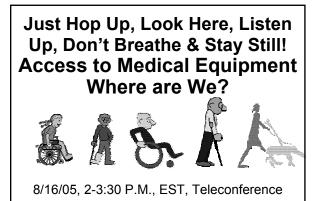
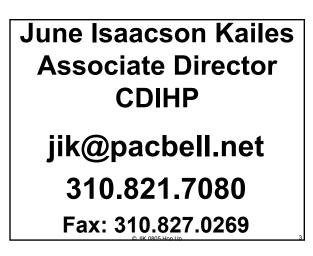
Just Hop up! Access to medical equipment - where are we? Presented by representatives from the RERC on Accessible Medical Equipment "I know I can get my wheelchair through that door, but I don't know how I going to get my body into that machine!" Hear about: new data from the RERC on Accessible Medical Instrumentation national consumer needs assessment survey on medical equipment; strategies for getting accessible medical equipment into offices of health providers; existing resources for accessible equipment (exam tables, chairs, scales, mammography); using tools to communicate with providers about your accessible equipment, effecting change within the medical

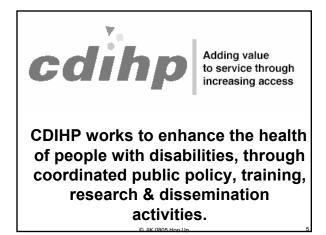
equipment and health care industry and health care public policy.



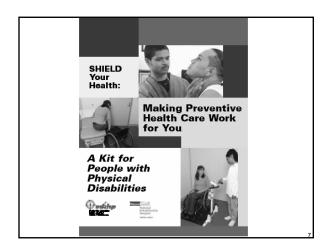
Great Lakes ADA & Accessible IT Center, Chicago, IL,

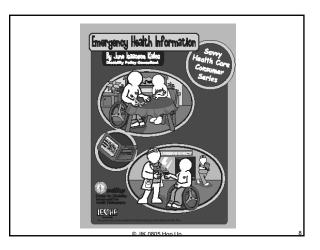




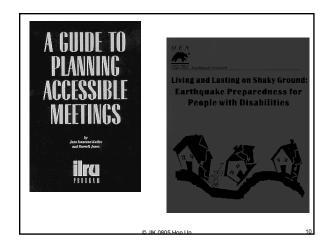


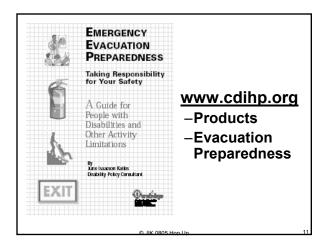


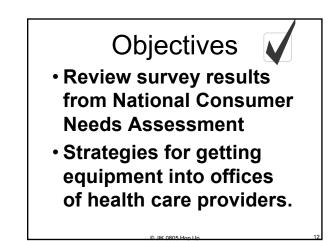


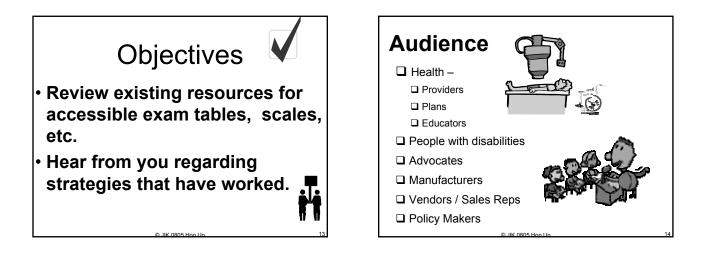












Intended Outcomes



- Reduce costly health disparities among people w/ disabilities by removing barriers to health care services.
- Create new accessibility standards for accessible medical equipment.

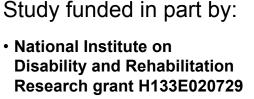
Intended Outcomes • Policy & practice guidelines will mandate that healthcare facilities purchase & use accessible devices.

Accessibility and Usability of Medical Instrumentation for People with Disabilities: A National Survey

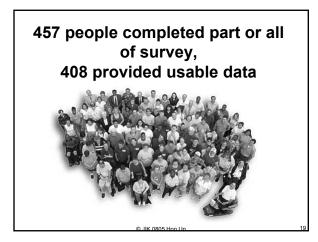


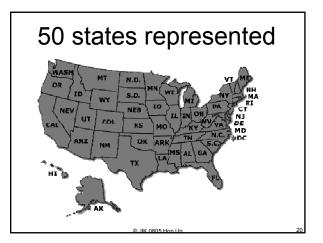
Jill M. Winters, PhD, RN,¹ Molly Follette Story, MS,³ Kris Barnekow, PhD, OTR,¹ Brenda Premo, MBA,² June Isaacson Kailes, MSW,² Erin Schwier, OTD,² R. Sarma Danturthi, PhD,¹ & Jack M. Winters, PhD¹

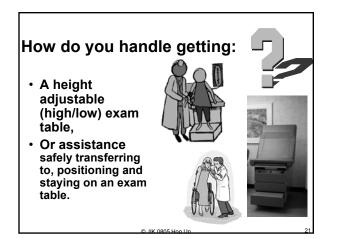
1. Marquette University 2. Western University 3. University of California-San Francisco













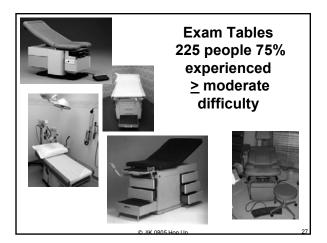
"it takes a village to get me on the table"



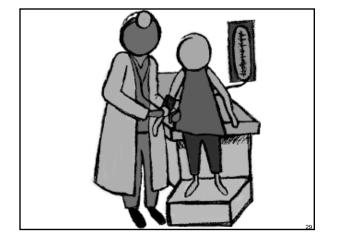
Results Summary

Moderate difficulty
75.0%
68.0%
55.3%
53.1%

Type of Equipment	n that Ranked Category as at Least Moderately Difficult to Use	%* that Ranked Category as at Least Moderately Difficult to Use
Examination Tables	225	75.0
Radiology	181	68.0
Rehabilitation and Exercise	115	55.3
Weight Scales	120	53.1
Mobility Aids	125	50.2
Examination Chairs	132	49.6
Communication Aids	78	41.3
Medication Administration	63	40.9
Dental	92	38.2
Eye Examination	90	37.0
Cardiac Stress Testing	31	33.0
Oxygen Delivery	27	28.4
Monitoring	54	27.7
Pulmonary Function Testing	26	25.0
Hearing Testing	17	11.3









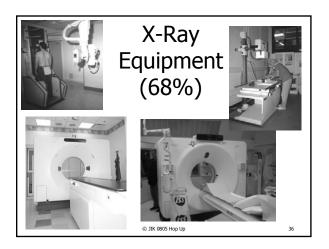
Some commercially available devices are more accessible, but they are not widely used!









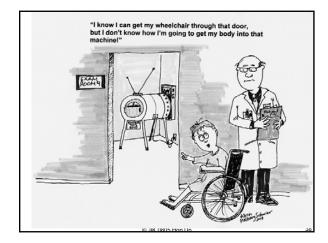


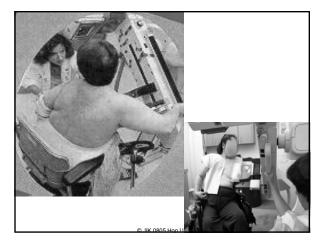


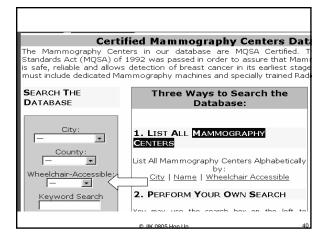


X-Ray Equipment 181 people, 68% experienced <u>> moderate difficulty</u>

General x-ray; MRI, mammogram, ultrasound, Scans: CT, PET & bone density; etc.







Good Practice

- Rhode Island's Mammography Centers Database – can be search via "wheelchair access"
- Is the mammography equipment wheelchair-accessible?

http://www.ricancercouncil.org/ resources/mammography.php

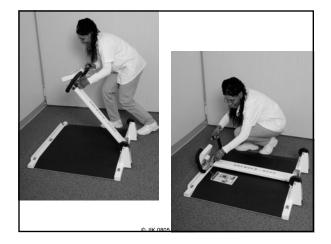




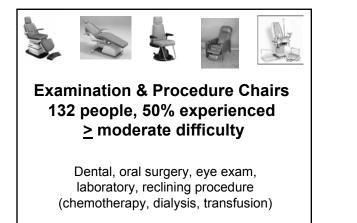




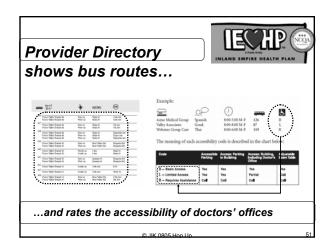




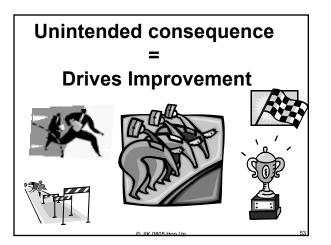




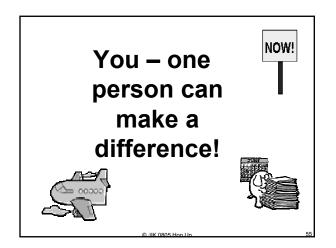




Andre Engre				
Code	Accessible Parking	Access: Parking to Building	Access: Building, Including Doctor's Office	Adjustable Exam Table
B – Basic Access	Yes	Yes	Yes	Yes
L – Limited Access	Yes	Yes	Partial	Call
R – Requires Assistance	Call	Call	Call	Call







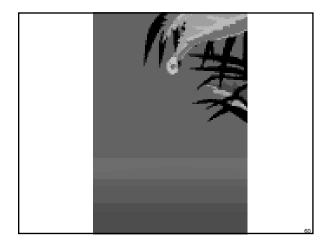
One person can make a difference.

- Survey of 379 Massachusetts health care providers found they made access changes based on:
 - 60% ADA compliance
- 49% State requirements
- 33% PATIENT RECOMMENDATIONS FOR MIMPROVEMENT
- $-\,25\%$ because they completed an ADA checklist
- 25% JCAHO and other certifying agencies











ource: US Department of Justice Stat eports – April 1994 – March 2003						
CASE TYPE/ISSUE	Office Setting	Hospital Setting	Clinic or Service Center Setting	TOTAL		
Deaf or Hard of Hearing (effective communication)	34	25	6	65		
Mobility Access	27	4	4	35		
HIV Status	5	1	2	8		
Blind/Low Vision	2			2		
Access to Examination Tables	0	1	2	3		
Intellectual Disabilities			1	1		
TOTAL	68	32	14	114		

Why don't we file complaints?

- <u>Sick</u>, in need of immediate attention & not in position to deal w/ issue in assertive manner, or even request an accommodation,
- 2. Don't know how,
- 3. Fear, might anger provider, who will penalize / retaliate in some way,
- 4. It's my problem (internalized oppression)(

Why don't we file complaints?

- 4. Feel:
 - It is too much work;
 - Too time-consuming, slow, and possibly costly;
 - It can involve months, sometimes years getting results; &
 - While you could achieve long-term change, it will not solve your current.



- Don't compromise your access to quality & safe care
- Get access health care
 providers

radar screen



Survey on Use of Medical Equipment

- http://www.rerc-ami.org/R12/
 - Download
 - On paper
- By phone to set up a time – info@rerc-ami.org, or
 - phone/TTY at (800) 832-0524.





