Updated FY15 Dignity Health General Compliance Education for Staff Module 1

This course will provide you with important information about the laws and regulations that affect the healthcare industry, our organization and you.

Module Objectives

Upon completion of this course, you should be able to understand and describe:

- Benefits of an effective Compliance Program
- The difference between fraud and abuse
- Laws and regulations enacted to prevent fraud and abuse
- A conflict of interest and your reporting obligations
## Acronyms

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## Dignity Health Core Values

- Dignity
- Collaboration
- Justice
- Stewardship
- Excellence
A Message From Lloyd Dean

- Dignity Health believes in the importance of always acting with integrity.
- Dignity Health has voluntarily developed and implemented the Dignity Health Integrity Program, which not only addresses legal compliance, but ethical conduct as well.
- This training was designed to serve as a guide to address the frequently difficult professional and legal challenges which are part of your position.
- As part of the healthcare industry, it is imperative that we always hold ourselves accountable for the decisions we make and the actions we take.
- You are the individual responsible to ensure we fulfill our commitments. Whether you prepare rooms between patients, perform their diagnostic tests, offer suggestions for the reduction of costs, or render direct patient care, your actions and decisions bring our integrity program to life.
- Please join me in support of the values and principles that are critical to achieving our mission.

The Purpose of a Compliance Program

Compliance programs help organizations:

- Fulfill their legal duty
- Refrain from submitting false or inaccurate claims to federal healthcare programs
- Avoid engaging in other illegal practices
Benefits of an Effective Compliance Program

- Reduces the likelihood of a government mandated compliance program
- Mitigates criminal fines and penalties
- Prevents disruption in operations due to investigations
- Provides a method for employees and others to report suspected concerns and a mechanism to ask questions
- Establishes a strong reputation by demonstrating to employees and the community Dignity Health’s commitment to honest and ethical conduct in the workplace
- Assists Dignity Health in identifying weaknesses in internal systems or processes
- Provides a more accurate assessment of potential fraud and abuse issues
- Provides a mechanism to thoroughly investigate reported concerns/violations
- Identifies unethical conduct and may prevent criminal conduct
- Helps employees understand their roles and responsibilities
The Dignity Health Integrity Program

- The Dignity Health Integrity Program began and has evolved since 2000. The program helps to:
  - Conduct business appropriately
  - Determine how to respond to concerns
  - Help detect and prevent fraud
- We are partners in achieving our business goals, managing risk, and promoting a culture of compliance.

Why do we have an Integrity Program?

- Response to greater scrutiny of healthcare industry by government agencies
- Secure Dignity Health’s reputation and standing in the community
- Office of Inspector General (OIG) encourages the adoption of a compliance program
- CMS mandates that healthcare organizations have a compliance program
- IT’S THE RIGHT THING TO DO
What is Your Responsibility?

- All Dignity Health employees, contractors, and volunteers are responsible to behave in a way that is ethical and in compliance with the law and Dignity Health policies
- You are responsible to:
  - read the Dignity Health Standards of Conduct employee handbook
  - take responsibility for your own actions and seek guidance when in doubt about your responsibilities
  - abide by all Dignity Health compliance policies and procedures
  - know and comply with federal and state laws and regulations
  - report any known or suspected unethical, illegal or improper acts immediately, including violations of any Dignity Health policy or the Standards of Conduct and any federal, laws or regulations
  - understand the consequences for non-compliance with regulations or Dignity Health policies

OIG and a Corporate Integrity Agreement (CIA)

- Dignity Health entered into a 5-year Corporate Integrity Agreement (CIA) with the OIG on 10/30/2014 as a result of two investigations that began in 2010 and relate to hospital services from 2005 – 2010.
- A CIA is an OIG agreement that outlines certain obligations that are required as part of a civil settlement with the Government. Failure to comply can result in substantial penalties.
- Typically, CIAs include the following elements:
  - Compliance Officer and program structure
  - Policies and Procedures
  - Training and education
  - Independent Review Organization (IRO) and annual reviews
  - Obligations to report overpayments and other reportable events, i.e. privacy
  - Duties to maintain a hotline or other confidential disclosure program
  - Requirements for screening ineligible persons
OIG and a Corporate Integrity Agreement (CIA) (cont.)

• The CIA:
  - Provides assurance to the Government that Dignity Health will:
    • Maintain all required elements of an effective compliance program
    • Identify and assess potential risk, and, as warranted, mitigate areas of vulnerability
  - Allows the Government to:
    • Monitor effectiveness of our controls
    • Monitor federal healthcare program claims accuracy
  - Builds additional discipline into Dignity Health’s program through required annual reporting to the OIG

Scope of CIA

• Who is affected by the CIA within Dignity Health?
  - “Covered Facilities” – all Dignity Health hospitals
  - “Covered Persons”
    • Officers, directors, and employees of Dignity Health
    • All contractors, subcontractors, agents, and other persons who provide patient care items or services or who perform billing or coding functions on behalf of Dignity Health
      • Excludes vendors whose sole connection is selling or otherwise providing medical supplies or equipment and who do not bill the Federal health care programs for such medical supplies or equipment
    • All physicians and other non-physician practitioners who are members of Dignity Health’s active medical staff
Dignity Health’s Corporate Compliance Structure

• Margaret Hambleton is Vice President, Corporate Compliance Officer

• Three (3) Senior Compliance Directors
  • Mary Ann Levesque
  • Lisa Silveria
  • Dawnese Kindelt (Integrated Delivery Network)

Dignity Health’s Corporate Compliance Structure (cont.)

• Eight (8) Service Area Compliance Directors (Hospital)
  - Arizona Chris Power
  - Bay Area Steven Baruch
  - Central California Patti Carroll
  - Central Coast Jo Ann Costa
  - Greater Sacramento Debbie Miller
  - Nevada Penny Thurman
  - North State Michelle Kirby
  - Southern California Daryl Cannon
Dignity Health’s Corporate Compliance Structure (cont.)

• Integrated Delivery Network (IDN)
  - Dignity Health Medical Foundation (DHMF) Kathleen Boice
  - Director IDN Compliance Lisa Willis

Facility Compliance Professional

• Each Dignity Health facility and system office has a designated Facility Compliance Professional (FCP).
• The FCP role is responsible for:
  - Promote staff compliance with federal and state regulations
  - Implementation of Dignity Health’s compliance policies and procedures
  - Employee Compliance training
  - Intake and investigation of compliance incidents
Compliance Management and Oversight

- Board of Directors Compliance Obligations
  - Meet quarterly to review Compliance program
  - Sign an annual resolution summarizing its review and oversight of the Compliance program and concluding that Dignity Health has implemented an effective program meeting the obligations of the CIA and Federal health care program requirements and report to the OIG

- Quarterly Management Responsibilities
  - Corporate Compliance Officer report to Board of Directors
  - Compliance Oversight Committee with recorded minutes
  - Service Area Compliance Committee with recorded minutes
  - FCP written report to Service Area Compliance Director

Training and Education

- The CIA requires a formal written training plan, which must be assessed and disseminated annually and is subject to review and approval by the OIG.
  - Board member training
  - General compliance training for all Covered Persons
  - Specific training:
    - Individuals involved in claims preparation, coding, and billing
    - Clinical staff
    - Case Management
    - Legal and Risk Services
    - Physician Advisors
  - Medical Staff member training: must make training available and encourage members to complete

- Certification is required from each individual attending training.
Other CIA Obligations

- “Certifying Employees” – Executive Leadership Team (ELT) and Operations Leadership Council (OLC) are:
  - Expected to monitor and oversee activities within their areas of authority
  - Annually certify that their area is in compliance with Federal health care program requirements and the CIA
- Annual risk assessment and internal review
- Screening of ineligible persons
  - Currently excluded, debarred, suspended, or otherwise ineligible to participate in Federal health care programs
  - Conducted during hire and monthly for all Covered Persons
- Notification of any government investigation(s) or legal proceedings
- Repayment of overpayments and an Overpayments Policy (70.1.008)
- Notification to the OIG of any changes to business units or locations
- All documentation and certifications must be made available to the OIG upon request.

CIA Contact Information

- As a result of the CIA, two Corporate Compliance positions were added to manage and track Dignity Health’s obligations under the CIA.
- These individuals can be contacted to answer any questions or provide additional information to any individuals receiving this training:
  - Amy Czajkowski
    Manager, Regulatory Government Settlements
    Amy.Czajkowski@dignityhealth.org
    (916) 851 – 2816
  - Chona Lawless
    Analyst, Regulatory Government Settlements
    Chona.Lawless@dignityhealth.org
    (916) 851 – 2495
Values and Ethics

An ethical person often chooses to do more than the law requires and less than the law allows.

- Actions are the result of choices
- Attitudes are the result of choices
- Choices create consequences
- Each change in attitude or actions creates different consequences
- Good choices create good consequences

Values and Ethics (cont.)

Healthcare providers build relationships based on integrity and trust.

This enables the organization to take on the role of caring for those most in need and those least able to care for themselves.
Values and Ethics (cont.)

Dignity Health is committed to complying with legal and regulatory requirements.

Each of us is responsible for ensuring we comply with all required laws, regulations, and internal policies governing our business conduct.

Compliance is everyone’s responsibility.

Policies

Dignity Health Compliance policies are available to all employees through Inside Dignity Health, our employee portal. To access policies:

• Open your web browser and in the address line type: employee.dignityhealth.org, then press [Enter]
• On the top navigation bar, click Policies & Procedures
• From the left navigation bar, click Compliance for general compliance policies or HIPAA for privacy and data security policies.
Policies (cont.)
Policies (cont.)

Under the CIA, Policies and Procedures must include:

- Subjects related to the Code of Conduct
- Compliance requirements of the CIA
- Compliance with Federal health care program requirements regarding medical necessity determinations for inpatient admissions
- Ensuring proper and accurate submission of claims and cost reports
- Ensuring proper and accurate documentation of medical records
- Ensuring proper and accurate assignment and designation of patients into inpatient, outpatient, or observation
CIA Requirements – Compliance Policies (cont’d)

- Ensuring the necessary and appropriate length of stay and timely discharges for all patients
- Accurate documentation in pre-admission, admission, case management, billing, coding, and reimbursement processes
- The personal obligation of each individual to ensure documentation is accurate
- Ensuring proper order authentication

• Violation of Dignity Health Policies and Procedures or Federal healthcare program regulations may result in disciplinary action up to and including termination.

Standards of Conduct

The Standards of Conduct are the foundation of the Dignity Health Integrity Program and address frequently encountered issues. The Standards are divided into five categories:

1. Patient Rights
2. Ethical Conduct
3. Fiscal Responsibility
4. Adherence to applicable Laws and Regulations
5. Social and Environmental Responsibility

They are a requirement under the CIA and are to be reviewed at least annually. Dignity Health is required to make the performance of job responsibilities in a manner consistent with the Code of Conduct an element in evaluating the performance of all employees.
Standards of Conduct (cont.)

- All employees receive a copy of the Standards of Conduct upon hire.
- If you need another copy or did not receive one please contact your Facility Compliance Professional (FCP) or visit the Compliance Department intranet site at:
  https://employee.dignityhealth.org/portal/myhome/inside/departments/compliance

"The Board wants us to come up with a policy about ethical business practices. Just steal something off the Internet and put it on our letterhead."
Introduction

- Medicare Fraud and Abuse affects real people.
  - For example, two patients died because of a scam that involved recruiting the homeless and other vulnerable adults for unnecessary heart catheterizations and angioplasties. The doctors and hospital administrator behind this scheme were caught and prosecuted, thanks to anti-fraud efforts and education.

  Schemes and fraudulent billing practices not only cost taxpayers; they put beneficiaries’ health and welfare at risk.

Reference Dignity Health policy: 70.1.005 Fraud and Abuse Enforcement and Prevention
Introduction

• Documentation requirements vary by provider type (i.e. hospital, clinic, ambulatory surgery, physical therapy and other ancillary services) and service performed.

• Certain services have very specific documentation requirements. The medical record serves as documentation of both the patient’s diagnosis and the services provided.

THE MEDICAL RECORD MUST BE ACCURATE AND COMPLETE!
Fraud and Abuse

Per Medicare:

- Fraud is defined as making false statements or representations of material facts to obtain some benefit or payment for which no entitlement would otherwise exist. These acts may be committed either for the person’s own benefit or for the benefit of some other party.
- Abuse describes practices that, either directly or indirectly, result in unnecessary costs to the Medicare Program. Abuse includes any practice that is not consistent with the goals of providing patients with services that are medically necessary, meet professionally recognized standards, and are fairly priced.

Fraud and Abuse (cont.)

- Examples of Medicare fraud and abuse may include:
  - Knowingly billing for services that were not furnished, including billing Medicare for appointments that the patient failed to keep.
  - Knowingly altering claims forms to receive a higher payment amount.
  - Misusing codes on a claim.
  - Charging excessively for services or supplies.
  - Billing for services that were not medically necessary.

  Both fraud and abuse can expose providers to criminal and civil liability.
Prevention of Fraud and Abuse

• Report suspected fraud and abuse before it becomes a problem. (See section on reporting later in this course.)
  - The organization can take steps to correct the problem, which can help avoid significant fines, penalties, and damage to the organization’s reputation.

You can Assist in the Effort to prevent Fraud and Abuse

You can help prevent Medicare fraud and abuse by:

• Providing only medically necessary, high quality services
• Properly documenting all services provided
• Correctly billing and coding for services provided
• Complying with all applicable laws and regulations, including Conditions of Participation, National Coverage Determinations (NCDs), and Local Coverage Determinations (LCDs)
False Claims Act (FCA)

- The federal False Claims Act (FCA) makes it a crime for any person or organization to knowingly make a false record or file a claim under Medicare or Medicaid that you know is false or fraudulent.

- “Knowingly” means a person or organization:
  - Knows the record or claim is false, or
  - Seeks payment while ignoring whether or not the record or claim is false, or
  - Seeks payment recklessly without caring whether or not the record or claim is false

- You do not have to intend to defraud the Government to violate the FCA.

Check with your Facility Compliance Professional for information about your state’s specific laws and protections.

False Claims Act (cont.)

- There are severe penalties for violating the federal False Claims Act.
- Penalty can be up to three times the value of the false claim plus fines from $5,500 - $11,000 per claim.
- A person who knows a false claim was filed for payment can file a lawsuit in Federal Court on behalf of the government and, in some cases, receive a reward for bringing original information about a violation to the government’s attention. This person would be called a whistleblower.
Whistleblower Protection

• An Employer cannot retaliate against an employee for filing a false claims lawsuit.

• The Federal False Claims Act protects anyone who files a false claim lawsuit from being fired, demoted, threatened or harassed by his or her employer for filing the suit.
  - If employer does retaliate, the employee can file lawsuit against employer.

• If it is found in court that employer did retaliate, the court can order:
  - Re-hire the employee
  - Pay twice the amount of back pay
  - Pay interest on money owed
  - Pay employee’s attorney’s fees

Whistleblower Protection (cont.)

• Dignity Health will not permit intimidation or retaliation against an employee who in good faith reports his or her concerns.

• If you suspect fraudulent behavior has occurred or retaliation, contact your supervisor, your Facility Compliance Professional, or the Dignity Health Hotline (confidential and anonymous) 1-800-938-0031
Civil Monetary Penalties (CMPs)

- Civil Monetary Penalties (CMPs) may be imposed for a variety of conduct, and different amounts of penalties may be authorized based on the type of violation.
- Penalties range from $10,000 to $50,000 per violation.
- CMPs can also include an assessment of up to 3 times the amount claimed for each item or service, or up to 3 times the amount of payment received.

Criminal Prosecutions and Penalties

- In addition to civil prosecutions and penalties, criminal convictions are available when prosecuting health care fraud.
- A conviction may result in imprisonment, fines, or both.

Depending on the severity of the violation, a civil or criminal suit may also include:

- Exclusion from Medicare or any other Federally funded program; and/or,
- A Corporate Integrity Agreement (CIA) with the Federal Government. A CIA requires an individual or entity to meet specific goals.
The Anti-Kickback Statute makes it a criminal offense to knowingly and willfully, pay or receive any compensation to induce referrals of items or services payable by a Federal health care program. What are some types of these prohibited acts?

*FMV = Fair Market Value
Safe Harbors

- In anti-kickback cases, the Office of Inspector General (OIG) may seek up to $50,000 for each illegal action and damages of up to 3 times the amount of the payment at issue (regardless of whether some of the payment was legal).
- There are some exceptions to the Anti-Kickback Statute known as Safe Harbors.
  - Contact your Compliance Department for more information on Safe Harbors.

Physician Transactions

- **All transactions** with Physicians must be in writing and be in place before the service is provided.

Example:

- A patient’s dentures were inadvertently lost by hospital staff while providing care to the patient.
  - For the hospital to pay the dentist, a contract must be executed before replacement dentures can be paid for by the hospital.
Exclusion Statute

- The Office of Inspector General (OIG) is required to impose **mandatory** exclusion from participation in all Federal health care programs on providers who have been convicted of certain offenses. What does that mean?
  - Exclusion means that, for a designated period, Medicare, Medicaid, and other Federal health care programs will not pay the provider for services performed or for services ordered by the excluded party.

- Institutions that knowingly hire an excluded party are subject to Civil Monetary Penalties (CMPs).

- While Dignity Health has maintained an illegible persons screening program and policy (70.1.007) pre-dating the CIA, the CIA requires it and requires that screening be performed **monthly** for all Covered Persons.

- Under the CIA, there are separate reporting requirements upon discovery of the employment or contracting of a Covered Person who is ineligible and potential separate penalties.

Conflict of Interest
Conflict of Interest

A Conflict of Interest (COI) may be real or perceived. Potential COIs include:

- Having a personal relationship with a third-party vendor
- Participating in a business that is a direct competitor of the organization
- Using organization resources or time on the job to do work for another business
- Serving on outside boards, committees, or charitable organizations

Conflict of Interest (cont.)

The COI disclosure process should be on-going. If a new potential conflict arises at any point in the year, the employee is required to disclose it to their Supervisor or Manager immediately.

Consider this:

Debbie is a purchasing manager at a clinic. Her brother is a sales representative who works at Best Medical Supplies. Debbie has been asked to research supply costs for surgical bandages with medical supply companies. Debbie completes her research and her brother’s company is at the top of her list for the quality and price of the surgical bandages available. Therefore, Debbie makes the decision to purchase from Best Medical. She never disclosed to the clinic that her brother is a sales representative at Best Medical Supplies, so she figures no one at the clinic should have a problem with her decision.

Do you think a COI may be involved?
Conflict of Interest (cont.)

Yes. A Conflict of Interest may be involved. Debbie has a close personal relationship with a medical equipment sales representative. This relationship could affect the decisions she makes as a purchasing manager.

How would you manage the potential COI?

• Disclose the relationship to your Supervisor or Manager immediately.
• Suggest someone else make the final purchasing decision.

When in doubt... DISCLOSE!

Reporting Systems
Reporting Systems

• It is the right and responsibility of every member of Dignity Health’s workforce to immediately report any known or suspected violations of laws and regulations, the Standards of Conduct, Dignity Health policies and procedures, and any unethical or other improper acts.

• If corrective action is called for, Dignity Health will make appropriate corrections. All reports are taken seriously, reviewed and investigated promptly and employees are provided the option of anonymous reporting.

• In some instances, the facility must report breaches to the Department of Health and Human Services (HHS) and notify the individuals affected.

Dignity Health will not permit retaliation against any employee who reports his or her concerns in good faith.

Reporting Systems (cont.)

• Dignity Health has maintained a Disclosure Program (Hotline) pre-dating the CIA and it is required by the CIA.

• Per the CIA, any report must be recorded in a disclosure log within 48 hours of receipt and shall include a summary of the report, the status of the respective internal review, and any corrective action taken.

• You should report known or suspected violations of the law, policies or procedures to:
  - Your immediate supervisor / manager
  - Facility Compliance Professional (FCP)
  - Human Resources (for HR related issues)
  - Dignity Health Hotline (anonymous and confidential): 1-800-938-0031
  - Privacy.office@dignityhealth.org (for privacy and data security incidents)
Enforcement and Discipline

- Dignity Health must demonstrate that it has appropriately disciplined employees whose activities violate compliance standards or Medicare / Medicaid program rules and regulations.
- The organization must also provide a mechanism for disciplining individuals or employees who fail to fulfill their obligations under the compliance program or who fail to report concerns.

Reporting Systems

- The Office of Inspector General (OIG) maintains a hotline that accepts and reviews tips from all sources.
- If you prefer, you may report your complaint anonymously. No information will be entered in OIG record systems that could trace the complaint to you. In many cases, however, the lack of contact information for the source prevents a comprehensive review of the complaint. The OIG encourages you to provide information on how to contact you for additional information.

HHS OIG Hotline
Phone: 1-800-HHS-TIPS (1-800-447-8477)
Fax: 1-800-223-8164
E-mail: HHSTips@oig.hhs.gov
TTY: 1-800-377-4950

Office of Inspector General
Department of Health and Human Services
Attn: Hotline
P.O. Box 23489
Washington, DC 20026
Reporting Systems (cont.)

- Other Reporting Systems:
  - Arizona Department of Health Services: 602-364-3030
  - California Department of Health Services: 800-822-6222
  - Nevada Department of Health and Human Services (Director’s Office): 775-684-4000
  - The Joint Commission: [https://jcwebnoc.jcaho.org/QMSInternet/IncidentEntry.aspx](https://jcwebnoc.jcaho.org/QMSInternet/IncidentEntry.aspx)

The Americans with Disabilities Act (ADA)
The Americans with Disabilities Act (ADA)

- The Americans with Disabilities Act (ADA) is a federal law that prohibits discrimination against individuals with disabilities. Dignity Health hospitals and clinics must comply with the ADA, as well as various other state and federal laws pertaining to access for individuals with disabilities.

Individuals with Disabilities

The ADA provides protections for "individuals with disabilities." Examples of physical or mental impairments include, but are not limited to:

- Mobility impairments;
- Visual, speech, and hearing impairments;
- Cancer;
- Heart disease;
- Diabetes;
- Mental retardation and learning disabilities; and
- Emotional illness.
The ADA requires that medical care providers provide individuals with disabilities:

- Full and equal access to their health care services and facilities; and
- Reasonable modifications to policies and procedures to make health care services fully available to those with disabilities.

Services and Facilities

Auxiliary aids and services are necessary to provide safe and effective medical treatment. Without them, medical staff may not understand a patient's symptoms, misdiagnose a patient's medical problem, or prescribe inadequate or even harmful treatment. Similarly, patients may not understand medical instructions and warnings or prescription guidelines, and may not be able to give informed consent.
Examples of common auxiliary aids and services include, but are not limited to:

- Qualified sign language interpreters
- Written materials
- Assistive listening devices and systems
- Telephones compatible with hearing aids
- Closed captioning
- Text telephones (TTYs)
- Braille materials and displays

The health care provider should consult with the person and consider carefully his/her communication preferences before acquiring a particular aid or service. Dignity Health staff must give primary consideration to the request of the individual with the disability.
Auxiliary Aids and Services for Individuals who are Deaf or Hearing-Impaired

- Health care providers have a duty to provide effective communication, using aids and services to ensure that communication with individuals who have hearing impairments is as effective as communication with others.
- A health care provider must communicate effectively with patients and other individuals with hearing impairments who are looking for or receiving its services. This includes communication to family members, friends, or associates who are hearing-impaired.

Auxiliary Aids and Services for Individuals who are Deaf or Hearing-Impaired

- Any individual participating in treatment discussions and decision-making who is hearing-impaired must be informed in writing of the availability of free aids and services to meet his/her communication needs. This notice is to be provided at the time of admission, appointment scheduling, or arrival at the Emergency Department.
Qualified Interpreter in a Healthcare Setting

- A qualified interpreter is an interpreter who is able to interpret effectively, accurately, and impartially, using any necessary specialized vocabulary, such as complex medical terminology.

![Image of a hand spelling "Help" in sign language]

Qualified Interpreter in a Healthcare Setting

- The patient's family and friends are not appropriate or qualified interpreters, regardless of their sign language abilities. If a hearing-impaired person refuses the offer of a free qualified interpreter and prefers to use a friend or family member to interpret, the facility is required to get a written waiver of interpreter services and document the refusal in the patient’s medical record. In no circumstances can a minor be used to facilitate communication with a patient or companion.

- Exception: Dignity Health can use an adult accompanying a hearing-impaired individual to interpret in an emergency involving imminent threat to the safety or welfare of an individual or the public where there is no interpreter available.
### Qualified Interpreter in a Healthcare Setting

An interpreter should be present in all situations where the information is lengthy or complex. Examples include:

- Discussing a patient's medical history
- Obtaining informed consent and permission for treatment
- Explaining procedures, tests, diagnoses, treatment, prognoses of an illness
- Providing instructions regarding medication and/or discharge instructions
- Explaining medical costs and insurance

### Auxiliary Aids and Services for Individuals who are Visually Impaired

- Staff should communicate the content of written materials concerning program services and benefits, waivers of rights, and consent to treatment forms by reading them out loud to the visually-impaired.
- Under appropriate circumstances, qualified readers, taped materials for the blind, and/or large print materials for the visually-impaired should be provided.
Auxiliary Aids and Services for Individuals who are 
Speech Impaired

Writing materials, typewriters, TTYs and computers 
should be made available to facilitate effective 
communication concerning program benefits and 
services, waivers of rights, and consent to treatment.

Auxiliary Aids and Services for Individuals who are Manually 
Impaired or Mentally Impaired

Assistance must be provided by staff or through the use of assistive devices.

Service Animals

A Service Animal is a dog or miniature horse trained to do work or perform 
tasks for an individual with a disability. Examples include:

• Guiding people who are blind;
• Alerting people who are deaf;
• Alerting and protecting a person who is having a seizure;
• Reminding a person with a mental illness to take prescribed medications.

Service Animals do not need to wear special identifying apparel or possess a written certification.
Service Animals

- Facilities must permit Service Animals to accompany individuals with disabilities in all areas where members of the public are allowed to go. For example, in a hospital you cannot exclude a Service Animal from patient rooms (including ICU), clinics, cafeterias, or examination rooms. However, it may be appropriate to exclude a service animal from operating rooms or burn units where the Service Animal’s presence may compromise a sterile environment.

Service Animal Inquiries

- When it is not obvious what service an animal provides, only limited inquiries are allowed. Only one Staff person may ask two questions: (1) is the Service Animal required because of a disability, and (2) what work or task the Service Animal has been trained to perform. Staff cannot ask about the individual’s disability, require medical documentation, require a special identification card or training documentation for the Service Animal, or ask that the Service Animal demonstrate its ability to perform the work or task.
Complaints

- People with disabilities can bring lawsuits in federal court and obtain court orders to stop access violations.
- People with disabilities can also file complaints with the Department of Justice (DOJ) & State Attorney General, which can investigate and attempt to resolve the complaint. The DOJ is also authorized to bring access-related lawsuits in federal court.

*The best way to prevent a lawsuit or claim is to learn about the law and take ongoing actions to comply.*

ADA Complaint Reporting System

Complaints, concerns, or requests regarding access for individuals with disabilities are documented in the Event Reporting System or through the Dignity Health Compliance Hotline (800-938-0031).

- Complaints received at the facility should be forwarded immediately to the Facility Compliance Professional.
- All complaints will be investigated. The person making the complaint has the right to representation by another person. All interested parties and their representatives will have an opportunity to submit relevant information regarding the complaint.
- Any reports about access will receive prompt attention. Resolution of the complaint will be accomplished as quickly as possible.
Dignity Health Policies

- Policy Number 120.7.005 – Communication with and Auxiliary Aids for Persons with Disabilities (Policy Revision under Review and Approval Pending)
- Policy Number 120.7.008 – Section 504 Notice of Program Accessibility
- Policy Number 120.7.007 – Policy of Nondiscrimination under Title VI, Section 504 and Age Discrimination
- Policy Number 120.7.004 – Language Access for Limited English Proficient (LEP) Patients and Surrogate Decision Makers
- Service Animal Policy (New Policy under Review and Approval Pending)

Statutory/Regulatory Authorities:

- Section 504 of the Rehabilitation Act of 1973
- U.S. Department of Health and Human Services Regulations Implementing Section 504 of the Rehabilitation Act of 1973 (45 C.F.R. Part 84)
- The Americans with Disabilities Act of 1990
- Revised ADA Regulations Implementing Title II and Title III (28 C.F.R. Part 35) (9/15/2010)

Thank You

- If you have any questions, please contact your Service Area Compliance Director or local Facility Compliance Professional.

- This completes module 1. You will now take the module test, then go to the next module.