



**BOSTON MEDICAL CENTER
ACCESSIBILITY REPORT 2015/16**



CONTENTS

1.	Introduction.....	3
2.	Assessment of Access Barriers and Corrective Actions ...	5
3.	Accessible Medical Equipment and Furniture Review ...	8
4.	Policy and Procedure review	13
5.	Training and Programs.....	17
6.	Communications and Auxiliary Aids & Services	20
7.	Community Outreach and Participation	22
8.	Resources	27
9.	Boston Medical Center Campus Map	29

I. INTRODUCTION

Boston Medical Center (BMC) is a private, not-for-profit, 487-bed, academic medical center located in Boston's historic South End. The hospital is the primary teaching affiliate for Boston University School of Medicine. BMC emphasizes community-based care, with its mission to provide consistently accessible health services to all. The largest safety net hospital in New England, BMC provides a full spectrum of pediatric and adult care services, from primary care and family medicine to advanced specialty care.

This is the second report prepared under the requirement of Section VIII of the Memorandum of Understanding, entered into on October 1, 2013, between BMC and the Boston Center for Independent Living (BCIL). BCIL is a non-profit advocacy organization that was created by people with disabilities seeking full integration into society and has provided services to people with disabilities living in the greater Boston area since 1974. BMC and BCIL entered into the Memorandum of Understanding to address complaints received by the hospital from some patients with disabilities who felt they were not consistently getting the care and services they needed. From the discussions that followed, BMC's CEO and the senior management team renewed their commitment to addressing concerns the patients with disabilities raised and to improving the healthcare experience for these patients. As a result, BMC's Accessibility Committee was assembled, to be the steward of this commitment.

BMC's Accessibility Committee is a voluntary multi-disciplinary group composed of members from various departments: Nursing, Patient Experience, Interpreter Services, Human Resources, Rehabilitation, Facilities, Pathology, Biomedical Engineering, Respiratory Therapy, the Legal Department and a community advocate who is a member of BCIL. The Accessibility Committee meets monthly, and more often as needed, to proactively work on issues that will improve the delivery of care to BMC's patients with disabilities.

This report details many of the significant efforts taken by BMC to improve the quality of care received by patients with disabilities. BMC has been working collaboratively with BCIL to develop a series of training videos to be viewed by ambulatory, in-patient and managerial staff specifically focused on appropriate communication with and care for patients with disabilities. There has been an institution-wide effort to improve the method for procuring accessible equipment. Policies that impact our patients with disabilities continue to be reviewed and improved as necessary. Identifying and correcting physical barriers remains a focus of BMC's multi-year, multi-million dollar renovation. The new Demonstration Kitchen, used for community cooking classes, is wheelchair accessible and has adaptive equipment that facilitates the cooking process for patients with disabilities.

Numerous efforts throughout the hospital have improved the care received by BMC's patient population as a whole, including its disabled patients. For example, although the tracking of pressure ulcer rates is not correlated specifically to patients with disabilities, BMC is aware that this is a concern for this patient population. BMC is consistently below the national benchmark for pressure ulcers, successfully meeting national standards for this measure for our total patient population.

II. ASSESSMENT OF ACCESS BARRIERS and CORRECTIVE ACTIONS

BMC was created by the merger of two separate hospitals in 1996, each with its own full service campus two blocks apart. This resulted in the “split” campus configuration that still exists, with costly operational inefficiencies. BMC has made the decision to invest in a campus redesign that will consolidate all inpatient services onto a single campus. The campus redesign began in early 2014 and is projected to be completed in 2018. BMC is transforming its campus and fundamentally committed to doing it in a way that best meets the needs of our patients with disabilities. BMC is in the process of conducting surveys of its entire campus to identify all the barriers to care encountered by BMC’s patients with disabilities, removing those barriers and ensuring the campus complies with the Americans with Disabilities Act (ADA). To date, 2,015 barriers have been identified. As of July 2016, 977 barriers, approximately 49%, have been removed during the campus redesign. The removal of the remaining barriers is on-going. 605 barriers have been designated for removal as part of the next phase of the campus redesign.

The following work has been completed:

- The BirthPlace/Well Baby Unit (Maternity wing) was completed in January 2016 and is located in the Yawkey Building. It is a state-of-the-art facility providing medical care for newborns and their mothers in a family-centered, maternity-care environment. The new wing, which incorporates patient lifts and includes a bariatric table, resolved approximately 400 barriers that were identified in earlier campus surveys.
- The Yawkey Lobby construction is complete.
- The new Cafeteria located on the second floor of Yawkey, which can be reached by elevator and is accessible to patients with disabilities, is complete.
- The barrier review of the parking garage is complete.

- The renovation of the public restrooms in the Menino Pavilion includes 8 new ADA compliant public restrooms and 24 ADA compliant patient restrooms.
- There are new sidewalks that minimize joints between the paving materials at the Moakley and Menino additions.
- The streetscape alongside the Moakley Building on East Concord Street is being reworked to create a new fully accessible bus shelter.
- Linea 5 Architects, an established Boston-based firm with a health care focus, completed the ADA peer review for the campus redesign.
- Architectural barrier surveys of the Menino Pavilion, Yawkey Ambulatory Care Center, and 610 Albany Street and 710 Albany Street garages, including outside perimeters were completed.
- Accessibility peer reviews were conducted of the first five floors of the Menino Pavilion.
- All public toilet door hardware on the Menino Pavilion project complies with the ADA (standard loop pull and push plate; closers are adjustable and have no more than a 5-lb operating force).
- All patient toilet door hardware on the Menino Pavilion project complies with the ADA (standard hospital style push/pull or a standard lever handle).
- Renovation of public restrooms in the Yawkey Center includes an accessible bathroom in the Basement, 1st, 2nd and 4th floors.
- The BMC Campus map has been updated with clearer icons, pathway designations and a cleaner overall design. The new map shows Wheelchair return locations.

The following work is ongoing:

- Renovations to the Family Waiting Room located on Menino 1st Floor
- Radiology renovations and expansion located on Menino 1st Floor
- SICU and ICU renovations located on Menino 3rd Floor

- Pediatric Renovations located on Menino 4th Floor
- MICU and IMCU renovations located on Menino 5th Floor
- Architectural barrier survey of the Preston Family Building (begins Fall 2016)
- Architectural barrier survey of the Shapiro Ambulatory Center (begins Fall 2016)
- Training for Facilities staff to better understand the needs of patients with disabilities (on-going)
- Locker renovations (5% of new lockers, according to the project specifications requirement, will be ADA accessible)
- Development of new sidewalks that minimize joints between paving materials at the Menino Pavilion
- Development of new accessible conference center and construction of new public bathrooms that meet current accessibility standards in the Yawkey Building

Future work includes:

- Expanded valet services for the Emergency Department and Shapiro Center
- Patient lifts in all of the new Intensive Care Units in the clinical campus redesign project
- Patient lifts in 10% of the new inpatient rooms in the clinical campus redesign project
- New accessible conference spaces
- Reception areas will be ADA compliant and include waiting wheelchair parking
- Development of a smartphone app to navigate campus interior and locate departments

III. ACCESSIBLE MEDICAL EQUIPMENT and FURNITURE REVIEW

In the time since the last Annual Report, the Accessibility Committee has focused on establishing and expanding a dedicated sub-committee to address equipment accessibility. The Equipment Subcommittee, which meets every other month, is charged with reviewing BMC's existing equipment, putting in place processes and policies to ensure BMC has the equipment it needs to provide accessible care, and providing an ongoing venue to address equipment accessibility.

The hospital has now completed inventories of exam tables, chairs, patient lifts and wheelchair scales throughout the outpatient areas of the hospital. As a result of the inventory, several new wheelchair scales and lifts will be purchased by the fall of 2017, around the same time that the hospital will launch a new policy on weight measurement for patients with disabilities. BMC's inpatient spaces already have fully accessible beds with built-in scales, but as part of BMC's campus redesign project there will be patient lifts in all of the new intensive care units and in ten percent of the inpatient rooms.

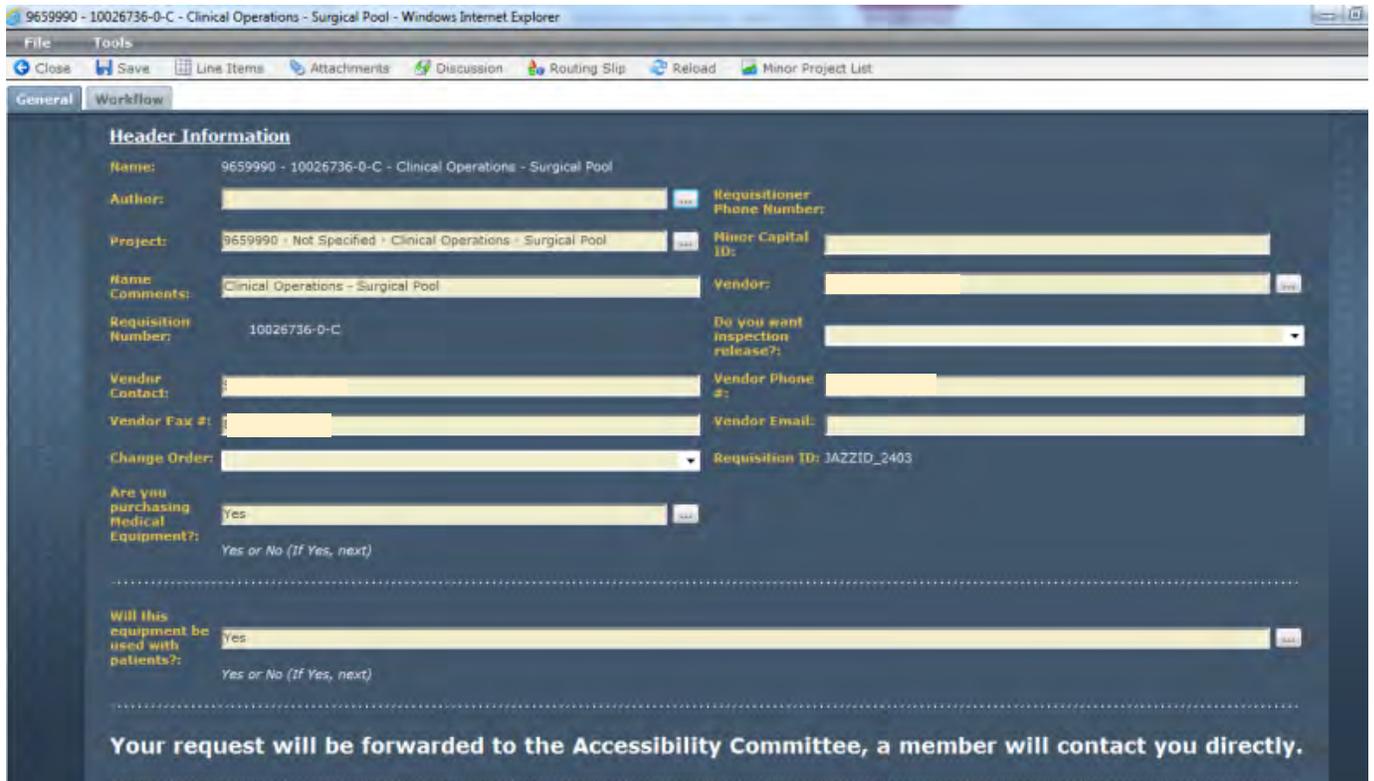
The Accessibility Committee has also honed in on the issue of hands-free call lights. The Committee is currently upgrading patient call lights to include the traditional sip and puff (Breathcall®), and the Mechanical Padcall. Integration of these call lights and soft call buttons includes the purchase of 6 new Breathcalls® and approximately 12 Padcall Systems. As with the scales and lifts in our ambulatory areas, the Committee prioritizes organization as a means of facilitating access, and thus this equipment will be standardized centrally with easy availability of products to nurses for patient care. Education of nursing staff will occur during this implementation and will also be included in a healthstream e-learning course for nursing staff.

In May 2016, the Subcommittee launched a process for pre-purchase review of all medical equipment at BMC. The goal is to "hard-wire"

accessibility into the purchasing process at BMC. Before a piece of medical equipment can be approved through BMC's capital purchasing system, the Subcommittee reviews the item for compliance with ADA standards. If an accessible option does not exist in the marketplace, the Subcommittee will work with the purchaser to develop policies and procedures to ensure accessible care for all patients. The system is live and the Subcommittee has reviewed over 40 items thus far. On the next page is an image of BMC's reworked Capital Purchasing System, including the new questions that trigger a review by the Equipment Subcommittee.

- (1) Are you purchasing medical equipment?
- (2) Will this equipment be used with patients?

Image: BMC's Capital Purchasing System - Modified for Accessibility Review



The images on this page and the next page show examples of equipment requests that were made, but not approved because they were not accessible. The top image is of a piece of equipment that was not approved. Through BMC's new process, accessible alternatives were identified and purchased. The bottom image is of the alternative piece of equipment that was procured instead of the original request.

Image: Emergency Department Recliner requested through the Strata purchasing system (not approved)



Image: After discussion and extensive research, purchaser identified an accessible option (approved)



Image: Urgent Care triage chair requested through the Strata purchasing system (not approved)



Image: Purchaser located acceptable option using Sutter Health equipment list provided by Greater Boston Legal Services (approved)



The Equipment Subcommittee is also committed to educational efforts. In November 2015, BMC held an Exam Table and Chair Fair with the goals of selecting a standard BMC examination table/chair (the winner was the Ritter Barrier-Free Power Examination Table) as well as educating the BMC community about the importance of accessible medical equipment. The Subcommittee is also in the early stages of developing an outpatient-focused training video about basic mobility skills for providers, such as safe patient transfers and obtaining patient weights.



IV. POLICY and PROCEDURE REVIEW

BMC's Policy and Procedure Committee actively reviews the hospital's existing policies on a three (3) year cycle and reviews new hospital-wide policies that are developed. BMC incorporated into its Policy and Procedure Requirement Checklist a step that requires a policy owner to consider the needs of patients with disabilities, if pertinent to the policy, when the policy is being drafted or reviewed. There are also members of BMC's Accessibility Committee who are members of the hospital's Policy and Procedure Committee. These dual committee members are able to raise accessibility considerations during general policy discussions.

BMC currently has the following accessibility related policies in place (detailed in the 2014/15 Accessibility Report):

- **Interpreter Services Policy: # 03.12.000**
- **Patient Advocacy Program Policy: # 03.08.000**
- **Animal Policy: # 05.02.120**
- **Wheelchair Policy: # 03.00.400**
- **Privately-Owned Medical Equipment Policy: # 03.00.300**
- **Personal Care Attendant Policy: # 10.03.050**

Current Policy Activity

There are several accessibility related policies that are in the revision and development stages. BMC is reviewing templates from the Sutter Health System and is using them as a basis for the creation of new policies and the revision of existing policies.

Animal Policy (Policy #: 05.02.120)

This policy was revised to include: (1) more information about the ADA requirements and restrictions on service animals, (2) definitions section and (3) examples of work or tasks that a service animal may perform. A draft was reviewed by BMC's Infection Control Committee, Accessibility Committee, Patient Advocacy and shared with Greater Boston Legal Services.

Interpreter Services Policy (Policy: #03.12.000)

This policy was recently reviewed, and the section related to the services for deaf and hard of hearing patients has been enhanced. There is currently some information related to visually impaired patients and the availability of telephones with Braille keys and Braille translations within the Interpreter Services policy. Information related to visually impaired patients will be enhanced and moved from the Interpreter Services policy and placed in the forthcoming Communication Assistance policy.

Communications Assistance Policy

An initial draft of this policy is in development. This policy will be a general assistance policy that will address the needs of visually impaired patients and other physically or cognitively impaired patients who need assistance with communication. This policy will contain information about the communication assistance devices that are available at the hospital (which are discussed in Sections III and VI of this report) and how the devices can be obtained.

Patient with Disabilities: Weight Measurement Policy

Through the efforts of the Equipment Sub-Committee, a weight measurement policy focused on patients with disabilities is being developed. The purpose of the policy is to ensure accurate weight measurements for patients with disabilities. The policy outlines procedures for weight measurement for all patients, the use of accessible scales and will include a list of the locations of accessible scales at BMC.

Future Policy Activity

Accessible Facilities and Services for patients/visitors with Disabilities

This will be an umbrella policy; its purpose will be to lay out the key steps required to ensure that all BMC services, including medical procedures, examinations, treatment, education, and other goods and services are accessible to and useable by people with disabilities. This policy will include general guidelines for interacting with patients with disabilities. A structure for this policy was developed from a Sutter Health template. This policy is expected to eventually include protocols for recordkeeping, scheduling, and methods for capturing the needs of our disabled patients within a registration and medical record. The specifications necessary for this policy will be reviewed and developed as BMC moves forward with its new technology systems, campus redesign, staff trainings and accessible equipment purchases.

Other future policy work will include policies related to **mobilizing, lifting and transferring patients**; and general policies related to **accessible inpatient medical facilities** and **accessible outpatient facilities**. These policies will include information related to service

access and the maintenance of accessible features, aids and services. Finally, BMC is currently in the process of upgrading its website. The new website will be Web Content Accessibility Guidelines 2.0 Level AA compliant. After the website upgrade, information related to **website accessibility** will be captured in a policy.

V. TRAINING and PROGRAMS

The Accessibility Committee strongly supports the education and training of staff at BMC on accessibility issues, disability awareness, and the care of patients with disabilities. To meet these objectives, BMC implements a multimodal training model involving live presentations, videos, e-learning courses and one-on-one training. Currently, BMC has the goal of educating a minimum of 2,500 staff members by February 1, 2017. New hire orientations include an introduction video on accessibility. A second video is included that is specific to inpatient or ambulatory care sites and is part of clinical orientation for staff.

BMC Ethics Committee Rounds

On June 9, 2016, the Ethics Committee put on an interdisciplinary panel discussion focused on the complex case of a young patient with a developmental disability and the difficult choices his family and providers faced in caring for him. The panel, relevant to both Pediatric and Adult providers, highlighted common ethics-related themes: quality of life, vulnerable patients, surrogate decision-making, withholding/withdrawing life-sustaining treatments, and moral distress among staff members.

Commonwealth Corporation Health Care Workforce Transformation Fund Training Grant

The videos for this training have been completed. The Orientation video has been shown each week that there is an orientation since March 2016 (3 or 4 weeks/month) to a group of approximately 35 new hires per session. Additional training materials (pre- and post- training tests, a brochure, and a plan to assess metrics in one of the clinics) is in development. Data will be collected pre- and post- test, and this data will be submitted to BCIL. BMC has identified a need for these trainings to continue and has recognized that they are effective in helping people gain knowledge and skills.

New Employee Orientation

In an effort to educate new hires about the needs of patients living with disabilities, BMC has begun showing training videos during New Employee Orientation. These videos on accommodation of patients with varying abilities are accompanied by printed material with internal and external accommodation and advocacy resources. Orientation also includes discussion of BMC's commitment to improving the patient experience for patients with disabilities.

Disability Overview Training (E-Learning Training)

The Commonwealth Corporation grant afforded BMC the opportunity to update its e-learning training. BMC now has new videos for the inpatient staff and for the ambulatory staff with similar content, but tailored to the specific staff members for whom they are intended. The video training shows vignettes, then pauses to ask questions which the learner must answer before continuing. In some cases, it has been unrealistic to ask the staff to take these trainings individually (e.g., a clinical area where multiple staff share one computer) and in those cases, the videos have been or will be shown to groups of staff members, with guided discussion around the questions.

Nursing Orientation and Competencies

The Nursing Department has continued working towards its goals of promoting disability awareness and enhancing accessibility by putting on a number of different programs. New RN, LPN and Nursing Assistant inpatient and outpatient staff receive hands-on training regarding patient safety, transfers, ambulation, and guarding techniques for patients with mobility issues, as well as the use of a slide board and a mobile lift for transferring patients. Care of the patient with a spinal cord injury is also presented in these nursing orientations. By summer of 2016, the Nursing Department presented accessibility videos and discussion in a nurse residency training program (approximately 28

attendees), held a Nursing Assistant Competency Day (training approximately 225 nursing assistants), implemented a training for OR surgical services, and gave a presentation to nursing leadership. A focus of some training has been on hands-free patient call system devices. The Nursing Assistant Competency Day included demonstrations and trainings on the use of these devices. Later this year, the approximately 1200 members of the nursing staff will also receive an educational alert and video resource on the hands-free patient call system.

In addition to the progress already made, the Nursing Department has much planned for the remainder of 2016-2017 year. The Department will hold RN Competency Days, educating approximately 1200 Registered Nurses. The Department will also provide additional training, including Human Resources training, support staff training, and ambulatory nursing training.

In recognition of the importance of patient feedback, surveys for patients in ambulatory care will be administered in order for the Department to analyze outcomes of the training. Finally, nursing education will include a Healthstream course with training focused on available equipment at BMC as well as policies related to accessibility issues.

VI. COMMUNICATIONS and AUXILIARY AIDS & SERVICES

BMC Huddle Card – The BMC Huddle Card is distributed to managers on a weekly basis and is then used to communicate important information from the managers to the BMC staff. The Huddle Card recently included a reminder of BMC’s non-discrimination policies. It specifically noted: *As a reminder, BMC is committed to non-discrimination. It’s the law, and it’s the right thing to do at a hospital committed to exceptional care, without exception. BMC does not discriminate based on age, race, ethnicity, religion, culture, language, physical or mental disabilities, socioeconomic status, sex, sexual orientation, and gender identity and/or expression. This includes how we treat patients, visitors, and each other. For more information on BMC non-discrimination policies, please see Policy 3.17a (Patient Rights and Responsibilities) and Policy 3.24 (Visitors and Support Persons) on the intranet.*

BMC Accessibility Website - BMC has an Accessibility Information webpage that appears under the “Patients & Family Services” link on the hospital’s main page and can be found at <http://www.bmc.org/patients/accessibility-disabilities.htm> The Accessibility webpage contains information for patients who want to use their own medical equipment while on campus. It also includes quick-links to the BMC Campus Map, directions to the hospital and to the BMC Patient Advocacy Department, which can also be reached at (617) 414-4970 (voice). If a visitor has any questions or needs assistance, s/he should contact accessibility@bmc.org or BMCconnect@bmc.org or call 800.682.2862 (toll-free) (voice). Interpreter Services can be reached at 617.414.5549 (voice) and can coordinate assistance for patients that are deaf or hard-of-hearing.

Auxiliary Aids and Services - BMC has Volume Amplifiers, Pocket Talkers, TTY Phones, Video Interpreting Units, and its Patient Rights policy is available in braille. Hands-free Patient Call Lights are available for all in-patients and are stored centrally. Interpreter phones

are located at each bedside and in clinics for Over-the-Phone-Interpretation when an immediate interpreter is vital. The TTY phones for Deaf, hard of hearing or speech-impaired persons are available 24 hours a day in the clinical areas, as are the video interpreter iPads that brings interpreter services to the bedside with video interpreting-technology.

BMC's Interpreter Services Department is one of the most extensive in New England. In addition to providing face-to-face interpreters on-site in 15 spoken languages, American Sign Language, and Certified Deaf Interpreting, the department utilizes the latest advances in technology such as telephonic and video-interpreting technology, in order to provide 24 hours a day/365 days a year interpreting services.

Screening System and Quality Measurement System – In the ambulatory setting, BMC would like to be better prepared to accommodate the needs of patients with disabilities. BMC's Accessibility Committee is working with members of the hospital's Information Technology Department to identify opportunities to use current technology to document this information. This work is geared toward incorporating a "flag" for specific patient needs in the new electronic medical record system. Further analysis of current workflow is necessary to determine how and when to record this information.

VII. COMMUNITY OUTREACH and PARTICIPATION

BMC Equipment Fair

At the end of 2015, the Accessibility Committee hosted BMC's first Exam Table and Chair Fair. The fair was attended by BMC patients, members of the community and staff. Attendees had the opportunity to use and comment on various pieces of equipment. From the feedback, BMC learned more about what makes medical equipment accessible to all patients; and surveyed the best options on the market. As a result of the Fair, the BMC-recommended exam table/chair is the Ritter by Midmark 222/223 Barrier-Free Examination Table. Comments about this table included: "I think the table going all the way down is fabulous!" and "I really like the scale feature."

BCIL Marie Feltin Award Ceremony

On March 18, 2016, BMC sponsored a table at the 20th Anniversary BCIL Marie Feltin Award Ceremony. Members of BMC's Accessibility Committee attended the event which celebrates the life of Dr. Marie Feltin by honoring people and organizations whose work exemplifies the spirit and commitment that Dr. Feltin brought to her work and the communities she served. The event included many heartfelt and inspirational speeches and a beautiful guitar and vocal duet.

BMC Research on Barriers to Care for Children with Disabilities

A study led by researchers from BMC's Children's Health Watch program found that there is a need to re-evaluate criteria determining qualifications for nutritional assistance in families with children with special healthcare needs in order to decrease the risk of food insecurity. Children with special healthcare needs are children with chronic health, physical and developmental disabilities and behavioral conditions. More information about this study is available at:

<http://www.bmc.org/about/news/Children-with-Special-Health-Care-Needs-and-Their-Families-Have-High-Risk-of-Food-Insecurity.htm>

A study done in collaboration by BMC, Boston University and the Center for the Study of Social Policy found that children with disabilities are at a high risk for maltreatment following a first-time report for child neglect that is not confirmed. The study signals the need for the development of targeted interventions that could help support families of children with disabilities to prevent these children from experiencing future maltreatment and neglect. More information about this study is available at: <http://www.bmc.org/about/news/Children-with-Disabilities-at-Increased-Risk-for-Maltreatment-Neglect.htm>

Parent Leadership in Autism Network

The Parent Leadership in Autism Network (PLAN) is an initiative of the Boston Medical Center Autism Program in partnership with the TILL Autism Support Center. In its third year, the purpose of this program is to create peer support for parents who have children with an Autism Spectrum Disorder. The program recruits empowered parent leaders, provides training on how to effectively support families, and then matches these PLAN parent leaders to other parents of children with autism, based on the caregivers specific need or challenge. The leaders of PLAN are a diverse group of parents who come from different backgrounds, speak different languages, and have children with autism of widely varying ages. These parent leaders meet once a month in order to provide support for other families and for one another.

PLAN is now accepting intake forms for parent match referrals. This program is free and open to anyone in the community regardless of where they receive their medical care. If you, or someone you know is interested in talking with a PLAN parent leader, please complete the [Match Referral Form](#) and send it to Liz Ferriero at Elizabeth.Ferriero@bmc.org. More information is available at: (http://internal.bmc.org/newsdetail.asp?news_id={E9A51DA7-8070-4212-A1C3-DC3A140C7D69})

BMC Demonstration Kitchen and Cooking Classes (Located on the 2nd floor of the Yawkey Building outside the cafeteria)



Image: Demonstration Kitchen model image

BMC recently opened its new demonstration kitchen, which was created as part of its campus redesign. The kitchen is a place where BMC patients, including patients with disabilities, can come to take various classes related to healthy eating or cooking with dietary restrictions. About a year and a half ago, the kitchen's manager Tracey Burg, RD, LDN, in collaboration with Dr. Deborah Dreyfus, of Commonwealth Community Care (CCC), began a class called "Healthy Cooking for People with Disabilities". The class has consistently met on the last Wednesday of each month and usually includes six or seven patients, including patients that are wheelchair bound. When BMC was contemplating creating a new kitchen, Tracey Burg sought feedback from her participants and the new kitchen was designed with the input of the patients who attended classes.

The new kitchen has enhanced accessibility features. The sink and stove are wheelchair accessible. One of CCC's occupational therapists was consulted for suggestions on adaptive equipment. This resulted in the purchase of adaptive kitchen tools to help with the cooking process such as specialty knives, wide grip vegetable peelers, hand-held food choppers, palm veggie peelers, utensil holders, and non-slip dycem mats to keep bowls from sliding when mixing.



Image: Adaptive kitchen tools available at the Demonstration Kitchen



Image: Stove and sink wheelchair accessibility features

The “Healthy Cooking for People with Disabilities” class continues to meet on the last Wednesday of each month. The Demonstration Kitchen is also planning on starting a class for people with intellectual disabilities in the near future.

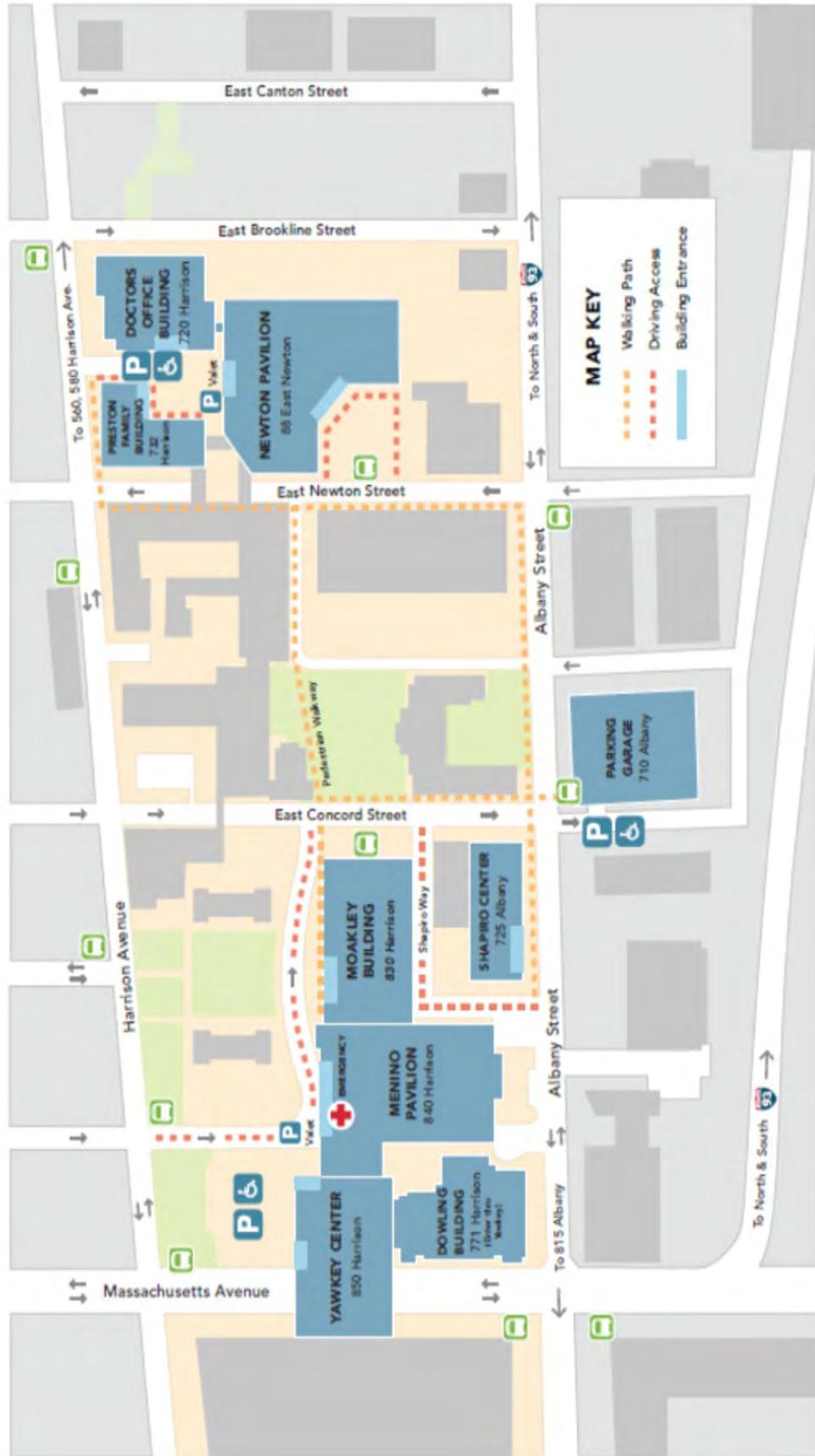
To find out more about the classes and activities at the BMC Demonstration Kitchen contact Tracey Burg at the Boston Medical Center Food Demonstration Kitchen by phone at 617-414-3840 (voice) or e-mail tracey.burg@bmc.org or CCC Social Worker Rosalyn Flores at rflores@commonwealthcare.org

To share Accessibility related community events please contact a member of BMC’s Accessibility Committee or email accessibility@bmc.org.

VIII. RESOURCES

- The **BMC Accessibility Information webpage** that appears under the “Patients & Family Services” link on the hospital’s Home page can be found at <https://www.bmc.org/visiting-us/accessibility-information>
- The **BMC Patient Advocacy Department** is available to provide information or support for patients with disabilities. Patient Advocacy is also available to take complaints about services rendered at BMC with an aim to resolve any identified deficiencies. BMC’s Patient Advocacy Department is located on the BMC campus within the Yawkey Building. Patient Advocacy’s mailing address is Office of Patient Advocacy, Boston Medical Center, One Boston Medical Center Place, Dowling Building, Boston, MA 02118-2393. The Patient Advocacy hotline is (617) 414-4970 (voice). The hotline is staffed during business hours and has voice-mail. Voicemails are addressed by staff members. Patient Advocacy can also be reached by email at: accessibility@bmc.org.
- **BMC Connect** is a toll-free telephone information service. The staff, which include registered nurses, help patients, families and members of the community gain access to Boston Medical Center’s physicians, programs and services. Call BMC Connect toll-free at (800) 841-4325 (Voice).
- **Commonwealth Community Care** is a non-profit primary care practice serving individuals 21 years of age and older with complex physical, developmental, intellectual, and mental health disabilities that are enrolled in public insurance programs. Commonwealth Community Care’s Boston Care Center is located near the Boston Medical Center campus at 30 Northampton Street, Boston, MA 02118 and can be reached at (800) 442-0520 (toll-free), (617) 638-7062 (Voice), and (617) 433-9601 (TTY 771) Fax (617) 445-6538.

- **Interpreter Services Department** - BMC's full-time medical interpreter staff provides coverage for 15 spoken languages, American Sign Language (ASL) and Certified Deaf Interpreting (CDI). All staff medical interpreters abide by the International Medical Interpreters Association's Code of Ethics and Standards of Practice. Additional assistance for over 220 languages and dialects is carried out through telephonic and video interpreting through its vendors. The Interpreter Services Department operates 24 hours/day.
- **Patient Family Advisory Council** - If you would like information about the Patient Family Advisory Council or are interested in becoming a member, please contact Diane Loud, Senior Organizational Effectiveness Specialist at diane.loud@bmc.org



DIRECTIONS

FROM THE NORTH:

1. Follow Route 1 (Via Mystic/Tobin Bridge) to Route 93 South.
2. Take Exit 18 (Mass Ave.)
3. At traffic light, take right onto access road; stay in right lane.
4. At end of access road, turn right onto Massachusetts Ave.

For directions to your BUMC/BMC destination, please follow signs.

FROM THE SOUTH:

1. Take Expressway North Route 93/3
2. Take Exit 18 (Mass Ave.)
3. At the third traffic light, take left onto access road stay in right lane.
4. At end of access road, turn right onto Massachusetts Ave.

For directions to your BUMC/BMC destination, please follow signs.

FROM LOGAN AIRPORT:

1. Go through the Summer Tunnel (Route 1A South) to Expressway South.
2. Take Exit 18 (Mass Ave.)
3. At traffic light, take right onto access road; stay in right lane.
4. At end of access road, turn right onto Massachusetts Ave.

For directions to your BUMC/BMC destination, please follow signs

FROM THE WEST:

1. Take the Massachusetts Turnpike (Route 90) East to end.
2. Take Expressway South (Route 93).
3. Take Exit 18 (Mass Ave).
4. At traffic light, turn right onto Massachusetts Ave.

For directions to your BUMC/BMC destination, please follow signs.

PARKING

For all destinations, paid parking is available in the parking garages located at 710 Albany Street and 720 Harrison Avenue. Validation coupons are available for patients and their family/visitors.



BUS ROUTES

Visit mbta.com for schedules

- 1** DROP OFF AT: Mass Ave. & Harrison Ave.
- 8** DROP OFF AT: Mass. Ave. & Albany St.
- 10** DROP OFF AT: Mass. Ave. & Albany St.
- 47** DROP OFF AT: Albany St. opposite Northampton St.
- SILVER LINE** DROP OFF AT: Washington St. & Mass. Ave.
DROP OFF AT: Washington St. & Mass. Ave.
- CT1 EXPRESS** DROP OFF AT: Mass Ave. & Harrison Ave.
- CT3 EXPRESS** DROP OFF AT: Harrison Ave opposite East Springfield St.

*The CT1 and CT3 Express Buses do not run on weekends.

For additional information regarding directions and public transportation please visit our website at BMC.org/directions