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PURPOSE:

To define the manner by which Sierra View District Hospital (SVDH) will accommodate the interpretive needs of the patients and to delineate the mechanisms used to ensure that potential barriers to effective communication with patients are minimized or eliminated.

POLICY:

Whenever possible, Sierra View District Hospital is committed to removing communication barriers that impede effective communication with patients and their families, or surrogate decision-makers.

Interpreter Services shall be provided to any patient requesting or requiring it without charge to the patient. No patient shall be denied the use of an interpreter once the needs of an interpreter are known.

Language assistance will be provided for patients who do not speak or understand English in order to ensure effective communication as guidelines set forth in the Policy Guidance Document provided by the Office of Civil Rights of the Department of Health and Human Services, referring to Title VI of the Civil Rights Act of 1964.

DEFINITIONS

Interpret – Converting oral communication from one language to another.

Translate – Converting written communication from one language to another.

Interpreter – One who converts oral communication from one language to another. These services may be provided by qualified bilingual employees.

Translator – One who converts the written documentation from one language to another.

Bilingual Employee – A hospital employee who has the ability to speak English and another language.

Healthcare Professional or Hospital Staff – A physician or hospital employee who provides medical or ancillary care for patients.

Bilingual Family Member – A family member of the patient who has the ability to speak English and the patient's language.

Telephonic Interpretation – Interpretation that occurs over the telephone.

AFFECTED AREAS/PERSONNEL: ALL HOSPITAL EMPLOYEES

PROCEDURE:

- A. Signage is posted in the primary language of non-English languages likely to be encountered regarding the right to and availability of free interpreter services.

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- B. The language needs of all patients are identified on admission.
- C. Contacting an interpreter – If a Spanish interpreter is needed, refer to the list of in-house qualified interpreters. If one is not readily available, use the Healthcare Interpreter Network (HCIN) equipment located on the Nursing Units. A qualified Spanish interpreter, as well as interpreting service for 90 other languages, may also be obtained via the use of a qualified Language Interpretation Service. A list of the qualified interpreters and Language Interpretation Service is posted on the Intranet under Resources. Information regarding Language Interpretation Services can also be found at patient registration, the information desk and at each nurse's station.
- D. Interpreters must be used for the following:
1. To obtain informed consent for surgical/invasive procedures; Do Not Resuscitate (DNR) order; and/or Organ donation request
 2. Physician communications: History & Physicals, explanation of diagnosis; family conference
 3. Discharge instructions
 4. Extensive Social Worker intervention
 5. To handle a patient complaint
 6. When the patient specifically requests an interpreter
- E. Telephonic Interpreter (HCIN) may be used for languages other than Spanish and when a SVDH Certified Spanish Interpreter is not available.
- F. Bilingual family members may interpret under the following circumstances:
1. The patient has the right to request that their bilingual family member serve as an interpreter unless the healthcare professional feels a non-family member interpreter is necessary.
 2. The bilingual family member must be 18 or older.
 3. The healthcare professional must offer the patient the choice of using an interpreter, qualified bilingual employee, or telephonic interpreter as language assistance options before asking a bilingual family member to interpret.
 4. If a patient declines a hospital interpreter, the reason for declining the service must be recorded in the patient's medical record. The name of the person who interprets for the patient and his/her relationship to the patient is also recorded.
- G. Interpreter's Role

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1. The interpreter maintains appropriate behavior and professional modeling as an interpreter – offers suggestions only when appropriate as relative to language or cultural issues.
2. The interpreter interprets regarding medical/health care only (as linguistic expertise permits) and does not venture into non-medical/healthcare subject matter.

H. Documentation

1. The hospital staff requesting language assistance is responsible for documenting the interpreter's name, the language used to interpret, and the nature of the communication in the medical record.
2. The individual requesting language assistance must sign the Interpreter Verification and Billing Form.
3. Unlicensed Interpreters cannot sign as witnesses. They can, however, sign as the interpreter responsible for the interpretation.
4. When using telephonic interpreters (HCIN), the following information must be documented in the medical record: the interpreter's identification number, the language used, and the nature of the interpretation.

I. Translation of Documents

1. Documents that need to be translated should be sent to a qualified Interpreter Company and forwarded, as needed, to the Forms Committee or the interpreter supervisor for approval.
2. Translation Services must be used to translate documents including, but not limited to, the following:
 - a. Any document intended for patient instructions, information or education
 - b. Consent forms
 - c. Any information from a regulatory body
 - d. Marketing material
 - e. Hospital signage
 - f. Visitor information
 - g. Employee information

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- h. Bilingual employees (non-trained interpreters) may not translate any hospital documents.
- J. Translation of discharge instructions
 - 1. Approved bilingual discharge instructions are available for use. Interpreters are to do a hand written translation only in the event that the approved documents are not accessible.
 - 2. The telephonic interpreter (HCIN) will be utilized when discharge instructions need to be interpreted from English into a language other than Spanish.

TRAINING OF STAFF

- A. Potential candidates are given the opportunity to apply and will be screened for skill level, plus written and verbal fluency, prior to acceptance.
- B. Interpreter Training is provided to ensure competency of interpreters.
- C. Hospital employees are provided information regarding interpreter services, concepts and practices of culturally and linguistically appropriate health care delivery, while attending initial hospital orientation and on an annual basis.
- D. Ongoing competency assessment and evaluation is performed for interpreters by the Education Staff.

MONITORING AND EVALUATION

- A. Employees must meet defined competency expectations as interpreters (as outlined in attached job descriptions). Interpreters must successfully complete annual competency training to continue as an interpreter.
- B. The program will be evaluated every six months for effectiveness. The findings will be reviewed, analyzed and reported to Nursing Management Council.

INTERPRETER RESOURCES

Qualified Interpreters:

A full listing of SVDH employees who are Certified Interpreters (Spanish) is available from the House Supervisor and on the Hospital Intranet under Resources.

Healthcare Interpreter Network (HCIN):

Equipment is available on the Nursing Units to access a Spanish Interpreter or an American Sign Language Interpreter by using the Video Unit. Other languages are available with HCIN.

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Language Line

Use the following information to access the Language Line:

- SVDH ID #: 201291
- Phone #: 800-523-1786

Deaf and Hearing Impaired Patients

Provision of interpreter service to all deaf and hearing-impaired patients shall be provided by the following resource:

- HCIN (video units)
- Fox Interpreting (Visalia, Ca.)
Office: 559-636-3294
Mobile: 559-696-9093
Pager: 559-749-8714

Specialized Written Materials and Charts

Amplification handsets are available to patients. The caregiver may request the devices by contacting the Communications Department.

Speech Impaired Patients

Written tools and charts are available. TDD is kept at the PBX and must be signed out.

REFERENCES:

- US DHHS, Policy Guidance on the Title VI Prohibition Against National Origin Discrimination As It Affects Persons with Limited English Proficiency.
- US DHHS Office of Minority Health Standards for Culturally and Linguistically Appropriate Services (CLAS), 12/00.
- CCR, Title XXII, § 70721; California Health & Safety Code, §1259.
- Commonwealth of Massachusetts, Executive Office of Health & Human Services, Massachusetts Department of Public Health, Best Practice Recommendations for Hospital-Based Interpreter Services.
- SVDH Translation Services P&P – 11/30/03.
- OMH Clas Standard 6.

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Responsibility for Review and Maintenance of Policy: Director of Education	Original Creation Date: 2/24/04
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