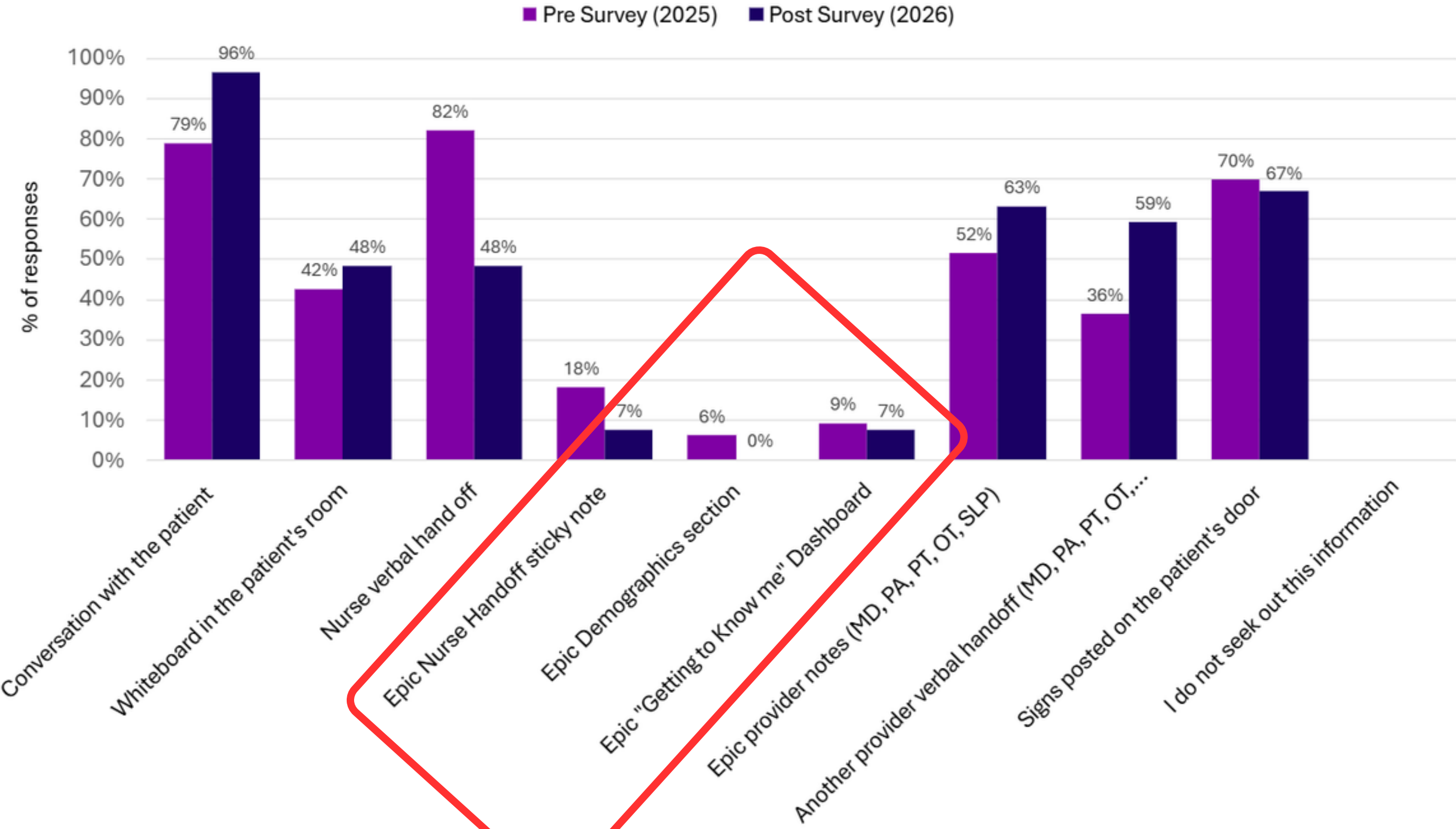


Have you had the opportunity to reference the 'Accommodations Available' information document?

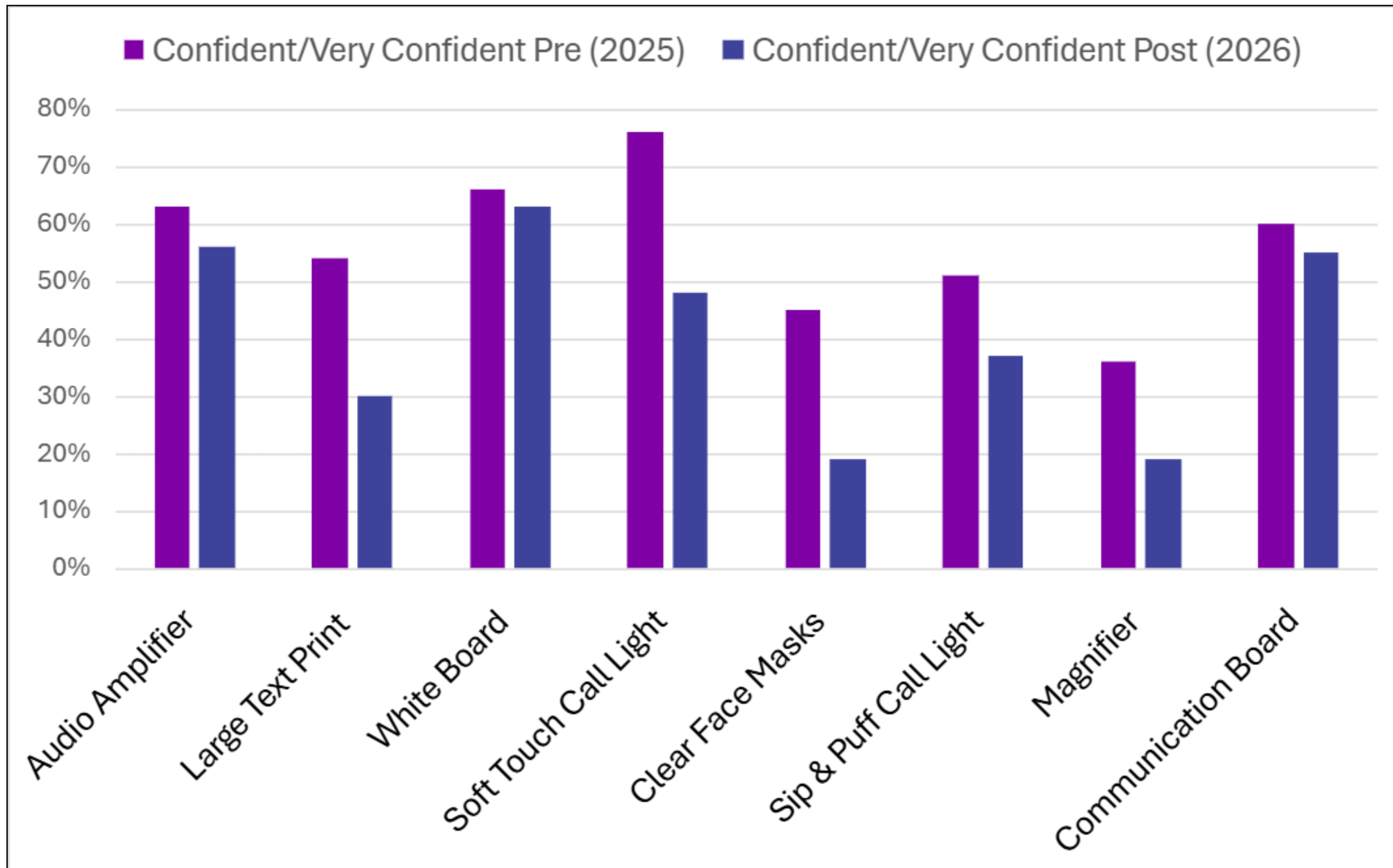


*The 2026 survey has increased MD responses and decreased RN responses.

Use of EHR demographics and Dashboards remain **LOW**



Decreased Confidence in Obtaining Accommodations from 2025 to 2026



Confidence, effective education, and quality of care decreased

91%
→ 82%

confident in determining accommodations

66%
→ 52%

effectively educate patients on available accommodations.

63%
→ 74%

understand the policies and laws regarding accessibility

84%
→ 56%

patients with disabilities receive the same quality as those without.

Most Prevalent Barriers in Providing Accommodations

Difficult to locate item

Unable to obtain in a timely manner

Unsure which accommodation would be appropriate

Unsure if it is my responsibility to provide accommodations

Discomfort asking patients about their disability/accommodation needs

Within top 3: OT, PTs, and RN

Free response quotes

“It is everyone’s job to help these patients”

“...when it is **quick and easy** to locate/provide an accommodation, I am very likely to be the one who does it...”

"It takes increased time to locate and provide the accommodations **but ends up making the patient feel valued and often the patient will verbalize that ...**"

"...patients with disabilities **are not provided the same opportunities to ask questions about their care** (such as medications, or reasoning behind why certain tests are being completed etc.), or get out of bed..."

What else do you think would be helpful to bring awareness on disability accommodations for our patients on this unit?

“Having a spot at the nurse's station with a sign that indicates that that is where the accommodations are kept to that people can also **explore and become more comfortable with the tools available**”

“Having at **least one of each accommodation readily available somewhere on the unit** (when appropriate) with a sign out list that ALL nurses/therapists know about... I really like when a patient's door states if they are HOH, visually impaired, etc...”

“**Ensuring the staff educate the patient and family members about accommodation options on admission.**”

Capstone Interventions 2026

Interventions

Nurse Unit Quality Meetings

Disability Accommodations

Accommodations, EPIC documentation, and other resources

General Medicine Units:
16E/W, 15W, 13S, 13E/W
Observation Unit: Olson 6

Sharing educational documents and presentation recording to units interested at end of capstone experience.

In-Service

Professional Development Day Educational Content

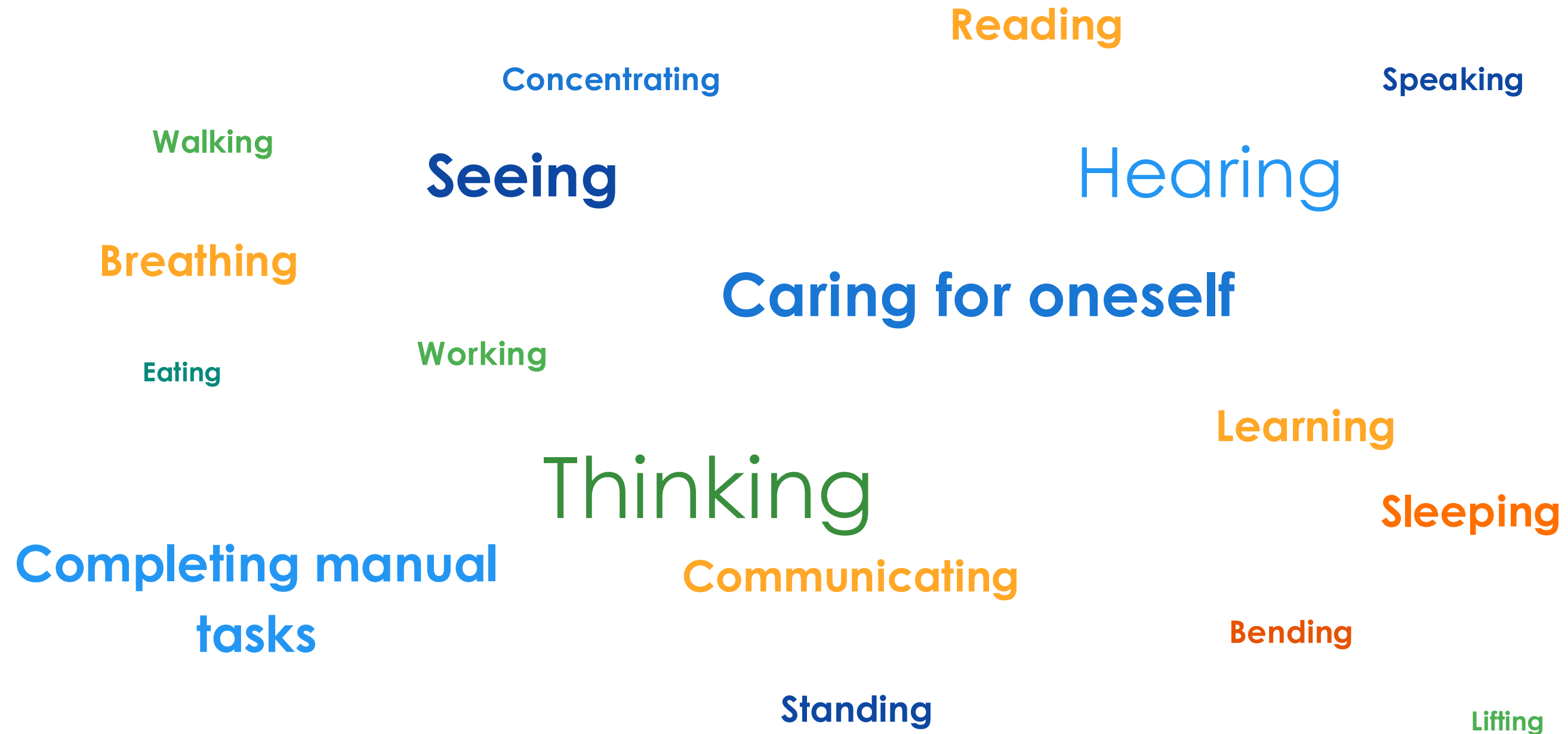
Patients First: Disability and Disability Accommodations

Champion: Mary Kidney

Starting: July 23rd, 2026

Disability

Day-to-day: Major Life Activities



ADA.gov

Defining Disability

A disability can be any condition of the body or mind that makes it more difficult for a person with the condition to do certain activities and interact with the world around them (NMHC Quality Division, 2025).



Medical Model	Social Model
<p>Impairment in a body system or function that is pathological (Olkin, 2022)</p> <p>Goal to return to “normal” as close as possible.</p> <p>Professionals are considered the “experts”</p>	<p>Disability is an aspect of a person’s identity (Olkin, 2022).</p> <p>Disability results from a disconnect between the person and the environment.</p> <p>PWD Perspective</p>

Ableism



A wide spread societal preference for non-disabled ways of being, contributing to bias and discrimination against people with disabilities.

(Harrison et al., 2021, Campbell, 2014)

Identifying Accommodation Needs

How do I go about asking patients of needs?



How to go about asking patients of needs ?

Do not be afraid to ask! Sometimes patients may have difficulty advocating for themselves or are unaware that accommodations are available to them (or which ones).

Prompting Questions

Examples:

What is important for you today?

How should we best communicate (provide examples if needed)?

How would you like to receive new information (read out loud, PDF copy, electronic version, etc.)?

Do you need any help to do your daily activities at home or have certain things become more difficult for you?

Communicating observation noted and asking if assistance is needed

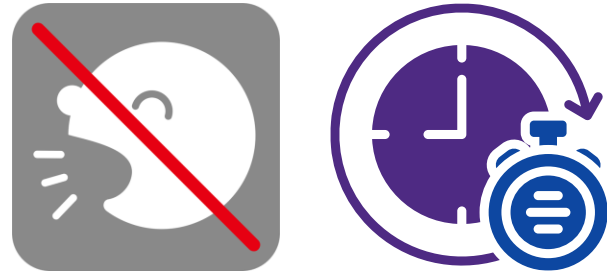
Example:

I noticed that you are having a bit of difficulty with the paperwork, *wait for response*... do you have glasses that I can bring to you? Would you like the paperwork in a larger font? We have magnifiers, do you think that would be helpful?

Quick Reference(s): [Disability Accommodations Tips](#) and [How to Offer Help Guide](#)

Effective Communication Tips

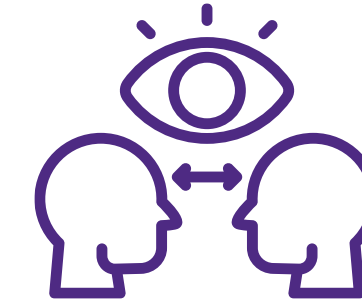
Some individuals might communicate in different ways



Use a normal volume level (**do not shout**) and a moderate pace, not too fast or too slow.



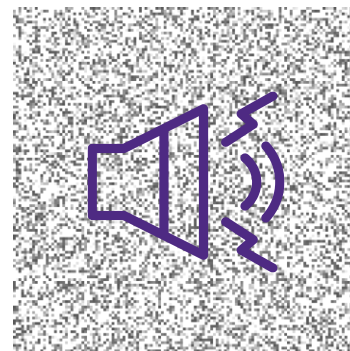
Speak clearly, but do not exaggerate words.



Face the patient with good eye contact (certain circumstances may require for you to ask FIRST)



If a patient has better hearing in one ear, position yourself closer to that side.



Reduce background noise by closing a door if in a noisy area or turning off a buzzing fan.



Ask the patient open-ended questions to confirm understanding

This resource has great tips of best practices with different populations: [How to Offer Help Guide](#)

Disability Accommodations Available at NM

Accommodations are modifications that enable our patients to perform tasks, access services, and participate in activities that might otherwise be difficult

Accommodations

Accessible Medical Equipment



Adjustable Exam Tables
OR
Hospital Beds



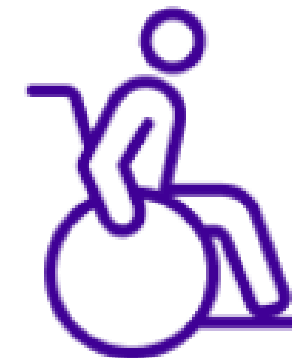
Accessible Weight
Scales



Bariatric Equipment



Lift or Other Transfer
Aids



Facility Wheelchair

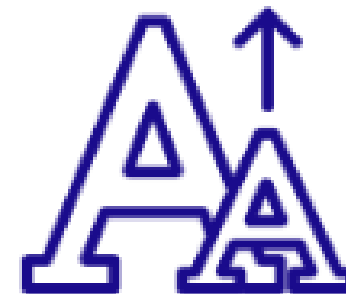
Accessible written materials



Written Materials in
Braille



PDF



Large Print Font



Tactile Signature Guides



Plain Language

Accommodations

Staff Assistance



Notetaking and Reading
Written Materials



Assistance with Written
Forms and Patient
Kiosks



Human Guide for Room
Orientation and Facility
Navigation



Assistance with
transferring, positioning,
and procedural support



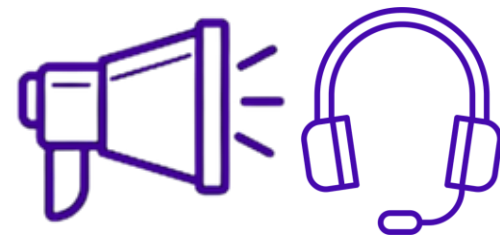
Assistance with Activities
of Daily Living (e.g.
changing clothes or
toileting)



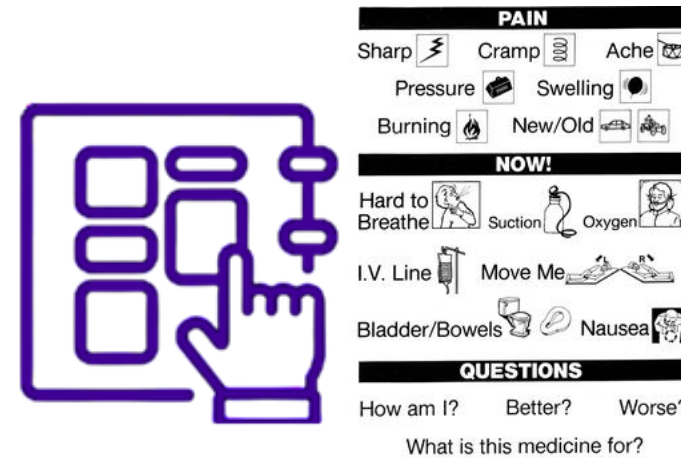
Assistance with
wheelchair mobility
after receiving
permission

Accommodations

Hearing and Communication



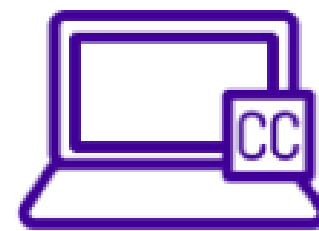
Sound or Voice Amplifier



Communication Boards
[Picture cards for Nonverbal Communication](#)



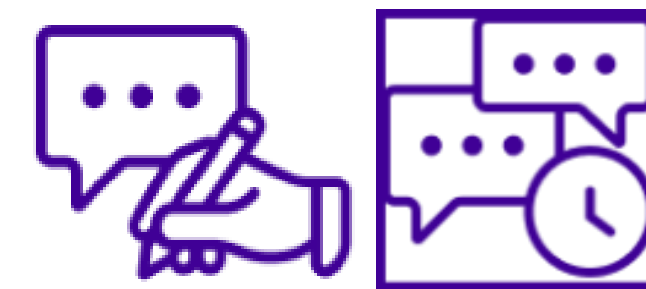
Clear Masks for Lip Reading



CART
(e.g. captioning used through Microsoft teams)



ASL
In person sign language interpreter or Video Remote Interpreter (VRI)



Providing simple explanations through conversation or written communication and allowing additional time to respond to questions

Accommodations

Bringing Personal Items or Assistance and other supports



Bringing Personal Caregiver *



Personal Wheelchair



Service Animal



Sip N Puff Call light



Light Touch Call Light



Magnifiers



TTY or TDD Phone



Adult Changing Area

*personal caregiver is someone who remains with patient at all times
(different from visitor/family)

Accommodations Commonly Used Inpatient at NM

All other accommodation can also be used.

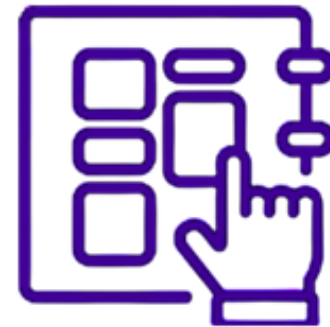
Clear Face Mask



Magnifier



Communication Board



Soft Touch Call Light



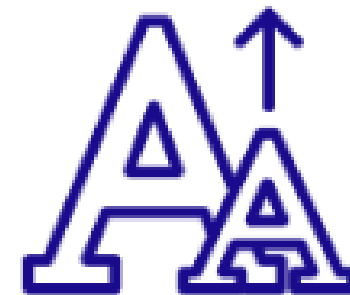
Sip&Puff Call Light



Dry Erase Board



Large Text Print

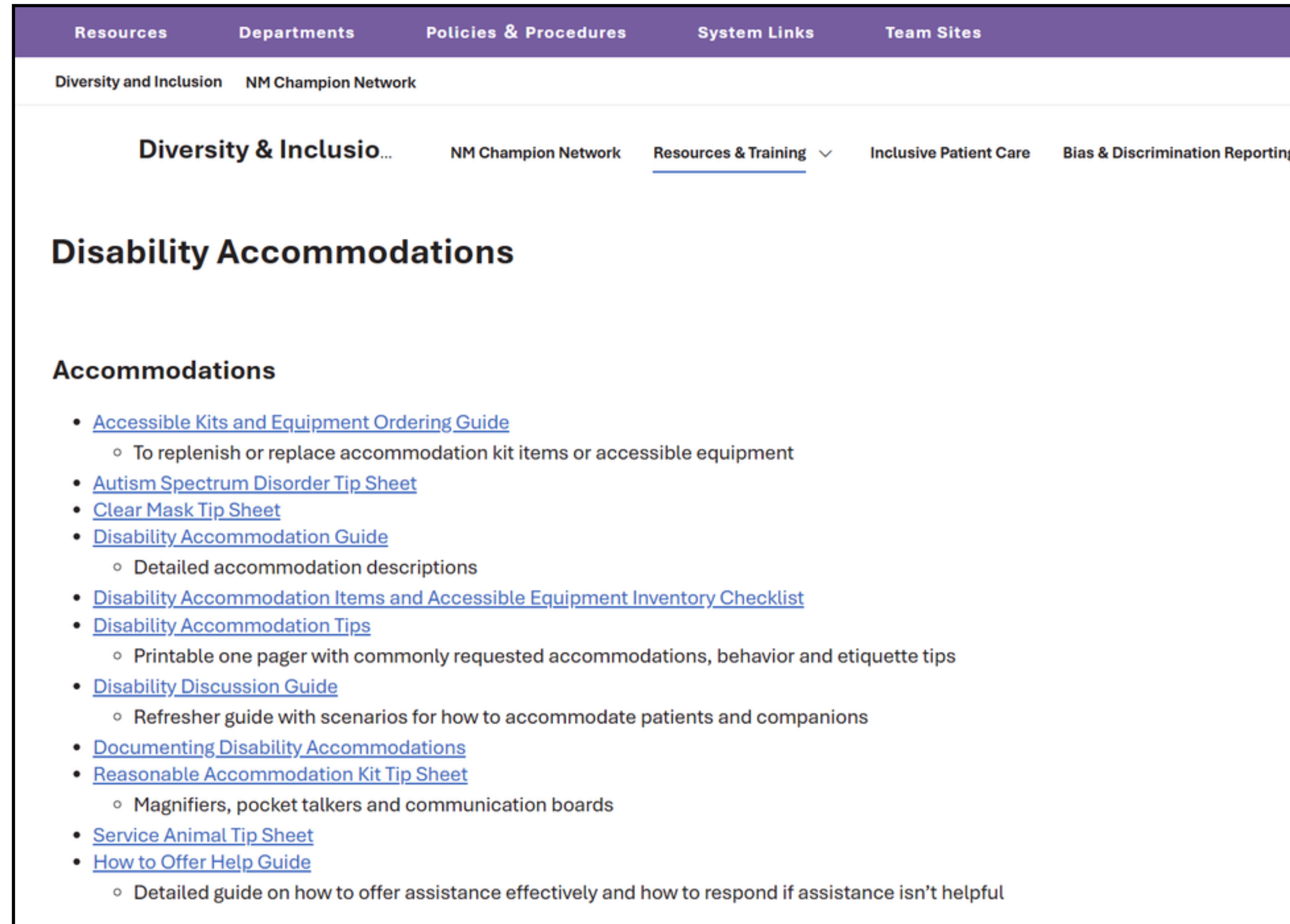


Audio Amplifier



Refresh and refer colleagues

NM Interactive → Diversity and Inclusion



The screenshot shows a web page with a purple header containing navigation tabs: Resources, Departments, Policies & Procedures, System Links, and Team Sites. Below the header, there are breadcrumb links: Diversity and Inclusion > NM Champion Network. A secondary navigation bar includes: Diversity & Inclusio..., NM Champion Network, Resources & Training (with a dropdown arrow), Inclusive Patient Care, and Bias & Discrimination Reporting. The main content area features the heading "Disability Accommodations" and a sub-heading "Accommodations". Below this is a bulleted list of links and sub-links:

- [Accessible Kits and Equipment Ordering Guide](#)
 - To replenish or replace accommodation kit items or accessible equipment
- [Autism Spectrum Disorder Tip Sheet](#)
- [Clear Mask Tip Sheet](#)
- [Disability Accommodation Guide](#)
 - Detailed accommodation descriptions
- [Disability Accommodation Items and Accessible Equipment Inventory Checklist](#)
- [Disability Accommodation Tips](#)
 - Printable one pager with commonly requested accommodations, behavior and etiquette tips
- [Disability Discussion Guide](#)
 - Refresher guide with scenarios for how to accommodate patients and companions
- [Documenting Disability Accommodations](#)
- [Reasonable Accommodation Kit Tip Sheet](#)
 - Magnifiers, pocket talkers and communication boards
- [Service Animal Tip Sheet](#)
- [How to Offer Help Guide](#)
 - Detailed guide on how to offer assistance effectively and how to respond if assistance isn't helpful

Next Steps

Actions	Outputs	Outcomes
Professional Development Presentations for new RNs	More knowledgeable and confident staff on disability and disability accommodations	Increased documentation Initiatives for processes Increased interdisciplinary collaboration Advocacy Increase use of accommodations available Data Collection
Continue educating other units and departments		
Patient Perspectives (LEAD Project)	Gain Patient Perspectives of experiences and needs	Quality Improvement Projects that address patient perspectives and align with 2035 Objectives

Next Steps (Continued)

Outcomes	Impact
<p>Gain Leadership Stakeholders for increased support and organizational initiatives</p> <ul style="list-style-type: none"> • Trainings <ul style="list-style-type: none"> ◦ e.g. modules or experts • EPIC Updates • Processes • Budget moves <p>Community Involvement</p>	<p style="text-align: center;"><u>National Level:</u></p> <p>NM becomes lead organization in demonstrating continued efforts in equitable care</p> <p style="text-align: center;">Processes will be carried over to other organizations</p> <p style="text-align: center;">Improved Patient Outcomes and Best Practices</p> <p style="text-align: center;">Continued Advocacy</p> <p style="text-align: center;"><u>Organizational Level:</u></p> <p>There will be a defined processes throughout NM for both outpatient and inpatient settings</p> <p style="text-align: center;">Improved hospital outcomes, communication, health safety, participation, overall wellbeing</p> <p style="text-align: center;"><u>Individual Level:</u></p> <p>Defined avenues and increased support for all healthcare staff</p>

Actionable Steps for Rehabilitation Team

- Sharpen our skills through reading and analyzing humanities, critical, qualitative, and participatory research
 - Education focused on disability studies, disability rights, disability justice, and disability culture
 - Develop authentic partnerships
- Be part of ethics reviews (disability ethics in practice)
- Advocacy
 - Facilitating the development of client self-advocacy
 - Advocating for disability benefits, accessible communities + health care services, equitable policies.
 - Continue collaboration with interdisciplinary team to provide accessible care for patients with disabilities
- Reflect on our implicit bias and power dynamics
- When engaging in research: better align with the disability community by requiring leadership and representation in all realms of research – collaborative research approaches
 - Help ensure research reflects the priorities of the disability community

Thank you!



Resources

[Accessibility Resources \(Patient & Visitors\)](#)

[Disability Language and Etiquette: Healthcare Facilities](#)

[DCC Curriculum Guide](#)

[SDS Principles – Society for Disability Studies](#)

[Resource_Guide_for_Training_.pdf](#)

[Core Competencies on Disability for Health Care Education](#)

[Chapter 2: Documenting Disability Status and Accommodation Needs](#)

[Communication Access Tool](#)

[Bryden Carlson-Giving, Katherine McGinley: Neuroaffirming Practice | TED Talk](#)

[Best Practices Guide for Hospitals | American Foundation for the Blind](#)

[Handout General for Healthcare Workers.pdf](#)

[ADA Checklist: Health Care Facilities and Service Providers | American Foundation for the Blind](#)

[Effective Communication: Healthcare | ADANW](#)

[Accommodating Service Animals in Healthcare Settings](#)

[*Microsoft Word - 210816_DEC-Whitepaper_Final.docx](#)

[Healthcare-Accommodations-for-Patients-with-Disabilities.pdf](#)

Patient Lists

Edit List Remove Patient Add Patient Open Chart Patient Report PT Scheduling OT Scheduling SLP Scheduling Dec Flowsheets Sign In Sign Out

My Lists

- Noemi's list
- All My Patients
- My Login Department
- Shared Patient Lists
 - Cardiac OT Shared
 - Disability Accommodations
 - Med 1 OT Shared

Noemi's list 1 Patient Refreshed 6 minutes ago Search All Admitted P

Room	Patient	New OT Order	OT Eval Order Date	OT Date Received	OT Comment	PT Comment	Assigned OT	Assigned PT	Therapy dic recommend	Interdepartmental Message	RN Assigned	OT Needs to be seen?	Recommended OT Frequency	IP OT Rolling Week Established	IP OT Sessions in rolling period	Dept Spec Cont
1905	Zzztest, Feb 81 y.o. / F		12/18/2025 8:55 AM, 1/28	04/08/26	3/24	7/28	Corpus, Katelyn, OTR/L		Home with assistance			No	3-5x/wk	Thursday 4/2/2026		PT use R

Review Flowsheets Notes

Available Lists

- Recent Searches
- Provider Groups
- Central DuPage Hospital
- Delnor Hospital
- Grayslake
- Huntley Hospital
- Kishwaukee Hospital
- Lake Forest Hospital
- Marianjoy Rehabilitation--
- McHenry Hospital

Zzztest, Feb DOB: 5/17/1944 Unit: 19 TEST P Room: 1905 Bed 01

PT/OT Orders Therapy OT Overview Snapshot Snapshot - Nurse with Ancillary Consults

Zzztest, Feb #111012412065 (CSN:200050488492) (81 y.o. F) (Adm: 09/07/19) 19 TEST P-1905-01

PT Orders to Be Acknowledged (From admission, onward) Comment

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