SFPATH

*San Francisco Providing Access To Healthcare*

# Health Care Provider Disability Awareness Survey

SAN FRANCISCO HEALTH PLAN

*Here for you*

The survey, which consists of 22 questions, is designed to assess the current capacity of our providers to meet the needs of SFHP members with disabilities and to identify ways we can assist you in ensuring that members with disabilities receive optimal service.

| Please fax your completed form to us at **(415) 615-6450** or email **provider.relations@sfhp.org** | *Thank you* **Your complete survey will help us to better serve our members** |
|---|---|

## Site Information

| Please provide name and telephone number | | |
|---|---|---|
| SITE NAME | | |
| SITE STREET ADDRESS | | |
| CITY | STATE | ZIP CODE |

Please provide the name(s), title and telephone number(s) and email of the person(s) submitting this survey, *SFHP will call upon these persons if there are any questions related to this survey.*

| NAME | |
|---|---|
| TITLE / DEPARTMENT | |
| PHONE ( ) – | EMAIL |

| NAME | |
|---|---|
| TITLE / DEPARTMENT | |
| PHONE ( ) – | EMAIL |

| NAME | |
|---|---|
| TITLE / DEPARTMENT | |
| PHONE ( ) – | EMAIL |

## Accessible Communication for Individuals who are Deaf or Hard of Hearing

| | | |
|---|---|---|
| **1** | ☐ Yes ☐ No | Does your office have a TTY machine that allows individuals to call the office and for staff to make outgoing calls (page 4*)<br>Comments: |
| **2** | ☐ Yes ☐ No | Is your staff familiar with how to use the California Relay Service to receive calls and make outgoing calls? (page 5*) Please check one: ☐ All ☐ Some<br>Comments: |
| **3** | ☐ Yes ☐ No | Do you allow patients to communicate with your office through email? (page 5*)<br>Comments: |
| **4** | ☐ Yes ☐ No | Do you have the capacity to send a patient a text message to remind them about an upcoming appointment or some other administrative matter? (page 5*)<br>Comments: |
| **5** | ☐ Yes ☐ No | Does your office provide qualified Sign Language Interpreters or Real Time Captioners, if requested, for patients to facilitate communication during an appointment? (page 3*)<br>Comments: |
| **5a** | | **If YES,** what agency or agencies do you use? |
| **6** | ☐ Yes ☐ No | Does your office provide assistive listening devices to patients to make it easier for a patient to understand a provider during an appointment? (page 2*)<br>Comments: |
| **6a** | ☐ Yes ☐ No | **If NO,** does your office know where to purchase assistive listening devices?<br>Comments: |

## Accessible Medical Equipment

| | | |
|---|---|---|
| **7** | ☐ Yes ☐ No | Does your office have a height adjustable exam table that lowers to 17”? (page 10*)<br>Comments: |
| **7a** | ☐ Yes ☐ No | **If NO,** does your office know where a height adjustable exam table could be purchased?<br>Comments: |
| **8** | ☐ Yes ☐ No | Does your office either have or have access to mechanical, Hoyer-type lift equipment that can be used to assist with patient transfers? (page 14*)<br>Comments: |
| **8a** | ☐ Yes ☐ No | **If NO,** does your office know where lift equipment could be purchased?<br>Comments: |
| **9** | ☐ Yes ☐ No | Does your office have access to a lifting team or other trained lifters who can assist patients on to and off of exam tables and other diagnostic and testing equipment? (i.e., CAT scan, MRI, cardio stress test, ophthalmology exam, radiation therapy) (page 13*)<br>Comments: |
| **10** | ☐ Yes ☐ No | Does your office know where to refer a patient for diagnostic scans using accessible machines?<br>Comments: |
| **11** | ☐ Yes ☐ No | Do have access to a wheelchair accessible weight scale? (page 12*)<br>Comments: |
| **11a** | ☐ Yes ☐ No | **If NO,** does your office know where to refer someone to be weighed on an accessible weight scale?<br>Comments: |

*Page numbers reference the Health Care Provider Disability Awareness Resource Guide.

## Alternative Formats

| | | |
|---|---|---|
| **12** | ☐ Yes ☐ No | Does your office provide forms, medical information and instructions, and other healthcare-related material for patients who have vision disabilities in formats other than standard print (e.g. CD, Braille, enlarged print) either as a general practice or on request? (pages 6*)<br>Comments: |
| | | **If YES, please tell us which formats and materials:** |
| | | ☐ **Enlarged print**<br>Which materials ? ☐ health education materials ☐ patient care instructions ☐ other (list) |
| | | ☐ **Electronic formats** (e.g., CD, email, etc.)<br>Which materials ? ☐ health education materials ☐ patient care instructions ☐ other (list) |
| | | ☐ **Accessible Website (**Note: For more information on evaluating your website for accessibility see: **http://www.w3.org)**<br>Which materials ? ☐ health education materials ☐ patient care instructions ☐ other (list) |
| | | ☐ **Braille**<br>Which materials ? ☐ health education materials ☐ patient care instructions ☐ other (list) |
| | | ☐ **Audio tape**<br>Which materials ? ☐ health education materials ☐ patient care instructions ☐ other (list) |
| | | ☐ **Other**<br>Which materials ? ☐ health education materials ☐ patient care instructions ☐ other (list) |

*Page numbers reference the Health Care Provider Disability Awareness Resource Guide.

## Emergency Evacuation Procedures

| | | |
|---|---|---|
| **13** | ☐ Yes ☐ No<br>☐ Don't know | Does your office's Emergency Evacuation Plan include procedures for evacuating people with disabilities? (page 16*) |
| **14** | ☐ Yes ☐ No<br>☐ Don't know | Does your building as a whole have equipment or procedures for evacuating people with disabilities? (page 16*) |
| **14a** | ☐ Yes ☐ No<br>☐ Don't know | If YES, has your office ever received training on those procedures or on the equipment**?**<br>Comments: |

## Policies and Procedures Regarding Patient's Request for Disability Accommodations

| | | |
|---|---|---|
| **15** | Does your office provide additional disability accommodations for patients with disabilities including but not limited to any of the following? (Check all that apply) (page 15*) | |
| | ☐ **A.** Providing extended appointment times for individuals with complex medical histories | |
| | ☐ **B.** Ensuring appointment times are scheduled in a flexible way for individuals that rely on transit services that do not always run on time. | |
| | ☐ *C.* Provide assistance with undressing, using the restroom, lifting and positioning on the exam table | |
| | ☐ **D.** Provide assistance in filling out paperwork, including reading and writing information. *In accordance with HIPAA rules in order to ensure confidentiality this assistance should be provided in an area that respects the patient's privacy.* | |
| | ☐ **E.** Schedule a patient in a room with a height adjustable exam table for individuals who have difficulty getting on an exam table | |
| | ☐ **F.** Assist with scheduling transportation | |
| | ☐ **G.** Other: Please Describe | |
| | ☐ **H.** We do not have experience with providing any disability accommodations. | |
| **16** | ☐ Yes ☐ No | Does your office have a written policy that allows service and support animals to accompany the patient during an appointment? (page 7)<br>Comments: |
| **17** | ☐ Yes ☐ No | Does your office ask patients if they need any accommodations on intake forms or when making an appointment? (page 15*)<br>Comments: |
| **18** | ☐ Yes ☐ No | Does your office note in patients' charts any disability accommodations they require? (page 15*)<br>Comments: |

*Page numbers reference the Health Care Provider Disability Awareness Resource Guide.

| 19 | Does your office provide staff training on any of the following? (Check all that apply) (page 16*) | |
|---|---|---|
| | ☐ **A.** Various types of chronic conditions and disabilities. | |
| | ☐ **B.** Legal requirements presented in The Americans with Disabilities Act (ADA). | |
| | ☐ **C.** Disability awareness training. | |
| | ☐ **D.** How to use accessible medical equipment (height adjustable exam table, wheelchair accessible weight scale). | |
| | ☐ **E.** How to use a TTY. | |
| | ☐ **F.** How to use the California Relay Service. | |
| | ☐ **G.** How to schedule a sign language interpreter or real time captioner when a patient requests one. | |
| | ☐ **H.** How to document patients' requests for accommodations . | |
| | ☐ **I.** Training on emergency evacuations that include methods for evacuating people with disabilities. | |
| | ☐ **J.** Other. | |
| | ☐ **K.** We do not currently provide any disability-related training. | |
| **20** | ☐ Yes ☐ No | Would staff from your office attend a disability-related training if presented by SFHP?<br>Comments: |
| **21** | ☐ Yes ☐ No | Is your office aware of tax credits that are available to offset the cost of purchasing accessible medical equipment, assistive communication devices, and providing access to sign language interpreters? (page 17*)<br>Comments: |
| **22** | ☐ Yes ☐ No | What resources do you need to better provide services to your patients with disabilities?<br>Comments: |

*Page numbers reference the Health Care Provider Disability Awareness Resource Guide.

*San Francisco Providing Access To Healthcare*

Please fax your completed form to us at **(415) 615-6450** or email **provider.relations@sfhp.org**

*Thank you*

**Your complete survey will help us to better serve our members**

**SAN FRANCISCO HEALTH PLAN**™

*Here for you*