

BIDMC Universal Access Advisory Council

The Opportunity

BIDMC was one of the first hospitals in the country to be reviewed by the Department of Justice for compliance with the Americans with Disabilities Act (ADA). Many areas of non-compliance were noted and the hospital entered into a 5 year improvement plan for very specific changes. BIDMC chose to use this opportunity to engage “user experts” - patients with disabilities and their families - in the process. The Universal Access Advisory Council (UAAC) was created in 2010 to give user expert perspectives to BIDMC staff responsible for issues affecting people with disabilities. This proved to be a key driver in the value of this work, and broadened the perspective and goals well beyond the basic equipment and facility requirements of the settlement agreement.

Aim/Goal

To create a thoughtful, fully representative forum to exchange perspectives on accessibility at BIDMC, and to inform changes in the physical plant and hospital operations that reduce barriers or close gaps to health care for patients with disabilities. To maintain full consumer representation across all disabilities to regularly join with staff responsible for overseeing improving accessible facilities and clinical operations.

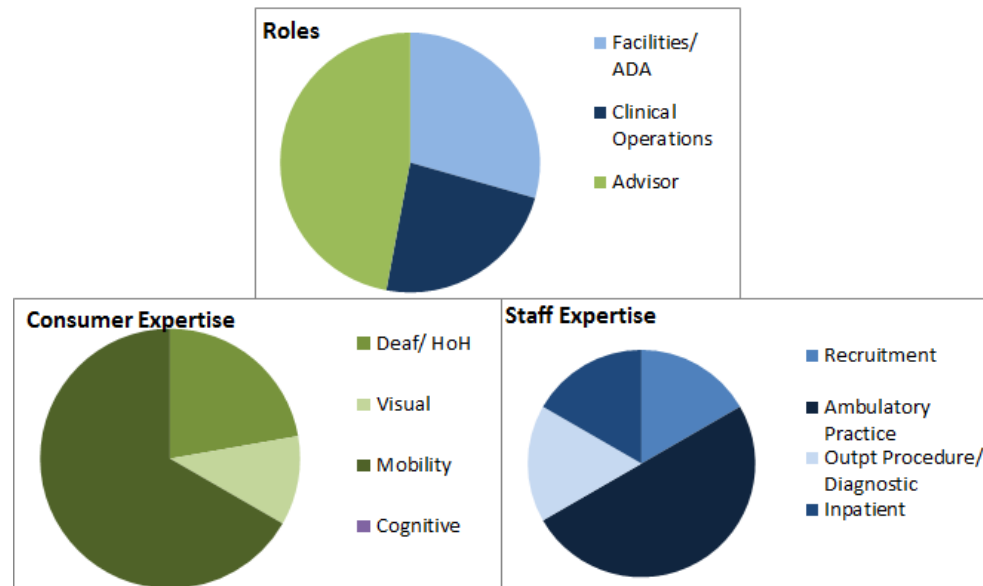
The Team

- Universal Access Advisory Council Consumer Advisors: Bob Chiaramonte; Barbara Cone; Elizabeth Dean-Clower; Michele Finnell; Richard Hackel; Alyce Lanoue; Sandy Novack; Dana Tilkin
- BIDMC Ambulatory Operations Staff: Sarah O’Neill
- BIDMC Facilities Staff: Dennis Monty; Ed Incerto; Amy Chee; Christine Trotta
- ADA Consultant to BIDMC: Katherine McGuinness
- Patient and Family Engagement Staff: Elana Premack Sandler

The Interventions

- Recruitment for BIDMC patient/consumer advisors that represent all areas of disability.
- Development of ADA expertise and planning in Facilities.
 - Review and inventory of necessary access improvements.
 - Bring in consultative support to guide work.
 - Train facilities staff and senior management for improved understanding of ADA goals and requirements.
 - Develop annual funding commitments to ensure ongoing improvement.
- Integration of clinical operations staff into process – in 2012 committee co-chaired jointly by Directors from Facilities and Clinical Operations.

The Results/Progress to Date



Lessons Learned

- The partnership of consumers and staff has significantly improved the depth of understanding and the actions taken to reduce barriers to care, and leveraged the scope to better achieve accessibility.
- Accessible equipment and facilities is the first step in making BIDMC accessible.
- Importance of addressing visible access needs (i.e. mobility, physical) alongside less visible needs (i.e. sensory, cognitive, emotional).
- Need for clear policies, protocols and staff training to ensure the appropriate availability and use of accessible facilities, equipment and accommodations.
- BIDMC is one of very few hospitals pioneering an accessible health care model. Universal Access Advisory Council members serve as internal and external ambassadors of BIDMC access initiative spreading the word on the importance of these efforts, and the truly universal benefits.

Next Steps/What Should Happen Next

- Ongoing recruitment of user experts, expanding representation to include staff from inpatient operations and patients with cognitive impairment.
- Broaden focus to emphasize more complex operational initiatives, especially clear policies and staff awareness and training.

For more information, contact:

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