



**Communication Disabilities Access Canada**

May 11, 2021

Suggestions for Strengthening Ontario's Healthcare Standards for People who have speech, language and communication disabilities

The Government of Ontario's [Health Care Standards Development Committee's Initial Recommendations Report](#) is available for feedback until August 11, 2021. There is a summary of recommendations in the survey however, the glossary in the reports spells out important information about the meaning of communication accommodations and supports.

You can give feedback using the government survey at:

<https://survey.alchemer-ca.com/s3/50103904/Health-Care-SDC-Initial-Recommendations-Report-Survey>

While we encourage you to give your own feedback, you may want to consider using or adapting some of our suggestions here when answering feedback questions on the government's [survey page](#).

Please note, although the healthcare standards are intended to address accessibility for all Ontarians with disabilities, our suggestions relate to communication accommodations / supports for people who have speech, language and communication disabilities.

To date, Ontario's accessibility committees and reports have not included the accessibility requirements of people with speech and language disabilities. Therefore, you may want to acknowledge and commend this committee, its chairperson and its report for addressing the accessibility needs of patients who have speech, language and communication disabilities and who may use augmentative and alternative communication methods. Effective communication is essential when accessing healthcare services. For people who have communication disabilities, effective communication may require the provision of a range of communication accommodations and supports. This report provides a starting point and a direction that must now be activated and enforced to ensure that people have the communication supports they need when using healthcare services.

The glossary is particularly useful because it describes a range of communication accommodations and supports that are often not typically considered by healthcare providers. It would be useful to provide accessible hyperlinks to the glossary items as they are mentioned in the document.

**Recommendation 1: accessibility planning and engagement with persons with disabilities**

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Part of this recommendation states: *Senior executive leadership of the hospital and/or boards shall ensure there is a formal mechanism to engage with persons and organizations that represent people with a broad range of disabilities regarding health service planning, quality improvement and capital planning, and shall make information regarding this mechanism available to persons with disabilities.*

Our suggestion is ensure that the needs of people who have speech and language disabilities and who may use AAC are included as they are often omitted. We suggest rewording the recommendation to: Senior executive leadership of the hospital and/or boards shall ensure there is a formal mechanism to engage with persons and organizations that represent people with a broad range of disabilities **and who have diverse accessibility requirements** in health service planning, quality improvement and capital planning, and shall make information regarding this mechanism available to persons with disabilities.

### **Recommendation 2: consultation on procurement or facilities**

Within this recommendation it states: *This recommendation applies to circumstances where the equipment, service or renovation project will have a direct impact on access to health care services for patients with disabilities.*

We think people usually assume equipment is for physical access. Our suggestion is to reword this recommendation as follows: This recommendation applies to circumstances where the equipment, service or renovation project will have a direct impact on access to health care services for patients with disabilities. **Examples of equipment and services include mobility and communication devices. Examples of services include sign language interpreting, communication assistance and attendant services that a patient may require to access healthcare services.**

### **Recommendation 3: access to equipment**

Within this recommendation it states: *Physical space, medical equipment, lack of staff support, as well as staff lack of knowledge about and where to locate assistive devices are often barriers that interfere with access to health services for patients with disabilities. The need for accommodation will not delay or prevent equitable access to timely care.*

We think people usually assume equipment is for physical access. Our suggestion is to continue to reinforce the concept that access includes communication. We suggest rewording this recommendation as follows: **Assistive devices, communication devices,** medical equipment, lack of staff support, as well as staff lack of knowledge about and where to locate assistive devices are often barriers that interfere with access to health services for patients with disabilities. The need for accommodation will not delay or prevent equitable access to timely care.

### **Recommendation 4: accommodations funding for hospitals**

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Within this recommendation it states: *It is recommended that the Ministry of Health create a dedicated and restricted line item of expanded funding to all hospitals directed for the purchase of accessible assistive devices, supportive equipment and accommodation of support services.*

Our suggestion is to continue to reinforce the concept that access includes communication equipment and services by giving examples. We suggest rewording this recommendation as follows: It is recommended that the Ministry of Health create a dedicated and restricted line item of expanded funding to all hospitals directed for the purchase of accessible **assistive and communication devices, supportive equipment and accommodation of support services, such as personal support services, sign language interpreting, and communication assistance.**

### **Recommendation 5: coordination of accessibility accommodations**

Within this recommendation it states: *health care providers must proactively offer persons with disabilities an opportunity to identify their individualized accommodation needs*

Our suggestion is to extend this to authorized support persons. We suggest rewording this recommendation as follows: health care providers must proactively offer persons with disabilities **and / or their authorized support person** an opportunity to identify their individualized accommodation needs

Within this recommendation it states: *if accommodation is required by the patient, hospital shall provide this accommodation and identify it on the plan of care.*

Our suggestion is to document outcomes and the provision of accommodations. We suggest rewording this recommendation as follows: if accommodation is required by the patient, hospital shall provide this accommodation and identify it on the plan of care and **state how these accommodations were provided.**

### **Recommendation 7: support for accommodations and patient-centred care**

This recommendation seems to address many issues some of which are more fully addressed in Recommendation 10. It might be stronger if recommendation 7 focused on recognizing that all people who have disabilities and especially people who have disabilities that affect their communication must be provided with the time they need to effectively communicate about their healthcare.

### **Recommendation 8: communication accommodation and respect for capacity**

Within this recommendation it states: *Health care providers, staff and physicians recognize, understand and respect the capacity of all persons with disabilities to be full participants in their care. When unsure, health care providers shall have access to expertise to facilitate discussions and understanding.*

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We recommend addressing “capacity” as a separate item and as it is presented in recommendation 10. We suggest rewording this recommendation as follows:

1. Health care providers, staff and physicians recognize, understand and respect the right of persons with disabilities to be full participants in their care.
2. If a patient cannot effectively communicate about their healthcare, health care providers shall engage a trusted person that is authorized by the individual or a Speech-Language Pathologist to facilitate discussions and understanding.
3. Staff and physicians shall ensure that persons with disabilities who require supports for effective communication, shall be accommodated. This includes individualized communication accommodations to support the patient with understanding, retaining, making decisions and/or communicating questions, opinions and decisions.

We are concerned about the statement: The committee recognized that in time-sensitive emergency medical situations this recommendation may not be feasible.

We suggest adding a recommendation as follows:: Policies and procedures must be developed and implemented for communication in time-sensitive emergency medical situations.

### **Recommendation 9: access to third-party supports**

Within this recommendation it states: *Identify and provide the support and services that the person with disabilities may require while in hospital. This may include relying on the existing services of the person with disabilities or engaging external support services.*

Our suggestion: Identify and provide the support and services that the person with disabilities may require while in hospital. This may include supports provided by family members and friends, agency services or engaging required, external support services.

Within this recommendation it states: *If the person with disabilities does not have the communication assistance they require, the hospital shall refer to formal, qualified, independent communication support.*

Our suggestion is to specify who this professional is by rewording this recommendation as follows: If the person with disabilities does not have the communication assistance they require, the hospital shall refer to a formal, qualified, independent communication support from a Speech Language Pathologist.

### **Recommendation 10: effective communication and informed consent**

Effective communication is essential in all aspects of healthcare. We suggest rewording the preamble:

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This recommendation highlights a range of communication supports that people may require for effective communication in all aspects of healthcare and especially when making decisions and giving informed consent to treatment.

In point #4: the recommendation states: *identifying and providing formal, qualified independent communication support in situations where persons with disabilities do not have the communication accommodations and supports they require to give informed consent, including:*

- *where there is a perceived conflict of interest between the person with the disability and their support person(s) or evidence of coercion and abuse of power*
- *in high-risk situations such as medical assistance in dying*

We suggest adding to this recommendation as follows: identifying and providing formal, qualified independent communication support in situations where persons with disabilities do not have the communication accommodations and supports they require to give informed consent, including:

- a. **when a person has a complex communication disability and/or no reliable way of communicating**
- b. **when their capacity is questionable**
- c. where there is a perceived conflict of interest between the person with the disability and their support person(s) or evidence of coercion and abuse of power
- d. in high-risk situations such as medical assistance in dying

## **Recommendation 13: training resources and core competencies**

Within this recommendation it states: *Government shall address the relevant topics when developing standardized Accessibility for Ontarians with Disabilities Act health care education and training modules, including but not limited to: # 5: Best practices for communicating with people who are hard-of-hearing, deafened and Deaf.*

We suggest this statement should be inclusive of all people who have disabilities that affect communication by rewording it as follows: Best practices for communicating with people who are hard-of-hearing, deafened and Deaf, **people who have speech, language and communication disabilities and people who use augmentative and alternative communication**

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