

ACADEMY OF SPINAL CORD INJURY PROFESSIONALS

Access evaluation to improve health equity for persons with a spinal cord injury

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Purpose

To evaluate and improve the accessibility of the built environment and diagnostic equipment at ambulatory facilities within a large hospital system.

Background

Persons with mobility limitations are less likely to engage in healthcare due to the inaccessibility of medical buildings and medical diagnostic equipment. This accessibility impacts health outcomes for people who use a wheelchair. The Americans with Disabilities Act (ADA) does not explicitly have guidelines for accessibility standards for diagnostic equipment. Title III of the ADA has general accessibility guidelines for the built environment. However, research continues to show problems with the ability to fully engage health care services due to the inaccessibility of the built environment.

Results

Survey results were translated into a chart displaying accessibility at each ambulatory facility (Table 1) and a chart of specialty clinic services and equipment (Table 2).

TABLE 1 ACCESSIBILITY OF AMBULATORY FACILITIES

FACILITY	No Steps or Ramp with Railing	Push button to Enter*	Tiled Hallways	Tiled Waiting Rooms	Roll-up Scale	Exam Height Adjustable Table	Exam doorway Wide enough for WC	Easy to get around furniture	Accessible bathroom stall	Push Button to enter bathroom	Hoyer Lift available	# Staff trained on Hoyer	Ceiling Lift available	Has Parking Garage	Has an entrance attendant	Ceilings high enough for modified van	Accessibility Score (0-14)
	✓		✓		✓	✓	✓	✓	✓	✓	✓	>5		✓	✓	✓	10
	✓		✓		✓	✓	✓	✓	✓	✓	✓	1-2		✓	✓	✓	10
	✓		✓		✓	✓	✓	✓	✓	✓	✓			✓	✓	✓	10
	✓		✓		✓	✓	✓	✓	✓	✓	✓			✓	✓	✓	10
	✓		✓		✓	✓	✓	✓	✓	✓	✓	>5		✓	✓	✓	10
	✓		✓		✓	✓	✓	✓	✓	✓	✓	>5		✓	✓	✓	10
	✓		✓		✓	✓	✓	✓	✓	✓	✓			✓	✓	✓	9
	✓		✓		✓	✓	✓	✓	✓	✓	✓			✓	✓	✓	9
	✓		✓		✓	✓	✓	✓	✓	✓	✓			✓	✓	✓	9
	✓		✓		✓	✓	✓	✓	✓	✓	✓	3-4		✓	✓	✓	9
	✓		✓		✓	✓	✓	✓	✓	✓	✓			✓	✓	✓	8
	✓		✓		✓	✓	✓	✓	✓	✓	✓			✓	✓	✓	8
	✓		✓		✓	✓	✓	✓	✓	✓	✓			✓	✓	✓	8
	✓		✓		✓	✓	✓	✓	✓	✓	✓	3-4		✓	✓	✓	7
	✓		✓		✓	✓	✓	✓	✓	✓	✓			✓	✓	✓	7
	✓		✓		✓	✓	✓	✓	✓	✓	✓			✓	✓	✓	6
	✓		✓		✓	✓	✓	✓	✓	✓	✓			✓	✓	✓	5
	✓		✓		✓	✓	✓	✓	✓	✓	✓			✓	✓	✓	5
	✓		✓		✓	✓	✓	✓	✓	✓	✓			✓	✓	✓	5
	✓		✓		✓	✓	✓	✓	✓	✓	✓	3-4		✓	✓	✓	3

*We asked about push buttons and not about automatic doors.
** Exam chairs are not height adjustable

TABLE 2 SPECIALTY EXAMS AND EQUIPMENT AVAILABILITY

FACILITY	Eye Exam without Leaving Chair	Eye Exam in Adjustable Chair	Dental Exam without Leaving Chair	Dental Exam in Adjustable Chair	OB/GYN on Adjustable Height Table	Mammogram without Leaving Chair	X-Ray on Adjustable Height Table	# of staff available for transfer to X-Ray
					✓			
	✓	✓			✓			
	✓	✓		✓	✓		✓	2
	✓	✓			✓	✓		
	✓	✓			✓		✓	
	✓	✓			✓		✓	>2
	✓	✓			✓		✓	
	✓	✓			✓		✓	
	✓	✓			✓		✓	
	✓	✓			✓		✓	
	✓	✓			✓		✓	
	✓	✓			✓		✓	
	✓	✓			✓		✓	2
	✓	✓			✓		✓	>3

Methods

We surveyed primary care and specialty nurse managers in charge of the various clinics on accessibility issues at their clinics. The survey results were translated into a chart indicating the accessibility by the different built environment items and medical diagnostic equipment.

After the surveys, we conducted roll-throughs of the hospital's ambulatory service facilities

Conclusion: To make changes in a hospital system, it takes having the support of a diverse team who are intimately aware of the issue and from hospital administration. It is important to inform hospital administration about accessibility barriers, especially those not covered by the ADA, but are equally important to ensure equity in healthcare for persons with a disability.

Survey results plus our roll-through results translated into a column in the Electronic Health Record system's multi-provider table. The table includes a column that designates the patient as needing a wheelchair for mobility. A patient with an ICD10 Code for Paraplegia and Tetraplegia or the Z99.3 code (dependence on a wheelchair) in their problem list will have the 'Mobility' column flagged.

Status	Time	Patient	MRN	Visit Icon	Type	Amb Meds/lmm	Reminder	Interpreter	?Mobility

Results have been shared within and outside the hospital system: office environmental services, office of transformation, office of medical operations, office of diversity and inclusion, office of patient experience and the Cleveland Foundation.



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