

RICDHH Health Care Committee – Task Force Meeting

June 14, 2010

Members Present: Christine Harkins, Debra Raiche, Pamela Zellner, Tina Thompson, James Simon, Steve Florio

Members not present: none

Meeting start time: 10:10 am

Note taker: James Simon

CART: Shelley Demming

ASL Interpreter: Carol Fay

The following corrections were made to the 5/24/10 minutes:

1. Add Video Remote Interpreting services were provided by CSDIO and that Cart was also present. Identify in the minutes what support services were used for future meetings.
2. “United” should have been the insurance carrier identified not “BC/BS” on the 2nd page. Chris also proposed the addition of “this is not unique to United” in this statement.
3. “Several polices” should replace “Landmark medical center’s policy” on the last paragraph on page two.

Steve motioned to approve the minutes from 5/24/10 as amended, Chris seconded it.

Tina wanted the TF to consider what our next task is that we would be working on with a definitive timeline. Can this group identify our next goal? TF to think about this more and bring to next meeting.

Steve mentioned that we need to figure out exactly what would be in the packet of information that we would make available with the trainings with HARI. Tina mentioned that we need to keep it small and concise.

Chris mentioned that it would be important to have a resource guide of providers as well as an informational packet to be available for HARI and their participants.

Task Force (TF) discussed the policies of various hospital organizations that Steve handed out to the group last meeting and how some of them seem to be outdated or seem to focus on one area rather

than speak equally to the needs of Deaf & hard-of-hearing. Discussed best approaches to work with HARI in terms of how the TF can be a helpful resource in updating policies & procedures from various hospitals and providers.

Tina has been outreaching with other HLA's throughout the country to get feedback on other state's progress or challenges with meeting the needs of the hard-of-hearing in healthcare. TF explored this more.

Chris brought up the point that the training can be done several times within one hospital, for example, and to not just think of doing it once per hospital. This would allow for staff turnover, different departments, etc., to get the information they need. Also need to have some fun with this presentation, playing a tape that simulates hearing loss and other interactive activities would be important so that it is not just delivered as a lecture.

Discussed setting up a Healthcare Committee meeting where the Task Force goes back to the larger group to update them on what we've been working on and identify the tasks and possible work groups that would form and continue to work on policies, consumer models, resource guides, etc.

Steve spoke to the policy statements we received from the various hospital organizations. The Commission has identified that many are outdated and some information needs to be cleared up. It would be ideal to have feedback given to the full group rather than one-on-one with each hospital. HARI seems like it would be the logical organizational body to pursue in terms of sharing this feedback. Chris mentioned that it would be important to include enforcement in the discussion about their policies and, even more importantly, how the consumer can exercise their right to interpreters and assistive listening devices.

Chris mentioned the need for this group to consider ASL Interpreter support in emergency situations and how do we help think about solving current barriers such as; Interpreter availability, qualifications of that interpreter, etc.

Jim mentioned that the group also consider a way to help Emergency Rooms that have a patient who is D/HOH in a behavioral health crisis have access to a licensed clinician in order to help in the assessment/intake process doing mental status exams, connecting them to appropriate resources, meeting with family members who may be Deaf themselves, etc. Discussed both Bridgemark and Perspectives' experiences when outreaching to Butler, Bradley, Kent Hospital, etc., for this very idea and the barriers experienced with potential collaboration (e.g., hiring an outside agency to come in, etc.).

Meeting adjourned: 12:00 pm.

Next meeting: June 28th, 2010.

Next Steps:

- I. Identify work groups: Consumer, Policies, Resource Guide, Training, Legislative, Barriers to Securing Interpreters

- II. Outreach to Suzanne to determine her level of interest and commitment in continuing on as Chair of the Healthcare Committee so that if she is continuing on she should be invited to the next TF meeting.