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REVIEW ARTICLE

The Challenge of Preserving and Maintaining Hospital-Based Handicapped Parking

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Abstract

Objective: Review of difficulties faced by hospitals in providing appropriate as well as readily available parking for handicapped patients. Ensuring their safety as well as that of the employees remains a problem, especially in an urban environment.

Design: A commentary/opinion of the problem with a review of the pertinent, but limited literature on this matter. Although a recognized national problem, its frequency of occurrence is locally variable.

Results: Providing safe and available parking on hospital campuses 24/7 for both handicapped patients as well as employees has been and still remains an ongoing challenge. Stratagems adopted to address this challenge are reviewed.

Conclusion: Although progress has been made to ensure both safety and available handicapped parking on hospital campuses, more needs to be done. Initially, acknowledging the problem and then remedying it by educating both patients and employees to the it's presence locally remains an ongoing challenge.

On July 26, 1991, the Federal government issued the Americans with Disabilities Accessibility (ADA) Guidelines Act for Facilities and Buildings [1]. This legislation specifically addressed issues of accessibility for public and private buildings, including among others, healthcare institutions. It promulgated the rules by which the regulations of the ADA would be enforced by the United States Department of Justice. However, in spite of this legislation, community-wide, as well as on many hospital campuses, providing available as well as secure parking either in the parking lot and/or decks for the handicapped remains a continuing challenge. Unfortunately, there still are many "able-bodied" drivers, statistically young men, who persist in risking both an expensive fine as well as towing costs by hubristically occupying a designated handicapped parking space. LaBan, et al. in a 2010 publication [2] called attention to how widely this well-intentioned Act continues to be abused, i.e., currently estimated to be one-third of all available disability placards [3].

As a community-wide problem, it should not surprise that healthcare institutions, both hospitals and their outpatient facilities, are among those dealing daily with this same issue. This problem is even a greater challenge for outpatient rehabilitation facilities where access to handicapped parking is a priority, especially in those located off the hospital's main campus. The ADA's guideline specifically requires that 10% of all parking spaces assigned to an outpatient treatment facility must provide parking for both their employees as well as their handicapped patients. As an accommodation to the physically handicapped, this parking set-aside is increased to 20% for rehabilitation facilities. Each of these accessible parking spaces must be eight foot wide with an adjacent five-foot aisle. One in eight of these must be eight foot wide and should be identified by a "van accessible" sign. Overhead clearance must be greater than 98 inches with a slope not to exceed 2%. The identifying handicapped parking sign must be visible even if the space is occupied [4].

In addition to providing a sufficient number of handicapped parking spaces, hospitals need to insure their safety. Currently, hospital garages and their parking

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lots are their most frequent sites of crime [5]. A 1993 national survey of hospitals noted that 15% of all sexual assaults, 31% of robberies, 34% of break-ins and 54% of vandalism as well as 87% of car thefts occur in their parking lots and/or structures. In 40-60% of these cases, hospital employees, not visitors or patients, are the most frequent victims of crime [6]. At the greatest risk are females, who presently are the largest number of hospital employees and the fastest growing demographic of drivers [7]. How to insure that the hospital's handicapped parking is readily available especially during peak business hours, as well as safe both for drivers and their vehicles remains an ongoing challenge.

Parking decks with their large spatial volumes and extended periods of low occupancy are inviting sites for criminal activity. Likewise, surface parking lots which are frequently located at the periphery of a hospital's campus are also attractive targets [7]. Unfortunately, enforcement of handicapped parking on many hospital campuses has to date remained a relatively low priority. Compounding this relative lack of attention is that local police departments do not routinely provide additional surveillance of private parking facilities [8].

However, nationally since 1991 hospital administrations have diligently strived to meet the ADA's architectural mandates, both in newer construction as well as by retrofitting older facilities. To date, most hospitals have managed to provide an adequate number of handicapped parking spaces. However, maximizing their availability especially during peak visiting hours remains a continuing challenge. Confounding this problem is the rapid growth of on-campus outpatient services, which in turn has created a relative reduction in available parking. Among these are outpatient laboratories which provide both x-ray and phlebotomy services, as well as rehabilitation services including physical and occupational therapy, as well as speech therapy. The addition of on-campus physician office buildings as well as other visitor conveniences, including among others, shopping and food courts, has also added in general to a reduction in the immediate availability of hospital parking as well as handicapped parking.

In most instances, both issues of conveniently available handicapped parking, as well as their security remain a work in progress. In this regard, limited land for on-campus development as well as restrictive zoning codes are significant factors limiting parking lot expansion and/or new deck construction. Traditional efforts attempting to rectify this problem including among others, auditing revenue streams as well as evaluating patient-to-bed ratios are no longer the answer to this problem. Alone, data-based recommendations options as generically applied to every hospital are no longer as valued as they once were. Instead, a successful resolution of these two issues requires customization as it relates to each individual hospital facility. However, as a caveat, "reinventing the wheel", as it relates to each individual hospital is both inefficient and often excessively costly. Acknowledging the prior experience of other hospitals relative to security issues and ready access to handicapped parking can contribute to a more rapid and successful resolution of these two problems.

Electromechanical devices have become ubiquitous in dealing with both issues. Lift gates accessed with digital cards on a 24/365 day basis, CCTV monitoring by camera have had a proven utility in anticipating security problems, as well as contributing to their reduction. Bright LED light amplified by reflective white paint on the surrounding structural concrete has also been a deterrent to crime. Architectural redesign featuring wide open spaces, cameras mounted in elevators and stairwells, as well as access to conveniently placed phones for emergency 911 calls also have contributed to enhanced security.

Issuing dated and timed entrance tickets has also been employed in the effort to encourage a more rapid turnover of all hospital parking. Unfortunately, these efforts singularly and/or together have in too many instances failed to meet their initial promise. Lost in these approaches is a disparate difference in providing readily available handicapped parking as opposed to the issue of appropriate and timely medical care. In the first instance, a program requiring rigid control of time and in the latter case, the unpredictability of time relative to hospital appointments and procedures. More recently cell phone apps have become available to immediately report violators.

In-house and/or contract security personnel with a particular focus on assisting the handicapped has helped many hospitals to comply with the ADA's mandates. In some facilities, in-house security has been provided by volunteers who, in many cases, are themselves, handicapped. In addition to ambulant as well as motorized patrols, after-hours security escort services to and from the vehicle are available in many hospital parking facilities.

"Getting tough" with handicapped parking violators has included ticketing as well as towing with its additional expenses. In these instances, the offending driver is first paged with a description of their vehicle as well as its license tab. Then, only after reasonable time, is the vehicle ticketed and then towed. A well-publicized consistent program of ticketing and towing can, over a relatively brief period of time, reduce the future necessity of issuing more tickets and/or towing those illegally parked [9].

The permit system providing handicapped parking as a privilege is itself not without its own inherent flaws. The less physically handicapped have benefitted more than those with more serious disabilities, i.e., those requiring wheelchairs. The wider parking spaces required for wheelchair transfer are not always immediately available if already

occupied by those relatively less handicapped. The broadening of the definition of disability itself, i.e., non-physical and pregnancy-related among others, has also contributed to a relative as well as absolute reduction in the number of immediately available parking spaces [10].

An institutional initiative to accommodate to this "placard war" can include, among others, assisted access to concierge parking, especially during peak visiting hours. Perhaps, more important than all the immediate available physical remedies to both problems of both security and access, is the public's recognition of the needs of the handicapped as well as support for the corrective legislation.

However, herein also lies an inherent conundrum for many hospitals as to the "downside" of calling the public's attention to these two disquieting issues. Balancing its "right to know" remains an ongoing challenge. In the future, with the cooperation of all those involved, including patients as well as the hospitals, it would be enlightening to obtain survey information locally as well as nationally as to the frequency of hospital handicapped parking abuse.

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