# Test Criteria: 170.315.g.5 – Accessibility-Centered Design

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| --- | --- |
| **Testing Result** |  |
| Participant and Product-with-version |  |
| Setting (Ambulatory or Inpatient) |  |
| Test Proctor |  |
| Test Date |  |
| Test Result | Pass:  Fail:  No Attempt: |
| Error Description (if applicable) |  |
| Modifications to Product Under Test |  |
| Additional Software Used |  |
| Additional Proctor Notes |  |

### Overview

In this document you will find:

* [Test Data and Test Tools](#_Test_Data_and)
* [Standards Support](#_Demonstrate_Standards_Support)
* [Drummond Test Report (Instructions, Expected Results, Points to Remember)](#_170.315(g)(5)_–_Accessibility-Cente)
* [Test Procedures](#_1.1_Accessibility-Centered_Design:)
* [Appendix A: Testing Guide](#_Appendix_A:_Testing)
* [Appendix B: ONC Criteria](#_Appendix_B:_ONC)
* [Appendix C: Accessibility-Centered Design Template](#_Appendix_C:_Accessibility-Centered)

### Version of ONC Test Method

1.0

### Scope of Proctoring Sheet

The ONC test method associated with this criterion is the only approved test method for EHR Meaningful Use certification. This Proctoring Sheet is not a replacement test method but a test procedure document for performing the ONC test method and recording the results. Proctoring Sheet describe test data, test criteria and expected results. It is assumed the Health IT Developer or Participant under Test is familiar with the associated ONC test method.

# Robustness and Reliability Requirement

To satisfy the module criteria, it is expected that the Product-Under-Test is able to complete the testing requirements reliably, including repeat testing with the same result without error, and with a satisfactory level of robustness. This includes unexpected error messages produced through normal operation, multiple unintended restarts of the application or any other “buggy” facets of the product displayed while testing. These errors are record in the Additional Proctor Notes of the proctor sheet. Lack of reliability and robustness of design will result in failure of the module.

# Test Data and Tools

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| --- | --- |
| **Test Data Source:** | ONC-Supplied  DG-Supplied:  Developer-Supplied: |
| **Pre-Test Data Setup:**  Not applicable. | |
| **Test Data:**  Not applicable. | |
| **Test Tools:**  Not applicable. | |

# Demonstrate Standards Support

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| **Test Result:** | PASS:  FAIL:  No Attempt: |
| **Instructions:** Not applicable. | |

# 170.315(g)(5) – Accessibility-Centered Design

|  |  |
| --- | --- |
| **Test Result:** | PASS:  FAIL:  No Attempt: |
| **Instructions:** Identify accessibility-centered design as applied to each capability in which certification is sought. | |
| **Expected Test Result:**  Health IT developer must:   * Identify the accessibility-centered design standard(s) or law(s) used in the development, testing, implementation, and maintenance for each capability for which certification is sought.   **OR**   * If no accessibility-centered design was applied to all or some capabilities, indicate for which criteria this applies. | |
| **Points to Remember:**   * If a single accessibility-centered design standard or law was used, it would only need to be identified once. * If different accessibility-centered design standards or laws were applied, each applied would need to be identified. * Modeled after 170.315(g)(4) in that an attestation letter must be submitted identifying the applicable accessibility standards and/or laws used. This letter will be part of the public record attached to the test report on the ONC CHPL website. * All Health IT modules certified to the 2015 edition will need to be certified to the §170.315(g)(5) accessibility-centered design criterion. * Accessibility-Centered Design g.5 attestation templates provided in Appendix C. | |

**Test Procedures**

### Accessibility-Centered Design:

***NOTE –*** *Refer to Accessibility-Centered Design g.5 Attestation Template in* [*Appendix C*](#_Appendix_C:_D.2)

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| --- | --- |
|  | **If using one standard,** Health IT developer provides an attestation letter signed by company representative identifying the accessibility-centered design standard or law used. |
|  | **If using multiple standards**, Health IT developer provides an attestation letter signed by company representative identifying the accessibility-centered design standard(s) or law(s) used. |
|  | **If no accessibility-centered design was applied** to all or some capabilities, Health IT developer provides an attestation letter signed by company representative identifying to which criteria this applies. |

<INSERT link/reference to Accessibility-Centered Design Documents>

# Appendix A: Testing Guide

*This appendix contains more details and background on the testing requirements, including explanation on underlying standards, notable issues and best practice suggestions.*

Rev 01-Mar-2016 Additions

* The option to certify that health IT products do not meet any accessibility design standards or comply with any accessibility laws does not exempt them from their independent obligations under applicable federal civil rights laws, including Section 504 of the Rehabilitation Act, Section 1557 of the Affordable Care Act, and the Americans with Disabilities Act that require covered entities to provide individuals with disabilities equal access to information and appropriate auxiliary aids and services. (see also [80 FR 62673](https://www.federalregister.gov/articles/2015/10/16/2015-25597/2015-edition-health-information-technology-health-it-certification-criteria-2015-edition-base#p-1032)).
* Accessibility-Centered Design Standards may include (but not limited to):

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| --- | --- | --- | --- |
|  | ETSI ES 202 076—Human Factors (HF); User Interfaces; Generic spoken command vocabulary for ICT devices and services; |  | ISO 9999 (2007) Assistive products for persons with disability— Classification and terminology; |
|  | ETSI ETS 300 679—Terminal equipment (TE); Telephony for the hearing impaired; Electrical coupling of telephone sets to hearing aids; |  | ISO/CD 24500 Guidelines for all people, including elderly persons and persons with disabilities—Auditory signals on consumer products; |
|  | ETSI TR 102 068 (2002) Human Factors (HF): Requirements for assistive technology devices in ICT; |  | ISO/IEC 15411 (1999) Information technology—Segmented keyboard layouts; |
|  | ETSI TS 102 511 (2007) Human Factors (HF): AT commands for assistive mobile device interfaces; |  | ISO/IEC 15412 (1999) Information technology—Portable keyboard layouts; |
|  | IEEE 802.11 IEEE standard for Information Technology; Telecommunications and information: Exchange between systems; local and metropolitan area network; specific requirements—Part 11: Wireless LAN Medium Access Control (MAC) and Physical Layer (PHY) Specification; |  | ISO/IEC 24755 (2007) Information technology—Screen icons and symbols for personal mobile communication devices; |
|  | ISO 13406–1 (1999) Ergonomic requirements for work with visual displays based on flat panels. Part 1— Introduction; |  | ISO/IEC CD 24786–1 Information Technology—User interfaces— Accessible user interface for accessibility setting on information devices—Part 1: General and methods to start; |
|  | ISO 13406–2 (2001) Ergonomic requirements for work with visual displays based on flat panels. Part 2— Ergonomic requirements for flat panel displays; |  | ISO/IEC TR 15440 (2005) Information Technology—Future keyboards and other associated input devices and related entry methods; |
|  | IEC 80416–1 (2001) Basic principles for graphical symbols for use on equipment—Part 1: Creation of symbol originals; |  | ISO/IEC TR 19765 (2007) Information technology—Survey of icons and symbols that provide access to functions and facilities to improve the use of IT products by the elderly and persons with disabilities; |
|  | ISO 80416–2 (2002) Basic principles for graphical symbols for use on equipment—Part 2: Form and use of arrows; |  | ISO/IEC TR 19766 (2007) Information technology—Guidelines for the design of icons and symbols accessible to all users, including the elderly and persons with disabilities; |
|  | IEC 80416–3 (2002) Basic principles for graphical symbols for use on equipment—Part 3: Guidelines for the application of graphical symbols; |  | ITU–T E.902 (1995) Interactive services design guidelines; |
|  | ISO 80416–4 (2005) Basic principles for graphical symbols for use on equipment. Part 4—Guidelines for the adaptation of graphical symbols for use on screens and displays; |  | ITU–T P.85 (1994) A method for subjective performance assessment of the quality of speech voice; |
|  | ISO 9241–151 (2008) Ergonomics of human-system interaction—Part 151: Guidance on World Wide Web user interfaces; |  | Section 504 of the Rehabilitation Act; and |
|  | ISO 9355–1 (1999) Ergonomic requirements for the design of displays and control actuators. Part 1: Human interactions with displays and control actuators; |  | Section 508 of the Rehabilitation Act. |
|  | ISO 9355–2 (1999) Ergonomic requirements for the design of displays and control actuators. Part 2: Displays; |  | ISO 9241-20 (2008)—Ergonomics of Human-System Interaction—Part 20: Accessibility guidelines for information/communication technology (ICT) equipment and services |
|  | ISO 9241-171 (2008)—Ergonomics of Human-System Interaction—Part 171: Guidance on software accessibility |  |  |

# Appendix B: ONC Criteria and Standards

*This appendix contains copy of the relevant ONC criteria and standards for this proctor sheet as a reference. In the event of a discrepancy with the ONC Final Rule, the ONC Final Rule takes precedence.*

**§170.315(g)(5) Accessibility-Centered Design.**

For each capability that a Health IT Module includes and for which that capability's certification is sought, the use of a health IT accessibility-centered design standard or law in the development, testing, implementation and maintenance of that capability must be identified.

(i) When a single accessibility-centered design standard or law was used for applicable capabilities, it would only need to be identified once.

(ii) When different accessibility-centered design standards and laws were applied to specific capabilities, each accessibility-centered design standard or law applied would need to be identified. This would include the application of an accessibility-centered design standard or law to some capabilities and none to others.

(iii) When no accessibility-centered design standard or law was applied to all applicable capabilities such a response is acceptable to satisfy this certification criterion.

### Appendix C: Accessibility-Centered Design g.5 Attestation Template

*This appendix contains two templates below for submitting g.5 attestation based on method #1 and method #2 described in test procedures above. Attestation letter should be returned on company letterhead addressing the required functionality.*

Attestation Template (Method 1)

**Accessibility-Centered Design (170.315.g.5)**

[Name of Authorized Senior Company Representative]

[Title of Company Representative]

[Company Contact Information]

[*COMPANY NAME*] uses [*a single*/*multiple*], standard accessibility-centered design approach in the development, testing, implementation and maintenance of capabilities of each module in [*CERTIFICATION BEING SOUGHT*]. [*COMPANY NAME*] identifies with the following standard(s) or law(s):

*\*\*For Multiple-standard approach ONLY\*\**

**Explanation**

For [*Capability 1*], [*COMPANY*] uses [*STANDARD/LAW*].

For [*Capability 2*], [*COMPANY*] uses [*STANDARD/LAW*].

**I hereby attest that all above statements are true, as an authorized signing authority on behalf of my organization.**

[Signature]

[Signature Block of Authorized Senior Company Representative]

[Date signed]

Attestation Template (Method 2)

**Accessibility-Centered Design (170.315.g.5)**

[Name of Authorized Senior Company Representative]

[Title of Company Representative]

[Company Contact Information]

[*COMPANY NAME*] does not use any health IT accessibility-centered design standard or law in the development, testing, implementation and maintenance of capabilities of each module in [*CERTIFICATION BEING SOUGHT*].

**I hereby attest that all above statements are true, as an authorized signing authority on behalf of my organization.**

[Signature]

[Signature Block of Authorized Senior Company Representative]

[Date signed]

# Change Log

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| --- | --- |
| Revision | Change Description |
| 01-Apr-2016 | Added additional accessibility standards to table under Appendix A. |
| 01-Mar-2016 | Initial Release. |
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**About Drummond Group LLC**

Drummond Group LLC is a global software test and certification lab that serves a wide range of vertical industries.  In healthcare, Drummond Group tests and certifies Controlled Substance Ordering Systems (CSOS), Electronic Prescription of Controlled Substances (EPCS) software and processes, and Electronic Health Records (EHRs) – designating the trusted test lab as the only third-party certifier of all three initiatives designed to move the industry toward a digital future. Founded in 1999, and accredited for the Office of the National Coordinator Health IT Certification Program as an Authorized Certification Body (ACB) and an Authorized Test Lab (ATL), Drummond Group continues to build upon its deep experience and expertise necessary to deliver reliable and cost-effective services. For more information, please visit <http://www.drummondgroup.com> or email [ehr@drummondgroup.com](mailto:ehr@drummondgroup.com)

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