



Hospital Quality and Equity Incentive Programs: Updated Disability Competent Care Self-Assessment Report (DCCSAR)

Disability Competent Care Self-Assessment Report (DCCSAR)

Each participating acute hospital (“Hospital”) must submit a completed DCCSAR. For multi-hospital collaboration, Hospitals may complete the DCCSAR together, however, each Hospital must submit a copy of the DCCSAR. The DCCSAR must be completed within this provided Word template and submitted to EOHHS via OnBase by December 1, 2023. Additional instructions are provided in the Submission Instructions document.

Section 1: Hospital DCC Team-Composition

Instructions: Please enter the number of Disability Competent Care (DCC) Team members that represent the different types of positions. If multiple position types apply to an individual DCC Team member; please count the individual only once and select the position type based on the individual's primary role at your Hospital. As long as the determination methodology (DCC Team member self-report, administrative/HR definition, etc.) is consistently applied, the determination of a DCC Team member's primary role at the Hospital can be at the discretion of the Hospital. If a position type does not apply to your DCC Team, please enter ‘0.’

The members included on the Hospital’s DCC Team can be decided by the Hospital and should include a reasonable representative mix of patient-facing staff (clinical and non-clinical) from different departments. The DCC Team may include individuals from the Hospital’s Patient & Family Advisory Council (PFAC). Further, it is strongly recommended that individuals with a disability be included in the Hospital’s DCC Team.

For multi-hospital collaborations: One DCC Team can be formed to represent a multi-hospital collaboration. The composition of the DCC team must be described as above, and in addition must also include a description of how the team reflects balanced and adequate representation from each of the participating Hospitals.

1. Please complete the following table:

Position Type (Primary Role)	# of DCC Team Members
Clinical, leadership position	
Non-clinical, leadership position	
Clinical, other position	
Non-clinical, other position	
Administrative	
Other (e.g., PFAC member, etc.)	



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Section 2: Hospital DCC Team-Demographics

Instructions: Please indicate ‘yes’ or ‘no’ if the Disability Competent Care (DCC) Team has representation for the following categories: race, ethnicity, age, sex, gender identity, sexual orientation, disability status, English proficiency, and preferred spoken language. Please do not include specific counts to protect the privacy of individuals. You may select “Choose not to answer” if your Hospital prefers not to answer or “Don't know” if your Hospital does not collect/ have this information. While your Hospital is not required to complete the tables below, we encourage and would be grateful to your Hospital for completing these tables.

2. Please complete the following tables:

Race[1]	DCC Team Member Represented (Y/N)
American Indian or Alaska Native	
Asian	
Black or African American	
Native Hawaiian or Other Pacific Islander	
White	
Race is not listed	
Don't know	
Choose not to answer	

[1] Individuals may identify as more than one Race category

Hispanic or Latino	DCC Team Member Represented (Y/N)
Yes - Hispanic or Latino	
No - Non-Hispanic or Latino	
Don't Know	
Choose Not to Answer	

Age	DCC Team Member Represented (Y/N)
Under 21	
22-35	



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36-44	
45-54	
55-64	
65+	
Don't know	
Choose not to answer	

Sex Originally Assigned at Birth	DCC Team Member Represented (Y/N)
Male	
Female	
Not listed here or intersex	
Don't know	
Choose not to answer	

Gender Identity	DCC Team Member Represented (Y/N)
Male	
Female	
Transgender man/trans man	
Transgender woman/trans woman	
Genderqueer/gender nonconforming/non-binary	
Neither exclusively male nor female	
Gender identity is not listed	
Don't know	
Choose not to answer	

Sexual Orientation	DCC Team Member Represented (Y/N)
Straight or heterosexual	



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Lesbian or gay	
Bisexual, Queer or pansexual and/or questioning	
Sexual orientation is not listed	
Don't know	
Choose not to answer	

Disability Status	DCC Team Member Represented (Y/N)	Don't know	Choose not to answer
1. Is anyone deaf or have serious difficulty hearing?			
2. Is anyone blind or have serious difficulty seeing, even when wearing glasses?			
3. Because of a physical, mental or emotional condition, does anyone have serious difficulty concentrating, remembering, or making decisions? (5 years old or older)			
4. Does anyone have serious difficulty walking or climbing stairs? (5 years old or older)			
5. Does anyone have difficulty dressing or bathing? (5 years old or older)			
6. Because of a physical, mental or emotional condition, does anyone have difficulty doing errands alone such as visiting a doctor's office or shopping? (15 years old or older)			

English Proficiency (how well do DCC Team Members speak English)	DCC Team Member Represented (Y/N)
Very well	
Well	
Not Well	
Not at all	
Don't know	
Choose not to answer	



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Preferred Spoken Language	DCC Team Member Represented (Y/N)
Arabic	
Cambodian/ Khmer	
Cape Verdean Creole	
Chinese - Cantonese	
Chinese - Mandarin	
English	
French	
Greek	
Guajarati	
Haitian Creole	
Hindi	
Italian	
Korean	
Laotian	
Nepalese	
Polish	
Portuguese - Brazilian	
Portuguese - European	
Russian	
Somali	
Spanish	
Vietnamese	
Other	
Don't know	
Choose not to answer	



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Section 3: DCC Model Pillar Selection

Instructions: Please select three DCC pillars on which your Hospital plans to target for disability competency trainings that will be used to train Hospital staff beginning PY2. Please explain why these pillars (or pillar sub-sections) were chosen, including anticipated impact, operational considerations, etc.

Please note that the final DCC Model pillars selected for your Hospital in this form do not necessarily need to align with your results from the DCCAT-Hospital Evaluation Results Form (DCCAT-HERF). In other words, Hospitals do not have to pick pillars that received the lowest score on the completed DCCAT-HERF. For example, if Care Coordination was the pillar that was the lowest scoring pillar on the DCCAT-HERF, a Hospital is not required to identify that pillar as one that it will focus on in the training. Hospitals do not have to address all sub-sections in a pillar and may choose to center efforts around some sub-sections of the pillars.

For multi-hospital collaborations: Pillar selection must be completed as above, and in addition, the reporting deliverable must include a narrative explanation for why the pillars are justified across all the participating Hospitals.

DCC Pillars & Sub-sections Include:

1. Understanding the DCC Model and Disabilities
2. Understanding Participant Engagement
 - *Sub-sections:* Participant Engagement; Hospital Plan of Care; and Care Partners
3. Access
 - *Sub-sections:* Attitudinal Access; Process Modifications; Physical Access; Communication Access; and Programmatic Access
4. Hospital Care
 - *Sub-sections:* Delivery of Care; Preventive Care and Health Education; Screenings; Pain Assessment and Management; Sexual Health; and Provider Network
5. Care Coordination
 - *Sub-sections:* Composition of Hospital Care Team (HCT); Communications within the HCT; Implementation, Management, and Monitoring; Allocation of Care Management and Services; Care Transitions; Health Record; Medication Management; Advance Directives
6. Flexible Long-Term Services and Supports (LTSS)
 - *Sub-sections:* LTSS Composition and Capacity; LTSS, Supported Living and Personal Assistance; Vocational, Social, and Recreational Support; Mobility Equipment, Home Modifications, and Supplies; Transportation; and Addressing Social Determinants of Health
7. Behavioral Health
 - *Sub-sections:* Mental Health; Behavioral Challenges; and Substance Use



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3. Please indicate your 3 pillar or sub-section selections below:

Pillar or sub-section 1:

Pillar or sub-section 2:

Pillar or sub-section 3:

4. Explanation for selecting the above three pillars (or pillar sub-sections). Note - Please be sure to include the reason(s) for your above 3 final pillar (or pillar sub-section) selections.: (500 word limit)

Section 4: DCC Narrative Summary

Instructions: Respond to the questions below that are categorized into the following sections: Section 4.a: The Hospital DCC Team; Section 4.b: The DCCAT-HERF; Section 4.c: The Self-Assessment Exercise & Process; and Section 4.d: Planning for Performance Years 2-5. Please note there is a 500 word limit for each response.

For multi-hospital collaboration participants: One narrative summary can be completed for all participating Hospitals and responses should be reflective of all the Hospitals.

Section 4.a: The Hospital DCC Team

Instructions: Please reply to questions 1 & 2 about your Hospital's DCC Team.

1. What challenges or barriers (if any) did your Hospital encounter in recruiting your DCC Team members, and how did your Hospital try and overcome these barriers? (500 word limit)
2. What were some key lessons learned from forming your Hospital's DCC Team? (500 word limit)

Section 4.b: The DCCAT-HERF

Instructions: Please respond to questions 3 - 7 about using the DCCAT-HERF.

3. Did you add any NEW questions in the DCCAT-Hospital Evaluation Results Form?
☐ Yes
☐ No



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- a. If “Yes,” please explain why these questions were added.
4. Did you find any questions not applicable or need improvements? If so, list the questions and explain.

Question #	Feedback

5. Were the results from the DCCAT-HERF surprising or were they as expected? (500 word limit)
6. Were there any challenges in using and/or submitting the DCCAT-HERF, including any technical issues? (500 word limit)
7. Using a scale of 1 to 5, rate the overall value of the DCCAT-HERF for your DCC Team (1-least valuable, 5-most valuable) and explain your rating.
 - a. Rating: _____
 - b. Please explain your rating. (500 word limit)

Section 4.c: The Hospital's Overall DCC Self-Assessment Exercise & Process

Instructions: Please reply to questions 8 - 10 regarding your Hospital’s overall DCC Self-Assessment Exercise carried out by your Hospital/DCC Team. This overall Hospital DCC Self-Assessment Exercise encompasses the process of forming a DCC Team, meetings held with DCC Team members, completing the DCCAT-HERF, collating the results and submitting the DCCAT-HERF and the DCC Self-Assessment Report, etc.

8. Describe HOW your DCC Team completed this exercise. This may include communication channels used (e.g., emails, meetings), how many meetings were held



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(e.g., virtually, in-person, etc.), how often team members met, meeting attendance, activities conducted together, etc. (500 word limit)

9. What were some key lessons learned through your Hospital's DCC Self-Assessment Exercise? (list up to five) (500 word limit)
10. Using a scale of 1 to 5, rate the overall value of a DCC Self-Assessment exercise for your Hospital/Hospital DCC team (1-least valuable, 5-most valuable) and explain your rating.
 - a. Rating: _____
 - b. Please explain your rating (500 word limit)

Section 4.d: Planning for Performance Years 2-5

Instructions: Please respond to questions 11 - 14 regarding the development of your Hospital's DCC training plan.

11. How will your Hospital/DCC Team incorporate (if at all) the results from the DCCAT-HERF in developing the Hospital's Performance Year 2-5 training program submission for patient-facing staff due December 1, 2023? (500 word limit)
12. **IF** you engaged in a **multi-hospital system approach**, please describe your plan for how each Hospital will operationalize the trainings across the multiple participating Hospitals in your system. (500 word limit).
13. What are some strengths of your Hospital that you will leverage to implement the training program? What challenges does your Hospital foresee in implementing the program? (500 word limit)
14. How did and will your Hospital incorporate the voices of people with disabilities in developing your training program and/or increasing disability access at your Hospital? (500 word limit)



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Section 5: Acknowledgement

Instructions: Include documentation that the CEO (or equivalent executive leader) from the Hospital(s) has reviewed the **DCC Self-Assessment** deliverables and agreed to support translation of self-assessment findings into design and implementation of a staff training program on disability competent care. In the lines provided below, the CEO (or equivalent executive leader) of the Hospital will type their name, the name of the Hospital, and date of acknowledgment.

For submissions representing a multi-hospital system: If this DCCSAR submission represents a single submission on behalf of a multi-hospital system, please have each participating hospital's appropriate and accountable senior executive leader complete the acknowledgment below, confirming that they have reviewed and agree with this report submission and agree to collaborate in developing and implementing a system-wide DCC training in Performance Years 2-5.

For submissions representing a single Hospital: If this DCCSAR submission represents a single Hospital, only the appropriate and accountable senior executive leader for that Hospital must complete the acknowledgment below, confirming that they have reviewed and agree with this report submission and agree to develop and implement a Hospital DCC training in Performance Years 2-5.

By entering my information below, I confirm that the information on this DCCSAR has been reviewed and acknowledged by me, and is true, accurate, and complete, to the best of my knowledge. I also acknowledge that I am duly authorized to act on behalf of the acute care hospital named directly below my signature.

Representative Name

Hospital Name

Date



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Representative Name

Hospital Name

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