



**BOSTON MEDICAL CENTER  
ACCESSIBILITY REPORT 2014/2015**



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## I. INTRODUCTION & BACKGROUND

Boston Medical Center is a private, not-for-profit, 482-bed, academic medical center located in Boston's historic South End. The hospital is the primary teaching affiliate for Boston University School of Medicine. BMC emphasizes community-based care, with its mission to provide consistently accessible health services to all. The largest safety net hospital in New England, BMC provides a full spectrum of pediatric and adult care services, from primary care and family medicine to advanced specialty care.

With more than 26,064 admissions and 874,770 patient visits in the last year, Boston Medical Center provides a comprehensive range of inpatient, clinical, and diagnostic services in more than 70 areas of medical specialties and subspecialties, including cardiac care and surgery, hypertension, neurological care, orthopedics, geriatrics, and women's health. The Boston Care Center of Commonwealth Community Care, a non-profit primary care practice serving patients with complex physical, developmental, intellectual, and mental health disabilities, is located on the BMC campus. BMC values its diverse patient population and is committed to honoring their ethnic, religious and cultural differences. BMC's mission is to provide exceptional care, without exception, and it is committed to providing access to high quality care for all, including its patients with disabilities.

On October 1, 2013, BMC entered into a Memorandum of Understanding with Maureen Cancemi, Carol Freitas, Sergio Goncalves, Ruth Kahn, John Kelly, Kristen McCosh, Barbara Rivero, Priscilla Walker and the Boston Center for Independent Living (BCIL). The Memorandum of Understanding requires BMC to conduct a comprehensive assessment of the access that its patients with disabilities have to health care by reviewing the hospital's: (1) physical plant, (2) availability of accessible medical equipment, (3) policies and procedures, (4) employee training, (5) communication development and auxiliary aids and services, and (6) community outreach and participation in order to improve the delivery of care to the hospital's patient population that has disabilities. This report, required by Section VIII of the Memorandum of Understanding, summarizes information on the assessments that have been completed, activities that are in progress and future goals that BMC will undertake to improve the quality of health care furnished to its patients with disabilities.

In 2010, BCIL and Greater Boston Legal Services (GBLS) made BMC aware that some patients with disabilities felt they were not consistently getting the care and services they needed. BMC's CEO and her senior management team renewed their commitment to addressing concerns the patients with disabilities described and to improving the healthcare experience for these patients. They assembled a group, now known as BMC's Accessibility Committee, to be the stewards of this commitment.

BMC's Accessibility Committee is a voluntary multi-disciplinary group composed of members from various departments: Nursing, Patient Experience, Interpreter Services, Human Resources, Rehabilitation, Facilities, Pathology and the Legal Department. The Accessibility Committee meets monthly, and more often as needed, to proactively work on issues that will improve the delivery of care to BMC's patients with disabilities.

The Memorandum of Understanding between BMC and BCIL is a comprehensive agreement to collaboratively advance compliance at the hospital with the Americans with Disabilities Act and to increase accessibility to care and services for patients with disabilities. The signing of this agreement marked nearly four years of cooperative work between BMC and BCIL. It sets forth a commitment that BMC had already undertaken to improve the delivery of care for its patients with disabilities.

BMC is taking steps and striving to integrate access in every aspect of the hospital's mission to improve the patient experience for its patients with disabilities and to advance its mission to deliver exceptional care, without exception. BMC is meeting with the BCIL quarterly to review this work. With the input of BCIL and the signatories to the Memorandum of Understanding, BMC has identified opportunities for a number of improvements to the BMC campus.

## II. ASSESSMENT OF ACCESS BARRIERS and CORRECTIVE ACTIONS

BMC was created by the merger of two separate hospitals in 1996, each with its own full service campus two blocks apart. This resulted in the “split” campus configuration that still exists, with costly operational inefficiencies. BMC has made the decision to invest in a campus redesign that will consolidate all inpatient operations onto a single campus. The campus redesign began in early 2014 and is projected to be completed in 2018. BMC is transforming its campus and fundamentally committed to doing it in a way that best meets the needs of our patients with disabilities. BMC is in the process of conducting surveys of its entire campus to identify all the barriers to care encountered by BMC’s patients with disabilities, removing those barriers and ensuring the campus complies with the Americans with Disabilities Act (ADA). To date, 2,015 barriers have been identified. 365 barriers, over 18%, have been removed in the early phase of the campus redesign. Nearly 400 more barriers will be eliminated with the anticipated completion of the new Yawkey Maternity Wing at the end of this year. Remediation activities at the Yawkey Building and Menino Pavilion are underway and ongoing.

The following work has been completed:

- Psychiatric Emergency Department relocated into a larger, more accessible space;
- Geriatric Unit relocated into a larger, more accessible space;
- Linea 5 Architects, an established Boston-based firm with a health care focus, hired to complete the ADA peer review for the campus redesign;
- Architectural barrier surveys of the Menino Pavilion, Yawkey Ambulatory Care Center, and 610 Albany Street and 710 Albany Street garages, including outside perimeters;
- Accessibility peer reviews of Menino basement, Yawkey basement renovations, Yawkey first floor and mezzanine, Yawkey third floor, including Maternity Wing, and Moakley addition;
- All public toilet door hardware on the Menino Pavilion project complies with the ADA (standard loop pull and push plate; closers are adjustable and have no more than a 5-lb operating force);
- All patient toilet door hardware on the Menino Pavilion project complies with the ADA (standard hospital style push/pull or a standard lever handle);
- Renovation of public restrooms in the Yawkey Ambulatory Care Center includes accessible bathroom;
- Renovation of Menino 7 West inpatient floor includes accessible bathroom;
- BMC campus map redesigned to highlight patient routes and points of entry (see last page of this report);
- Wheelchair return locations marked at the Menino Pavilion, Shapiro Building, Moakley Building, Newton Pavilion and the Yawkey Ambulatory Care Center; and
- Ritter Barrier-Free® Power Examination Tables purchased for the Geriatrics Department as part of campus redesign; these height-adjustable tables are able to lower to 18-inches from the floor and measure 37-inches in the highest position.

The following work is ongoing:

- Architectural barrier survey of the Preston Family Building (begins Spring 2015);
- Architectural barrier survey of the Shapiro Ambulatory Center (begins Spring 2015);
- The design of the new Labor & Delivery/Maternity floor incorporates patient lifts (anticipated opening by the end of 2015);
- Peer review of the Menino Pavilion, aside from basement (on-going);
- Training for Facilities staff to better understand the needs of patients with disabilities (on-going);
- Renovation of public restrooms in the Menino Pavilion includes accessible bathroom (8 new ADA compliant public restrooms, 24 ADA compliant patient restrooms); and
- 5% of new lockers, according to the project specifications requirement, will be ADA accessible.

Future work includes:

- New sidewalks that minimize joints between paving materials at the Moakley and Menino additions;
- Reworking the streetscape alongside the Moakley Building on East Concord Street to create a new bus shelter;
- Expanded valet services for the Emergency Department and Shapiro Center;
- Patient lifts in all of the new Intensive Care Units in the clinical campus redesign project;
- Patient lifts in 10% of the new inpatient rooms in the clinical campus redesign project;
- New accessible conference spaces;
- The Dowling Amphitheatre will be replaced by a new accessible conference center and new public bathrooms will be constructed that meet current accessibility standards;
- Reception areas will be ADA compliant and include waiting wheelchair parking;
- Smartphone app to navigate campus interior and locate departments; and
- Barrier review of garage locations.

### **III. ACCESSIBLE MEDICAL EQUIPMENT and FURNITURE REVIEW**

BMC has committed to reviewing its existing medical equipment to determine accessibility and to create a plan, including a review of policies and procedures, to address the results.

The internal review is in progress, with completed inventories of equipment for exam tables and chairs in:

- radiology
- audiology
- otolaryngology

Ritter Barrier-Free® Power Examination Tables were purchased for the Geriatrics Department. These height-adjustable tables have an extensive range, with a low-height of 18-inches and a high-height of 37-inches. The tables also have an adjustable arm system that offers patients a stable platform for using the table to foster security during positioning. The adjustable arms rotate and lock into one of three positions and are easily removable.

There will be new patient lifts in all of the new Intensive Care Units built in the clinical campus redesign project. There will be patient lifts in ten percent of the inpatient rooms in the clinical campus redesign project.

Five percent of new lockers purchased will be ADA accessible, according to the campus redesign project specifications.

BMC's Accessibility Committee has recommended the creation of a subcommittee devoted to accessible medical equipment and furniture, which will be charged with completing the review, putting in place processes and policies to ensure BMC has the equipment it needs to provide accessible care, and providing an ongoing venue to address equipment accessibility. The Committee will establish a connection with BMC's Purchasing Department to develop a process for ADA review of appropriate equipment purchases, including scales, exam tables, and lockers.

## IV. POLICY AND PROCEDURE REVIEW

BMC maintains hundreds of policies that relate to hospital-wide activities and occurrences that are reviewed on a three-year cycle and as necessary. BMC is committed to incorporating into the routine review process a review that will identify and address issues that may be relevant to patients with disabilities. In addition to the routine review, the hospital also develops new policies, as needed, to improve the quality of care its patients receive. Acknowledging that each patient experience is unique, below are some of the policies that are relevant to BMC's patients with disabilities. The actual policies contain more detail, what is noted below are overviews.

**Privately-Owned Medical Equipment Policy** (Policy #: 03.00.300) – This policy creates a clear pathway for BMC providers to work collaboratively with patients to enable them to use certain privately-owned medical equipment while admitted to the hospital. It was posted in March 2014, after development by BMC and with the input of BCIL.

**Personal Care Attendant Policy** (Nursing Policy) – This policy clarifies the scope of practice for Personal Care Attendants (PCA) at BMC, and defines the required procedures related to the presence of a PCA who is helping with patient care. This policy, first drafted in 2012, is under review and will be finalized and posted during 2015.

**Patient Advocacy Program Policy** (Policy #: 03.08.000) – BMC is committed to supporting the rights of all patients, families and visitors to express their opinions about their experience at the hospital without fear of recrimination or compromising future access to care. This policy outlines the procedure related to BMC's Patient Advocacy Program, which is the mechanism by which BMC insures a prompt and sensitive response to each patient or the patient's representative who expresses opinions about the hospital and seeks a response.

**Wheelchairs Policy** (Policy #: 03\_00\_400) – BMC is committed to providing wheelchairs to patients with mobility restrictions and patients with disabilities. The purpose of this policy is to ensure that an adequate number of wheelchairs are available within the hospital.

**Animal Policy** (Policy #: 05.02.120) – BMC generally permits a person with a disability to be accompanied by his or her service animal in most areas of the hospital in which that person would otherwise be allowed unless it has been determined that the animal poses a direct threat to the health or safety of others. This policy outlines the procedure for using service animals at the hospital and for bringing other animals to the hospital for compassionate reasons.

**Policy and Procedure Requirement Checklist** (Policy #: 02.01.000, Appendix A) – A review of the hospital-wide Policy and Procedure Requirement Checklist is currently ongoing. This review includes an endeavor to develop a streamlined method of incorporating accessibility considerations when pertinent to a policy review.

## V. TRAINING

BMC recognizes that adequate training is a cornerstone of building a stronger workforce within an institution. It is committed to increasing staff awareness of issues faced by its patients with disabilities and ensuring that they have the training necessary to provide the best possible care for all patients.

**Schwartz Center Rounds** - The Schwartz Center Rounds<sup>®</sup> program offers healthcare providers a regularly scheduled time during their fast-paced work lives to openly and honestly discuss the social and emotional issues they face in caring for patients and families. BMC has developed a Schwartz Center Rounds program entitled “Improving the Experience in Caring for Patients with Disabilities” that is focused on enhancing the BMC workforce’s methods for communication and interactions with patients with disabilities. A multi-disciplinary planning committee developed the program that will draw on real patient experiences and provide a forum for caregivers to discuss the emotional impacts and challenges of patient care. The objectives of this presentation are for the learner to (1) listen to and increase empathy for patients with disabilities through understanding their needs and perspective about their care; (2) examine ways to incorporate the patient’s personal goals into care management; (3) share experiences and successful strategies for providing care to patients with disabilities; and (4) understand the resources that are available to support staff in caring for patients with disabilities. This program is being held on March 20, 2015. BMC, through its Accessibility Committee, is committed to developing future similar rounds-type programs focused on the issues faced by patients with disabilities in order to increase understanding and improve patient care and experience.

**Commonwealth Corporation Health Care Workforce Transformation Fund Training Grant** – BCIL and BMC were awarded an approximately \$240,000 training grant from the Commonwealth Corporation that will be used to develop a training project to address historical barriers to quality care for patients with disabilities that have negatively affected health outcomes. Since 2010, BCIL and BMC, along with GBLs, have worked to identify areas of improvement in the care of patients with disabilities. Through a series of training videos, care team discussions and live training, BMC workers, including doctors, nurses, medical technicians and front-line staff, will be shown how to improve their cross-cultural communication and listening skills to create a more patient focused approach that allows patients to more effectively participate in their care.

The start date of this grant is February 15, 2015 and the grant activities will run for 15 months, with additional time built in after the grant ends to finalize metrics and lessons learned. To date, a Project Manager has been hired and a videographer identified. These two key staff members were selected by the project leads from each of the three partnering organizations, and both were selected in part because of the depth of their experience contributing to projects which addressed issues unique to the disability community. Plans for immediate work include finalizing the content for each of the training videos, defining learning objectives, creating training guides and other materials, and assessing behavior changes as a result of training.

**New Employee Orientation** – The importance of maintaining a culture of exceptional care for all patients, visitors and staff is reinforced in New Employee Orientation, with targeted information provided around disability in each of these groups. This currently includes review of disability awareness and etiquette, introduction to BMC’s internal advocacy and accommodation resources, introduction to accommodation and advocacy resources available through the Commonwealth of Massachusetts, orientation to the goals of the Accessibility Committee, and an invitation to contact the committee or the Human Resources representative on the Committee with any suggestions or questions. Future plans include showing a training video from the Workforce Transformation Fund project in orientation, as well as guided discussion after the video.

**Disability Overview Training (E-Learning Training)** – BMC is committed to training all of its employees, approximately 4000, in general accessibility/disability awareness at BMC. This e-learning module was designed by BMC staff to offer our staff a timely and specific overview of accessibility and the equipment and resources available for our patients, visitors and staff at BMC. This e-learning training is located in our online Healthstream web-based application and is assigned to all newly hired staff and was rolled out to all 4000 BMC staff in 2013. The goal is to review and update this training module every 3 years. In 2016, BMC will reassign a new, updated version to all staff and new hires.

**Nursing Orientation and Competencies** – The Nursing Department is dedicated to educating on and improving the nursing care for people with disabilities. A multidisciplinary team trains all nursing staff in nursing orientation on the importance and hands-on use of mobile lifts, transfer and slide board techniques, ambulation and guarding to prevent falls, as well as how to address a patient during these procedures. A module focusing on care of a patient with spinal cord injury is included in nursing orientation and offered in nurse residency programs. Nursing Orientation occurs twice a month and residency programs occur twice a year. Educational in-services are offered in clinical areas for “just-in-time” training for staff on care of patients with specific disabilities.

In December 2014, the Ambulatory team completed an assessment of current competencies of Nurses and clinical assistants across Ambulatory departments. The team developed a plan for comprehensive competency-based clinical education to ensure the clinical staff can effectively care for patients. The plan outlines additional training elements, which will be included in new employee orientation, specialty education programs, and annual competency reviews.

**Cultural Competency Training** - During November 2014, BMC began a training program entitled “Unit Coordinator Cultural Competency.” The objectives of the program are to (1) define “cultural competency,” (2) identify barriers to cultural competency, (3) learn about best practices for cultural competency, and (4) apply cultural competency best practices with real-life scenarios through role play. The overall theme of the entire presentation is tolerance and non-judgment of patients and staff, and there are modules specifically focused on ethnic/racial

diversity, the LGBT community, elderly, patients with mental and physical disabilities and the homeless. The Disability/Ability module of this training includes best practices for interacting with patients with physical and mental health disabilities.

The Cultural Competency trainings began as small group pilot trainings with sessions held on various dates during November and December 2014 and January 2015. So far over 110 employees, primarily from the in-patient area of the hospital, have taken the training. The feedback from this training has been very positive. During 2015, there will be a continued roll-out among the BMC workforce that will include (1) open sessions that any interested employee will be able to attend during BMC's annual Diversity Week in March, (2) the Ambulatory employee groups in the out-patient clinic setting and (3) a further roll-out to in-patient and out-patient nursing.

**Deaf and Hard of Hearing Culture Presentation** – On March 17, 2015, during BMC's Diversity Week, speaker Jonathan O'Dell, the Assistive Technology and Training Specialist at the Massachusetts Commission for the Deaf and Hard of Hearing, will lead an educational seminar geared toward health care providers on the Deaf and hard of hearing culture.

**Facilities and Maintenance Departments Accessibility Training** – Linea 5 Architects is creating an accessibility focused training for the Facilities and Maintenance departments. The training will outline recommendations for the installation and maintenance of plumbing and carpentry to be ADA compliant. This training will be rolled out in 2015 and refresher trainings will be given on a semi-annual basis. An installation and maintenance guideline sheet for plumbing and carpentry equipment is being developed and will be posted to support the routine activity of the Facilities and Maintenance staff.

**BMC Simulation Center (Disability Awareness Training)** – BMC's Solomont Simulation Center is a state of the art learning center for nursing education and multi-disciplinary training. Training in the Simulation Center allows staff to simulate an entire interaction with a patient, while being videotaped. Staff members are reviewed, evaluated, and receive recommendations for improvement. BMC's Patient Experience Department partnered with Nursing Education to provide training in BMC's Solomont Simulation Center for staff, which included a training module that simulated an interaction with an elderly blind man who was alone and experiencing pain. Participants were from many departments, including Registered Nurses, Certified Nurses Assistants, Patient Transporters, Pharmacy staff, and Case Managers. Staff trained on this module received feedback and advice for enhanced communication and improving their interactions with visually impaired patients. BMC is exploring ways to add more patient simulation training on disability for those departments and staff that can benefit from it.

## VI. COMMUNICATIONS and AUXILIARY AIDS & SERVICES

**Huddle Card** - In an effort to improve communication between staff/clinicians and patients, BMC worked with BCIL to develop a series of tips to include in monthly all staff/clinician communication. The tips provide staff/clinicians with patient vignettes and concrete strategies to address common interactions with patients with disabilities. Topics include communication techniques, accessible medical equipment and understanding patients' preferences. Tips are included on a monthly basis in BMC's hospital-wide "Huddle Card" communication.

**Accessibility Website** - The hospital has an Accessibility Information webpage that appears under the "Patients & Family Services" link on the hospital's main page. Information or support is available from the BMC Patient Advocacy Department at (617) 414-4970 or email: [accessibility@bmc.org](mailto:accessibility@bmc.org)

**Auxiliary Aids and Services** - BMC has Volume Amplifiers, Pocket Talkers, TTY Phones, Video Interpreting Units, and its Patient Rights policy is available in braille. Hands-free Patient Call Lights are available for all in-patients and are stored centrally. Interpreter phones are located at each bedside and in clinics for Over-the-Phone-Interpretation when an immediate interpreter is vital. The TTY phones for Deaf, hard of hearing or speech-impaired persons are available 24 hours a day in the clinical areas, as are the video interpreter iPads that brings interpreter services to the bedside with video interpreting-technology.

BMC's Interpreter Services Department is one of the most extensive in New England. In addition to providing face-to-face interpreters on-site in 15 spoken languages, American Sign Language, and Certified Deaf Interpreting, the department utilizes the latest advances in technology such as telephonic and video interpreting, in order to provide 24 hours a day/365 days a year interpreting services to our patients in 240 languages. As part of the health care team, BMC's interpreters help to break language barriers as well as serve as cultural brokers between patients and staff. Last year, they assisted in 282,538 interactions with patients and visitors, providing the best possible care for our patients with limited English proficiency and Deaf and hard of hearing patients.

**Screening System and Quality Measurement System** – In the ambulatory setting, BMC would like to be better prepared to accommodate the needs of patients with disabilities. BMC's Accessibility Committee is working with members of the hospital's Information Technology Department to identify opportunities to use current technology to document this information. This work is geared toward incorporating a "flag" for specific patient needs in the new electronic medical record system. Further analysis of current workflow is necessary to determine how and when to record this information.

## VII. COMMUNITY OUTREACH and PARTICIPATION

**Patient Family Advisory Council** – BMC’s Patient Family Advisory Council (PFAC) is dedicated to strengthening the communication and partnerships between patients, families, caregivers and staff so that BMC can continue providing exceptional care, without exception. PFAC’s members meet monthly to address important issues involving members of the BMC community and, with thoughtful collaboration and discussion, develop recommendations on how BMC can improve the experience of patients and their families. In the past, BCIL has had representation on the PFAC. BMC, in collaboration with the BCIL, is making efforts to recruit more PFAC members.

**Autism Program/Autism Awareness Day** – The BMC Autism Resource Program’s mission is to assist and empower those affected by autism spectrum disorders through direct patient support, provider education and community based trainings. On April 8, 2015, the Autism Program at BMC will be hosting Autism Awareness Day, which is an opportunity for parents and professionals to network and learn more about the leading resources available to families in the Boston community. Featured programs include the Federation for Children with Special Needs, TILL Autism Support Center, Boston University’s Center for Autism Research Excellence, the Boston Police Department North Star Program and the Boys & Girls club of Dorchester. The event will take place in the Shapiro Center Lobby on the BMC Campus.

**“Spread the Love” Amputee Fund** – Country singer Kenny Chesney established the *Spread the Love Fund* shortly after the Boston Marathon bombings. Working with BMC, Chesney aims to help those severely injured during the tragedy. Proceeds from the downloaded single sales of “Spread the Love” – Chesney’s track co-written and recorded with The Wailers – and sales of Spread the Love t-shirts support the cause. Over \$180,000 has been distributed so far to 14 individuals whose injuries in the marathon bombings resulted in amputations. Additional funds will be distributed on an annual basis to assist these individuals with their continued recovery.

## VIII. RESOURCES

- BMC has an Accessibility Information webpage that appears under the “Patients & Family Services” link on the hospital’s main page. It can be found at [www.bmc.org/accessibility-disabilities.htm](http://www.bmc.org/accessibility-disabilities.htm) For information or support call the BMC Patient Advocacy Department at (617) 414-4970 or email: [accessibility@bmc.org](mailto:accessibility@bmc.org)
- BMC’s Patient Advocacy Department is located at on the BMC campus within the Yawkey Building. Patient Advocacy’s mailing address is Office of Patient Advocacy, Boston Medical Center, One Boston Medical Center Place, Dowling Building, Boston, MA 02118-2393. The Patient Advocacy hotline is (617) 414-4970. The hotline is staffed during business hours and has voice-mail. Voicemails are addressed by staff members.
- BMC Connect is a toll-free telephone information service. The staff, which include registered nurses, help patients, families and members of the community gain access to Boston Medical Center’s physicians, programs and services. Call BMC Connect toll-free at (800) 841-4325.
- Commonwealth Community Care is a non-profit primary care practice serving individuals 21 years of age and older with complex physical, developmental, intellectual, and mental health disabilities that are enrolled in public insurance programs. Commonwealth Community Care’s Boston Care Center is located on the Boston Medical Center campus at One Boston Medical Center Place, Dowling North, Suite 5108, Boston, MA 02118 and can be reached at (800) 442-0520 (toll-free), (617) 638-7062 (Voice), and (617) 638-7053 (TTY).
- Interpreter Services - BMC’s full-time medical interpreter staff provides coverage for 19 spoken languages, American Sign Language (ASL) and Certified Deaf Interpreting (CDI). All staff medical interpreters abide by the International Medical Interpreters Association's Code of Ethics and Standards of Practice. Additional assistance for over 190 languages and dialects is carried out through telephonic and video interpreting through its vendors. The Interpreter Services Department operates 24 hours/day.
- Patient Family Advisory Council - If you would like information about the Patient Advisory Council or are interested in becoming a member, please contact Diane Loud, Senior Organizational Effectiveness Specialist at [diane.loud@bmc.org](mailto:diane.loud@bmc.org)

