

<p>SUBJECT: <b>INTERPRETIVE SERVICES: LANGUAGE ASSISTANCE PROGRAM</b></p>	<p>SECTION: <i>Ethics, Rights &amp; Responsibilities (RI)</i> <b>Page 1 of 5</b></p>
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**PURPOSE:**

To define methods used by Sierra View Medical Center (SVMC) to accommodate the interpretive needs of patients and family members/significant others, and to delineate the mechanisms used to ensure that potential barriers to effective communication with patients are minimized or eliminated.

**POLICY:**

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 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.

***Video/telephonic Interpretation*** - Interpretation that occurs through video and telephone.

**AFFECTED AREAS/PERSONNEL:** *ALL HOSPITAL EMPLOYEES*

**PROCEDURE:**

- A. Signage communicating the right to and availability of free interpreter services is posted in conspicuous physical areas within the hospital where patient/customer interaction takes place. The signage includes the primary language of the top 15 non-English languages in California. .

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- B. The language needs of all patients are identified on admission.
- C. Accessing Interpreter Services
  - 1. If a Spanish interpreter is needed, refer to the list of in-house qualified interpreters posted on the hospital Intranet. Staff may also call the in-house interpretative services line at extension 2600 during regular business hours.
  - 2. If an in-house Spanish interpreter is not readily available, staff may call the interpretative services line at extension 6018 to access the telephone interpreting service.
  - 3. For video and telephone interpreting services, the Healthcare Interpreter Network (HCIN) equipment located in designated patient care areas may be utilized.
  - 4. American Sign Language (ASL) is available for the deaf and hearing impaired. Provision of this interpreting service will be provided by one of the following resources:
    - a. Utilize the HCIN video unit located in designated patient care areas.
    - b. Fox Interpreting (Visalia, CA)  
Office: 559-636-3294  
Mobile: 559-696-9093  
Pager: 559-749-8714
  - 5. A Telecommunication Device for the Deaf (TDD) is available upon request at the hospital operator's desk.
- 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

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- E. Telephonic Interpreter (HCIN) may be used for languages other than Spanish and when a SVMC 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
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 form during the registration process
  3. Unlicensed Interpreters cannot sign as witnesses. They can, however, sign as the interpreter responsible for the interpretation.
  4. When using telephonic interpreters the following information must be documented in the medical record: the interpreter's identification number, the language used, and the nature of the interpretation.

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- I. Translation of Documents
  1. Documents that need to be translated should be sent to a qualified Translation Company and forwarded, as needed, to the Forms Committee, the Marketing department and 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
    - h. Bilingual employees (non-trained interpreters) may not translate any hospital documents.
- J. Translation of discharge instructions
  1. Bilingual discharge instructions are available for Spanish and other selected languages.. Interpreters are to do a hand written translation only in the event that the approved documents are not accessible.
  2. The telephonic interpreter will be utilized when discharge instructions need to be interpreted from English into a language other than Spanish.

#### TRAINING OF STAFF

Hospital employees are provided information regarding interpreter services, concepts and practices of culturally and linguistically appropriate health care delivery, while attending initial hospital orientation.

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#### CERTIFIED INTERPRETER COMPETENCY

- A. Potential candidates for certified interpreting are given the opportunity to apply and will be screened for skill level, plus written and verbal fluency, prior to acceptance.
- B. Certified interpreters are tested for competency initially and annually.
- C. Ongoing competency assessment and evaluation is performed for interpreters by the certified interpreters in the Education department..
- D. Periodic updates and in-services will be provided to certified interpreters to assist with maintaining competency.

#### **REFERENCES:**

- US DHHS, Nondiscrimination in Health Programs and Activities Final Rule. (2016). <http://www.hhs.gov/civil-rights/for-individuals/section-1557/>
- US DHHS, Policy Guidance on the Title VI Prohibition Against National Origin Discrimination As It Affects Persons with Limited English Proficiency. (2000) <http://www.acf.hhs.gov/orr/resource/state-letter-00-18>
- US DHHS Office of Minority Health Standards for Culturally and Linguistically Appropriate Services (CLAS) (2016) , <http://minorityhealth.hhs.gov/omh/browse.aspx?lvl=2&lvlid=53>
- CCR, Title XXII, § 70721; California Health & Safety Code, §1259.