



Equal access in healthcare facilities:

It's the law

In the 17 years since the passage of the Americans with Disabilities Act, the rights laid out in that influential legislation have become a part of the country's collective consciousness. ADA rules have been responsible for increased access in everyday places like movie theaters, restrooms, offices and restaurants, and have lowered barriers in employment and education by requiring equal access to public places and government services. Physical changes such as curb cuts, hand rails and ramps are some of the more obvious alterations the ADA has helped chisel.

But some less publicized victories are among its most significant, such as those which have greatly affected the quality and quantity of healthcare delivered to the disabled. Under the ADA requirements, all healthcare facilities must be accessible — free from barriers that make it difficult or impossible to use a facility or to get the goods and services it offers. For example, parking lots should have accessible parking spaces; ramps should be provided where there are stairs; doorways should be

FAST FACTS

Details on Americans with Disabilities Act

The Americans with Disabilities Act became law in the U.S. in 1990. It has four key sections:

Title I addresses accessibility in employment.

Title II covers accessibility in government services.

Title III concerns access to all types of businesses that serve or are open to the public, including medical offices and facilities.

Title IV requires accessibility in telecommunications services.

wide enough for a wheelchair to pass through; and lobbies and waiting rooms should contain adequate space around doors and open areas for wheelchair users to sit. Accessibility also extends into the exam room, including the exam table, where the actual patient-physician interaction takes place. In order to be ADA compliant, an exam table must be 17 to 20 inches from the floor at its lowest height, making transfer easier for wheelchair users and for people with activity limitations.

continued on page 26 >>

An Urgent Need for Urgent Care

New Urgent Care Clinic Designed with Patient Flow, Accessibility in Mind

Since the Deer Park Urgent Care Clinic opened its doors nearly a year ago, it has met what has become a growing need for the nearly 3,500 residents of Deer Park, Wash. Not long after plans to build the new facility were under way, it was announced that the 50-year-old community hospital in Deer Park would be closing in March of 2008, which would have forced residents to travel more than 20 miles north to Spokane for acute care.

“Our community was in the right position that we really had an urgent care need. When we started the design process, we were pretty convinced that if we didn’t build an urgent care clinic that someone else would,” said Dr. Daniel Stoop, president of the clinic.

Open 365 days a year, the Deer Park Urgent Care Clinic is a walk-in urgent care medical clinic, providing care for non-life-threatening injuries and illness to Deer Park residents. The clinic has 12 employees, including a physician, a physician assistant as well as nurses, a lab technician, an X-ray technician and office administrator. Deer Park Urgent Care is located less than a mile from its parent clinic, the 8,300-square-foot Deer Park Family Care Clinic, which has six full-time providers and has been open 10 years.

As patients enter the facility, they are provided ample, accessible parking with ramps to accommodate wheelchairs and a covered drive-through circular entryway for easy drop-off and pick-up of patients. Inside the building, which is all built on the ground level, the beige tiled foyer is decorated in stone travertine from Turkey with a decorative mosaic inlay. Looking past the foyer, the carpeted reception area conveys a clean, bright and cheery feeling with beige hues and a soothing water feature. A coordinating, darker beige color is used for the reception area chairs, counters and exam tables. Overall, the look creates an inviting and professional environment.

Dr. Stoop said that when he and his partners started planning for Deer Park



>> Deer Park Urgent Care Vital Information

Size: 4,420 square feet

Number of rooms: 5 exam rooms,
1 procedure room

Number of staff: 12

Average number of patients seen per day: 24

Cases treated most frequently:
respiratory illness, minor lacerations,
fracture care

Urgent Care, they wanted to improve on the design of the Deer Park Family Care Clinic. “We learned a lot about what works and doesn’t work at the other facility. When we set out to design the urgent care clinic, we envisioned a layout that would encourage efficient patient and work flow and could grow with us as our needs increase,” explained Stoop.

The layout of the patient rooms is a horseshoe pattern in order to encourage an efficient, circular flow for patients. There are nurse stations in the hallways that service each set of rooms. The clinic is also equipped with an immunization and laboratory room, an X-ray room with digital stand-up and lay-down machines and a prescription room.

The design of the exam and procedure rooms was also an important factor in patient flow as well as accessibility. “We designed the rooms to be accessible by all types of patients with wider doorways, more room to maneuver and barrier-free exam tables so patients can get on and off the tables easily,” added Stoop.

The clinic also installed seamless modular casework to enhance ergonomics for the staff and create a coordinated, professional look.

Ensuring that the facility is accessible to disabled, elderly and obese patients was important in the design as well. All doors throughout the building, including the bathrooms, can accommodate wheelchairs and meet Americans with Disabilities Act standards for accessibility. The main reception counter can also be easily accessed via wheelchair. The barrier-free exam tables in each of the rooms lower to wheelchair height for easy transfer of patients. One of the rooms is also equipped with a power bariatric treatment table to accommodate heavier patients.

“Our goal was to design the clinic to be as geographically unchallenging as possible with no large ramps, elevators or steps. It is easily accessible to everyone,” said Stoop.

In addition to improving the quality of care for people with disabilities, providing an accessible facility is a requirement in order to comply with legal obligations under Titles II and III of the ADA. Physicians should be aware that they are legally obligated to always meet ADA requirements and can easily suffer the consequences if a patient feels those requirements are not being met.

Gaining Traction

A growing number of private and public disability discrimination cases have been successfully filed with the Department of Justice — which holds prosecutorial jurisdiction over ADA guidelines. Individuals with disabilities and the disability community have become increasingly public and diligent in asserting their civil rights to equal access, specifically, requiring the courts to enforce ADA requirements in the healthcare field.

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For example, Washington Hospital Center recently settled a lawsuit filed by patients with disabilities who said they were unable to access standard care in the hospital due to inadequate facilities, policies and procedures. As a result, the Washington area's largest private, acute-care hospital will in the coming years implement a number of changes to its facilities, equipment, policies and

procedures to ensure an improvement in accessibility for patients with disabilities who come to the hospital for inpatient or outpatient care.

2008 also marks the seventh anniversary of the settlement in Metzler vs. Kaiser Permanente, a groundbreaking lawsuit that challenged the level of health access at Kaiser Permanente facilities throughout California. This settlement required the removal of architectural barriers, the installation of accessible medical equipment and the implementation of policies and procedures that improve health access for patients with disabilities. Implementation of the settlement is still ongoing, but the results continue to serve as a model for the healthcare industry on how to deliver medical care for people with disabilities.

More recent examples include a Virginia medical center which allegedly refused to treat a wheelchair user during her scheduled appointment because staff said they could not lift her on to the examining table. As a result, the medical center completed a survey of current examination tables; developed a capital budget and time line to purchase motorized exam tables; and provided training to staff on ADA requirements. And after a Washington, D.C. radiology practice was alleged to have failed to provide adequate assistance to a wheelchair user to help her transfer to an examination table, the practice purchased an additional height-adjustable examination table, and designated three lead medical assistants as ADA patient advocates to help people with mobility-related disabilities receive services as quickly and efficiently as other patients.

As evidenced by this sampling of recent cases, physicians should be aware of the possible consequences if ADA requirements are not met in their practice. However, with a little planning and forethought, physicians can create a more ADA-compliant office and improve their overall patient care. ■

Department of Justice working on setting new ADA standards

Although the Americans with Disability Act provides the foundation with the requirements for compliance, the details are jointly developed by the U.S. Access Board and the Department of Justice. The Access Board issues guidelines which the Department of Justice uses to establish standards and enforce them.

Since the act was first passed, the Department of Justice has only issued one set of standards — in 1994. The Access Board released new guidelines in 2004 and since that time, the Department of Justice has been at work collecting information and establishing their new standards. According to Jodi Bobb from the Office of Public Affairs in the Department of Justice, the new standards are reaching a last phase of creation.

"The Department published an Advanced Notice of Public Comment and received thousands of comments; those have been reviewed and the next document, Notice of Proposed Rulemaking is under review within the federal government. At this point, we cannot say with certainty when the Notice of Proposed Rulemaking will be published, but once it is published, there is another public comment period of at least 60 days, followed by consideration of what is likely to be thousands of public comments, and the drafting and approval of a final regulation," Bobb said.