Washington University Program in Occupational Therapy
Doctoral Capstone Project Student Final Report: Week 14

Student Name: Noemi Rojas Serrano	**Capstone Experience Dates: 4/6/2026- 7/10/2026**	**Today's Date: 7/8/2026**
Site Mentor (name and credentials):	**Site Name: Northwestern Memorial Hospital**	**Area of Focus (primary): Program development**
Faculty Mentor (name and credentials): Lindsay Ardiff, DPT	**Title of Capstone Project: Bringing awareness to disability and disability accommodations in acute care.**	
Link to your Capstone ePortfolio: https://ngrojasserrano.com/capstone/		

Executive Summary of the Capstone Project

Mentioned in Rotoli et al, 2023, "People with disabilities experience barriers to care in all facets of healthcare, from engaging with the provider [...] to navigating a large institution in a complex health care environment [...]." Many times, patients feel the need to proceed with healthcare interactions without the necessary accommodations, leading to increased medical errors and decreased health outcomes (2023). Environment, program quality, and care are important to improve patient outcomes and patient participation; institutions and providers need to continue implementing best practices and solutions.

Stakeholders at NMH expressed strong interest in continuing efforts to bring awareness of disability and accommodation needs amongst healthcare professionals for improved patient and staff experience; however, there are several systemic and unit-specific barriers that impact staff knowledge and resource obtainment. There are no standardized processes to identify and document if a patient has a disability or if they have specific accommodation needs to better support their care in the acute care setting. A survey conducted in 2025 and 2026 on two inpatient units at NMH that aimed to understand barriers to using accommodations among interdisciplinary staff continues to demonstrate the importance of continued efforts to bring awareness of disability, accommodation needs, and the importance of documentation to healthcare staff for improved outcomes.

This led me to continue the development of educational materials for healthcare professionals in most general medicine units and to the rehabilitation department. These educational materials were disseminated in different formats: via in-person or virtual presentations, sharing of educational materials via email, and preparing educational content catered to incoming nursing staff as they transition to NMH. Having conversations and education opportunities focused on understanding patient experiences, effective communication skills, documentation, and current accommodations available to patients will promote support for healthcare professionals, opportunities for standardized processes, and improved patient healthcare outcomes.

Site Mentor General Comments and Feedback: Please provide any general comments on student achievement for the Capstone Project.

Noemi's project was comprehensive and impactful. She made important connections with stakeholders to ensure the project aligns with organizational goals and will be sustainable in the future.

Site mentor: Please type or sign your name and credentials at the end of your feedback.

Lindsay Ardiff PT. DPT

Bringing awareness of disability and disability accommodations in acute care: Final report

Noemi Rojas Serrano

Washington University in St. Louis School of Medicine

Program in Occupational Therapy

Northwestern Memorial Hospital

Dr. Carla Walker & Dr. Lindsay Ardiff

July 8, 2026

Background

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 found that 72.5% of patients who participated in the study disclosed having a disability. 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 (2026). Many times, patients feel the need to proceed with healthcare interactions without the necessary accommodations, which can lead to increased medical errors and decreased health outcomes (Rotoli et al., 2023). Steps to build knowledge on disability status and accommodation needs of our patients lead to increased understanding, improved quality of care, patient outcomes, patient participation in their plan of care, and best practices.

Yet, there are no specific or standardized processes to obtain disability status or to provide disability accommodations in a variety of healthcare settings, including acute care. 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). There is a critical need to educate staff on disability status and disability accommodations, such as training staff on how to access and provide accommodations. 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 (Morris & Sarmiento, 2024). Beyond just documentation, gaining executive leadership support, education at an organizational level, and standardized procedures

to identify patients who need accommodations is important (Oshita et al., 2024). To improve program quality, we first need to learn and identify barriers that are impacting organizational and other systemic goals in providing equitable care to patients.

Needs Assessment

My needs assessment goals were built upon the last capstone student and their initiative in building awareness of disability accommodation availability in acute care. To continue this focus, I directed my needs assessment on understanding the stance of different units and processes related to disability and disability accommodations, learning about the current impact or feedback on current educational materials that were piloted in 2025, and involving new units and stakeholders in continued efforts to decrease barriers related to obtaining and utilizing disability accommodations in acute care.

Stakeholders involved throughout my needs assessment included my expert mentor, nurse managers, education coordinators, clinical coordinators, the manager of patient relations, a chair of the NM Disability Champion Network, a researcher from the Center for Health Services and Outcomes, and the accessibility manager of quality and health equity. Beyond these stakeholders, other important voices to gain input from would be patients. Their experience is very valuable to ensure we are gathering all perspectives to better understand and guide interventions, program development, and improvement projects.

The past capstone student noted that at NMH, there is a lack of awareness and access to accommodations, a lack of data representing disability status or accommodations, and a lack of communication and cohesive efforts within interdisciplinary staff and hospital units. 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 was through conversations

with patients and nurse verbal handoff, and less than 20% involved EHR documentation. Other barriers to providing accommodations to patients involved difficulty locating items, inability to obtain them in a timely manner, and staff feeling unsure of which accommodation would be appropriate. This led the past capstone student to create two educational documents that were presented in 2025, focused on learning EHR documentation, available accommodations, effective communication tips, and education on ADA. When inquiring about the two separate units on their access to the education materials, I learned that there was low visibility and access to these resources, where only a few healthcare professionals disclosed viewing or referencing the materials. However, stakeholders expressed strong interest in continuing efforts to educate staff on disability and disability accommodations and documentation.

My conversations with stakeholders indicated that there are continued barriers to building awareness and 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 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 said 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 processes to ensure 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 high turnover rates impact staff 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.

Patient relations highlighted both sides of patient experiences: success stories where teamwork delivered equitable care and improved patient outcomes and cases where resource gaps and insufficient staff training make it more difficult to meet reasonable accommodations for patients. They emphasized the importance for staff to learn more about challenges patients experience and suggested that NM can bridge the gap through educational resources, training, bringing in speakers, celebrating disability awareness, and continuing to work on “being more hospitable, welcoming, and accessible.”

The accessibility manager at NM, along with a Northwestern University researcher and occupational therapist, shared the current outpatient work and projects focused on gaining disability status and accommodations at NM. This work focuses on providing support to

interdisciplinary teams to ensure that disability accommodations are provided at the point of care and for healthcare staff to be better equipped and prepared in ensuring equitable care, hence increasing patient participation, health outcomes, satisfaction, and more. One of the chair members of the Disability Champion Network provided insight 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.

Conversations with stakeholders guided my next step in administering a post-survey to interdisciplinary staff members on the same general medicine units as the past capstone student to identify any continued barriers around utilizing accommodations for patients with disabilities. It also guided some of my learning objectives and intervention planning.

Learning Objectives

My capstone project consisted of four learning objectives that guided my experience here at NMH. My first objective was to enhance my skills in completing a needs assessment. I directed my assessment on understanding the stance of different units and processes related to disability and disability accommodations, gain feedback and impact on current educational materials that were piloted in 2025, and involving new units and stakeholders to be involved in continued efforts to decrease barriers related to obtaining and utilizing disability accommodations in acute care. This entailed interviewing stakeholders to discuss patient and staff experiences and gain feedback to identify important need assessment components, reviewing EPIC disability accommodation usage (no current data), and meeting with leadership

to understand current methods of program development and evaluation focused on improved patient outcomes. I also completed a literature review to learn more about current research specific to what other organizations are doing to bring awareness of disability and disability accommodations needs (if any).

My second learning objective focused on my own personal development in quality improvement projects through different experience opportunities. My content expert mentor and education coordinator provided me with different skill-building opportunities. One of the components involved attending interdisciplinary meetings focused on patient care and outcomes. Some of these meetings included the disability chapter monthly meetings, patient safety grand rounds, NM medical ethics grand rounds, and others. The meetings demonstrated interdisciplinary collaboration and unit and department collaboration. I also received training in the Define, Measure, Analyze, Improve, Control (DMAIC) process, a model for quality improvement projects used at NMH. The program development department provided me with several resources to guide each step of an improvement project. With this, my outcome measure was to generate a hypothetical plan for an intervention phase of a quality improvement project using the DMAIC Process. My hypothetical improvement project entailed using the stakeholder idea of creating a nursing Epic build that is integrated into the nursing workflow, with the outcome for all interdisciplinary staff to have access to documentation to increase use of accommodations for more effective care. This intervention is discussed further under the results section.

My third learning objective focused on gaining experience in implementing a quality improvement intervention and assessing the outcomes of the project. For this, I revised the current educational materials with my mentor and stakeholder feedback and reviewed the

effectiveness of the two general medicine units that received the educational materials in 2025 through a post-survey. I spoke with staff leadership on different general medicine units to inquire about current processes and education for staff specific to disability and disability accommodations. This information guided my intervention to provide updated educational materials and present on EPIC documentation, accommodation needs, disability, effective communication, and more.

My final learning objective highlights my research area of focus, where I took part in a study team for an IRB-approved qualitative research study. The purpose of study is to gain insight on the lived experience of patients with disabilities in the inpatient setting to better understanding and inform actionable future quality improvement work in the acute care setting. Within this objective, I contributed to the research protocol, including the interview script, IRB approval process, creating standardized operating procedures, and enhancing my skills in qualitative data and analysis. I hoped to have the opportunity to interview and analyze data during my 14-week experience; however, due to factors outside of the primary investigator's control, we were unable to initiate recruitment and interviews. Despite this, I learned about what conducting research in an acute care setting looks like, and it is something that I can see myself doing throughout my professional career.

Results

Post Survey Results

At the beginning of my capstone experience, I sent out a post-survey to the same two general medicine units where the past capstone student conducted their surveys and provided education materials. The survey questions were the same except for three additional questions

that focused on the accessibility of the current education materials. Here are the interpretations of the survey for 2026 in comparison to 2025.

First, the 2026 survey had an increase in MD responses and a decrease in RN responses compared to 2025. This allowed the opportunity to gain more MD perspectives. Respondents of the survey include MDs, APPs, nurses, patient care techs, social workers, and rehabilitation therapists. Regarding the effectiveness of the 2025 education materials, only 18.5% of respondents expressed seeing the disability accommodations poster, and 7% indicated having the opportunity to reference the 'Accommodations Available' information document. However, 70% of respondents were interested in having access to these educational materials.

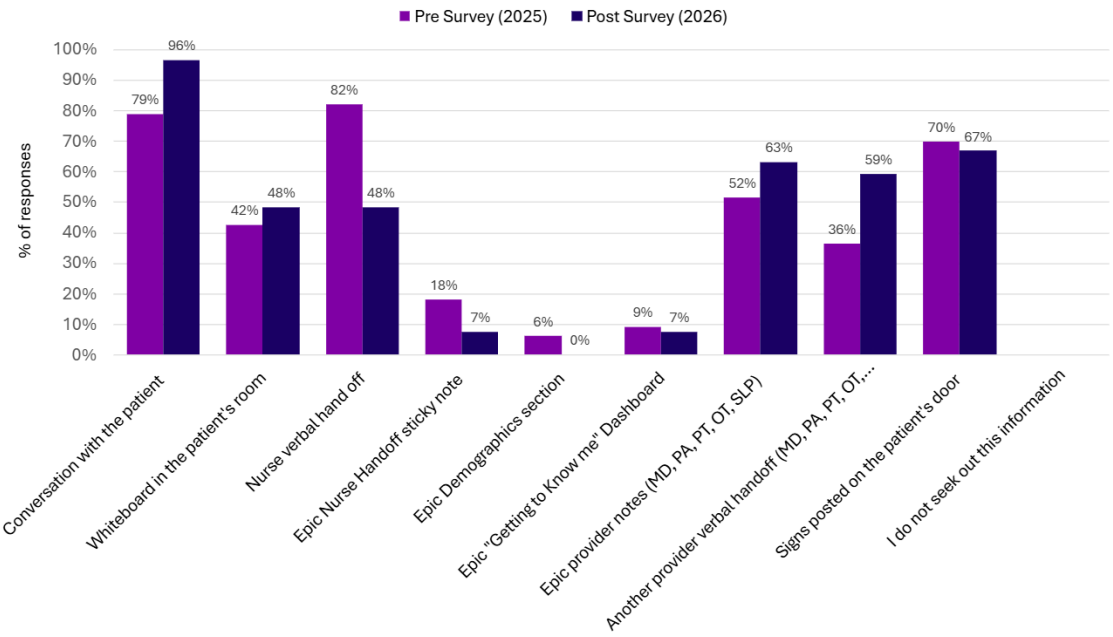


Figure 1. *Locating information on patients' disability accommodation needs*. This chart shows that the use of HER demographics and dashboards remains low, demonstrating that disability accommodation needs are not being documented. Conversations with patients, verbal handoffs, and signage posted on the patient's door are the most prevalent ways healthcare professionals are getting disability accommodation needs information.

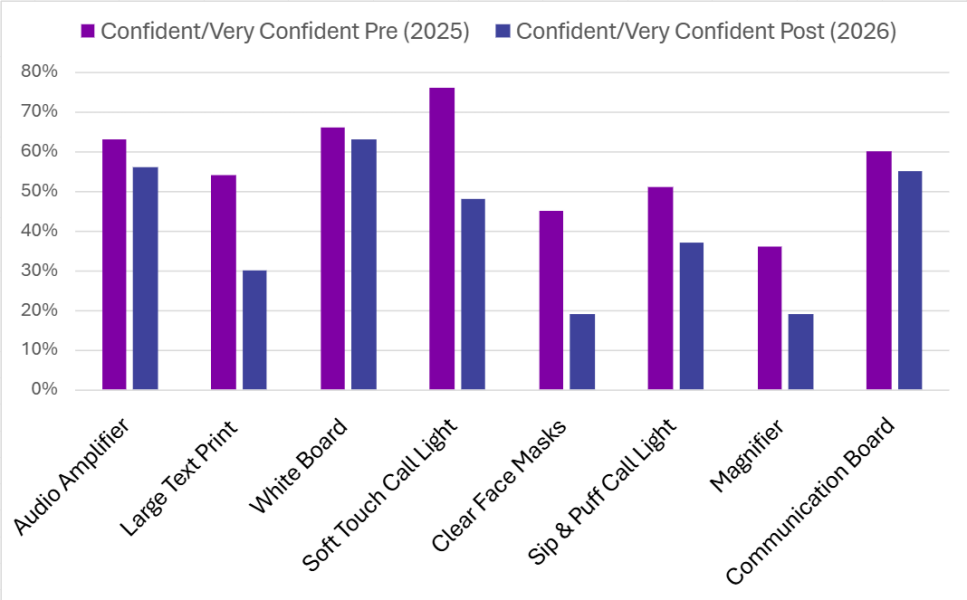


Figure 2. *Confidence in the ability to obtain accommodation items for patients*. Compared to 2025, confidence in obtaining accommodations for patients has decreased. These results may be influenced by the shift in survey respondents, with more MD participation.

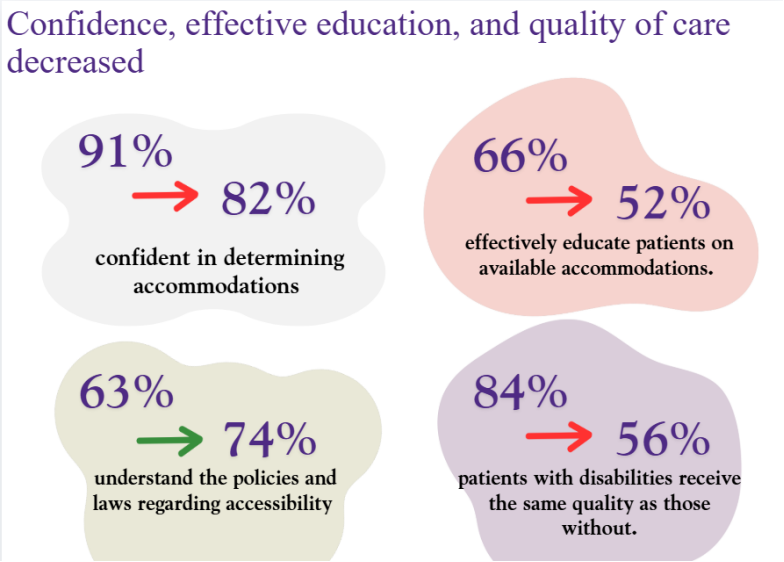


Figure 3. Respondents were asked to rate their agreement with different statements. Results show a decrease in agreement in staff feeling confident in determining what accommodations patients with disabilities need from 91% agreement in 2025 to 82% in 2026. Fewer respondents agree that they are able to effectively educate patients with disabilities on available

accommodations at the hospital. Only 56% of respondents agree that patients with disabilities receive the same quality of care as those without disabilities, compared to 84% in 2025.

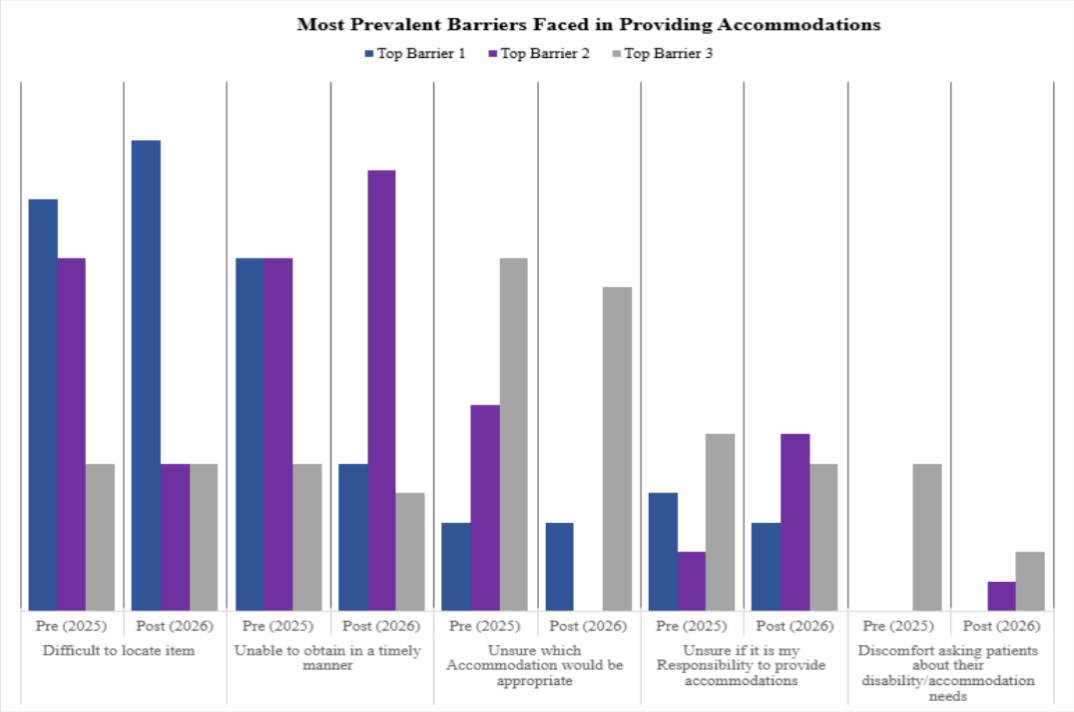


Figure 4. *Most prevalent barriers in providing accommodations*. Respondents had the opportunity to rank prevalent barriers to providing accommodations. The top-rank included: difficulty locating items, unable to obtain the items/accommodations in a timely manner, and feeling unsure of which accommodations would be appropriate for the patient.

All interdisciplinary team members who are patient-facing have the responsibility to provide accommodations as needed for increased safety, communication, and understanding. These results highlight similar responses as my literature review, where it is important to educate staff and provide appropriate resources on disability accommodations through trainings such as how to access and provide accommodations (Sarmiento et al., 2025).

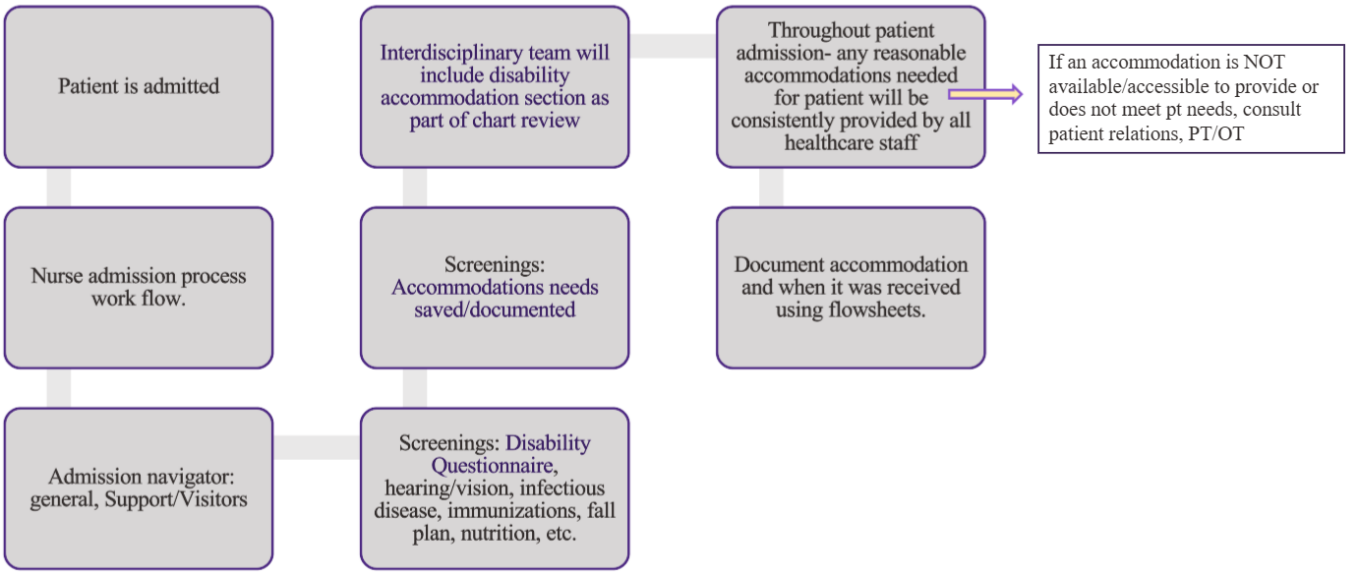
Hypothetical Improvement Project

As a result of learning the DMAIC process for improvement projects in the hospital setting and after listening to a variety of interdisciplinary meetings and stakeholder ideas, I chose to create a hypothetical, yet realistic improvement project idea where I followed all DMAIC steps. This involved creating a proposal form focused on the problem, impact, measurements of success, scope, timeline, resources, potential project team members, change management considerations, and more. My improvement project focus involved creating a process for disability and accommodation needs documentation.

Problem Statement: Multiple needs assessments reveal that NMH lacks standardized processes for capturing and communicating patient disability accommodation needs. Although there is an Electronic Medical Record (EMR) with a dedicated disability questionnaire and disability accommodations field section for documentation, a very small percentage of inpatient healthcare staff are aware of it, with no actionable documentation steps within the workflow to document disability status 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.

Goal: 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, bringing increased awareness, communication, plan of care, advocacy, and opportunity to acquire data for future improvement projects.

I then filled out as many components for each section of the DMAIC process. For example, in *Define*, I showed my review of literature, stakeholder expert opinion, created a diverse hypothetical project team, indicating the most ideal quality committee that can charter and advance the project, and focused on the current known processes regarding obtaining disability and accommodation need documentation. Below is my vision for the intervention:



I presented my hypothetical improvement project to my capstone expert mentor and a pre-med student for reflection and feedback. I guided them through my thinking process and how I would control my implementation study. I reflected on the importance of initiating this intervention as a pilot on a couple of floors to allow for continued improvement and better control, and to sustain improved performance. My mentor asked me to share this hypothetical improvement project with the accessibility manager, Mary Kidney, to highlight the possibility or consideration of this project idea in the future at NM.

Interventions

Intervention planning took place in collaboration with the general medicine nursing unit leadership to continue to continue building awareness of education materials and disability and accommodation needs. An education coordinator and now clinical quality leader, Mimi Le, shared the opportunity to conduct presentations to nursing staff units during monthly quality meetings. These quality meetings focus on quality project updates, unit changes, best practices, unit reminders, and more. With this intervention plan in mind, I spoke with different education coordinators and nurse managers from general medicine units to discuss the possibility of presenting at their unit quality meetings. All nurse leaders expressed interest and coordinated meeting dates.

Two educational slide decks were developed to provide options in content based on nurse managers' thoughts on specific educational needs for their unit staff. Content contained in each slide deck included information about the Americans with Disabilities Act (ADA) of 1990 and NMH mission and vision, how to ask patients about specific accommodation needs, disability accommodations currently available to patients at NM, how to document disability status and accommodation needs on EPIC for more consistent documentation, and information on where to locate resources. These educational slides were presented at 6 different general medicine units and 1 observation unit, with each presentation taking 5-8 minutes. These educational slides were also recorded and shared with night shift nurse staff and medical directors for increased visibility of education. Educational materials created in 2025 were refined based on stakeholder feedback and shared with general medicine unit nursing staff, medical directors, and patient relations. The overall goal is to continue sharing these educational materials that were created to be readily available and easy to reference to meet healthcare professionals' schedules and turnover rates.

Mimi Le also shared the possibility of creating educational content slides for Professional Development Days (PDD) for RN residents as part of their transition into practice at NMH. PDD occurs over six days, and these educational days happen every other month. Examples of learning topics include patient engagement, navigating NM resource pages, safe patient handling, wound care, pressure injury prevention, documentation, ostomy care, spiritual care, active listening, crisis management, and more. Before initiating this intervention, I discussed this intervention opportunity with the OT education coordinator, my capstone mentor, and the accessibility manager of NM to ensure the sustainability of the educational content beyond my capstone experience. After an agreement to have the accessibility manager as the change champion of the educational content beyond my capstone experience, together we developed educational slides with a script included and pitched the educational content to the Professional Development Coordinator. These educational slides focused on ADA, effective communication, and available accommodations, intending to meet a total of 10 minutes to present. The Professional Development Coordinator enjoyed the educational content and pitch, expressing that they have yet to include content related to disability and disability accommodations and would be able to include the content during PDD 1. Currently, the plan is for the slides to be implemented starting July 23rd, 2026, where the change champion will continue communicating with the Professional Development Coordinator.

My final intervention involved presenting an in-service with the rehabilitation team and my stakeholders as my audience. This intervention allowed for the possibility to disseminate my work, bring awareness to needs assessment findings, and educate therapists on disability and disability accommodations. As mentioned earlier, physical and occupational therapists took part in the survey, and as such, it is important to also provide educational information to continue

guiding best practice. During the in-service presentation, guest speaker Mary Kidney presented on healthcare and people with disabilities, laws and regulations for accessible medical care, and documentation of disability status and accommodation needs. She also provided information on current research pilots, tool development for patients to self-report disability and accommodation needs, and practice development supports and implementation guides. The rest of the content focused on the education of disability, ableism, effective communication, accommodations available at NM, actionable steps for therapists moving forward, and resources. Overall, feedback received was positive, with one piece of feedback suggesting that this educational content was already known by the audience member.

Next Steps and Impact

There is an ongoing need to increase awareness and education about disability and disability accommodations across different healthcare settings. Currently at NM, there are opportunities for continued improvement projects that will guide the creation of standardized processes for gathering documentation on disability status and accommodation needs, actionable steps for providing appropriate and reasonable accommodations to patients, and support for healthcare staff to meet NMH's vision and mission of putting patients first. Gaining patient perspective and current experience is an important step to guide quality improvement projects to ensure the interventions meet the specific needs of our patients and the goal to provide equitable care. A current improvement project idea that was shared by a variety of stakeholders involves the creation of a nursing Epic build that is integrated into the nursing workflow specific to documenting disability status and accommodation needs.

Providing education on awareness of disability and accommodation needs to all of NMH and gathering patient perspectives and experiences will lead to more knowledgeable and

confident staff, increased documentation initiatives and processes, interdisciplinary collaboration, advocacy, increased use of accommodations available for improved patient care, and initiating data collection for annual reviews and metrics. Greater outcomes would be gaining leadership stakeholders for increased support and organizational initiatives to conduct different trainings, Epic updates, processes, and budgeting. I shared big-picture impacts with my stakeholders and leadership. At the individual level, the impact of this project's work will define avenues and increase support for all healthcare staff. At the organizational level, there will be defined processes across NM outpatient and inpatient settings that lead to improved outcomes, communication, health and safety, patient participation in their plan of care, and overall well-being. At the national level, Northwestern Medicine becomes the lead organization in demonstrating continued efforts in equitable care. Processes will be carried out to other organizations, leading to improved patient outcomes and best practices, plus continued advocacy.

Before this capstone experience, I was very interested (and continue to be) in program development and quality improvement projects in different healthcare settings. I am grateful to have gained new skills and understanding of how improvement projects happen in the acute care setting, especially in such a big organization. It takes a lot of work, dedication, and the right connections to ensure that the project is sustainable. I know that I want to be involved in quality improvement work throughout my career, whether that is in the acute care setting or in other settings. I can say that my professional vision and mission continue to stay the same, where I focus on my personal growth through values of inclusion, responsiveness, humility, altruism, and justice. My vision is to learn and implement taking action where I can prevent harm, advocate with and for others, and be part of the care we all deserve. I will continue to advocate for

disability rights and justice wherever I go, and I hope I have done that during my time here at NMH.

The purpose of my capstone was to improve patient experience and outcomes by bringing awareness through the implementation of interventions for healthcare professionals focused on disability accommodations available at NM, proper documentation, and awareness of education materials available to them. It also involved learning new skills that will help me throughout my career. I really enjoyed being part of a qualitative research study project and all the team work. To all healthcare workers, I hope they take action to sharpen their skills and education focused on disability studies, rights, justice, and culture. For all of us to advocate for our patients and communities, to reflect our implicit biases and power dynamics, and to ensure that the research and quality improvement movement reflects the priorities of the disability community. I hope these efforts continue beyond my time here at NMH, as I know I will continue to do so in other settings. Throughout my career, I will continue to advocate for equitable care for all my patients, clients, and all communities I am a part of.

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Doctoral Capstone Project Student Final Report: Week 14

Student Name: Noemi Rojas Serrano	**Capstone Experience Dates: 4/6/2025- 7/10/2026**	**Today's Date: 7/8/2026**
Site Mentor (name and credentials): Lindsay Ardiff, DPT	**Site Name: Northwestern Memorial Hospital**	**Area of Focus (primary): Program development**
Faculty Mentor (name and credentials): Carla Walker, OTD, OTR/L	**Title of Capstone Project: Bringing awareness to disability and disability accommodations in acute care**	
Link to your Capstone ePortfolio: https://ngrojasserrano.com/capstone/		

Faculty Mentor Assessment of Capstone Project

Capstone Objectives:	**Achieved**	**Not Achieved**
Utilize, apply and communicate about scholarly evidence to inform doctoral capstone work effectively.	yes, in spades	
Design and execute a Capstone Project related to the Capstone Experience within an area of focus that demonstrates professional learning and makes a meaningful contribution to the Capstone site, client population and/or the field of occupational therapy.	yes - very well done	
Produce scholarly documentation of the Capstone Project that synthesizes needs assessment findings, experiences to describe the project methods, findings and implications for OT practice and professional reflection.	yes - through	
Demonstrate synthesis of knowledge, experiences, and professional skills through public dissemination of Capstone work utilizing appropriate dissemination methods for the intended level of impact.	yes - met beyond expectations	

Faculty Mentor Signature: Carla Walker OTD, OTR/L, ATP **Date:** 7/9/26