



*Central Valley Network*

- Entity(s): Adventist Health Central Valley Network**
- Network: Central Valley**
- System-Wide Corporate Policy**
- Corporate Policy No.**
  - Standard Policy**
  - Model Policy**

**Entity(s) Facility Policy No. 1000.09.04**

**Department: Organizational Wide**

**Manual: Organizational Wide**

## **FACILITY POLICY: INTERPRETER SERVICES**

### **POLICY SUMMARY/INTENT:**

Adventist Health Central Valley Network (AHCVN) serves a significant population of Limited English Proficient (LEP) patients and their families. Ensuring that these patients, including those with physical impairments, impaired vision, speech or other manual handicaps can effectively provide hospital staff with a clear statement of their medical condition and history and understand the provider's assessment of their medical condition and treatment options is essential to the provision of quality patient care.

### **PURPOSE:**

First, to ensure that all LEP patients and surrogate decision-makers are able to understand their medical conditions and treatment options. Second, to ensure that staff provides quality patient care to their patients with LEP, deaf and hard of hearing, blind or visually impaired, or with sensory or manual impairments.

### **OBJECTIVES:**

To ensure meaningful communication that meets the oral and written communication needs of patients and qualified individuals and to provide equal access to health care services in accordance with federal and state law as well as regulatory organizations, including but not limited to: Title VI of the Office of Civil Rights Act of 1964, Executive Order 13166, Americans with Disabilities Act Section 504 of the Rehabilitation Act of 1973, and the Joint Commission's Effective Communication Standards.

### **DEFINITIONS:**

**Bilingual Staff:** A person who speaks two languages fluently and speaks to a Deaf or Limited English speaking individual without the use of an interpreter. Bilingual staff does not act as interpreters except for basic patient needs or questions.

**Deaf:** Lacking or deprived of the sense of hearing wholly or in part; a group of persons who share a common means of communication (sign language) that provides the basis for group cohesion and identity; a group of persons who share a common language American Sign Language (ASL) and a common culture; those whose primary means of relating to the world is visual and who share a language that is visually received and gesturally produced.

**Hard of Hearing:** Is a full or partial decrease in the ability to detect or understand sounds caused by a wide range of biological and environmental factors, loss of hearing can happen to any organism that perceives sounds.

**Interpreter:** An individual who mediates spoken or signed communication between people speaking different languages without adding, omitting, or distorting meaning or editorializing.

**Interpreting:** The process of understanding and analyzing a spoken or signed message and re-expressing that message faithfully, accurately and objectively in another language, taking the cultural and social context into account.

## **AFFECTED DEPARTMENTS:**

All Departments

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## **POLICY: COMPLIANCE - KEY ELEMENTS**

- A. Patients/surrogate decision-makers of AHCVN, who are LEP, shall have services provided to them in their primary language or have interpreter services provided to them during the delivery of all significant healthcare services. Patients/surrogate decision-makers of AHCVN shall be informed that interpreter services shall be available within a reasonable time, at no cost to patients.
  
- B. Effective communication is important in every area of hospital communication, but AHCVN prioritizes the most careful attention to effective communication in the provision of medical, nursing and ancillary services, where patient safety, medical error, and ability to understand treatment options are affected. The following types of encounters and procedures which are performed by providers who do not speak the primary language spoken by the patient/surrogate decision-maker, and which require the use of healthcare interpreter services, include, but are not limited to:
  - 1. Providing clinic and emergency medical services;
  - 2. Obtaining medical histories;
  - 3. Explaining any diagnosis and plan for medical treatment;
  - 4. Discussing any mental health issues or concerns;
  - 5. Explaining any change in regimen or condition;
  - 6. Explaining any medical procedures, tests or surgical interventions;
  - 7. Explaining patient rights and responsibilities;
  - 8. Explaining the use of seclusion or restraints;
  - 9. Obtaining informed consent;
  - 10. Providing medication instructions and explanation of potential side effects;
  - 11. Explaining discharge plans;
  - 12. Discussing issues at patient and family care conferences and/or health education sessions;

13. Discussing Advanced Directives;
  14. Discussing end of life decisions; and,
  15. Obtaining financial and insurance information.
  16. Obtain an assessment for patient level of consciousness if family or bilingual personnel is unavailable; (used to assess deterioration)
- C. Interpreters provided by AHCVN shall be tested to ensure that the interpreting provided for healthcare services is comprehensive and accurate
- D. LEP patients/surrogate decision-makers shall be advised of their right to have interpreter services provided within a reasonable time, at no charge. It is permitted for patients/patient representatives to insist upon the use of a friend or family member to provide them with interpreting service only after they are informed of their right to have such services provided at no charge. There should be awareness of whether or not the spouse/family member/adult companion is able to adequately explain medical issues. All methods of interpreting must be documented in the patients chart.
- E. Consents and other documentation requiring patient signatures should be in the specific preferred language and there should be evidence that an interpreter was present to explain.
1. The interpreter should sign the form indicating the services were adequately explained with the date and time of the discussion.
  2. If time does not permit written translation of the form, ask the patient to sign the English form if the patient agrees to the terms and conditions that the interpreter orally stated. The interpreter/witness should write on the form the statement that:
 

*I have accurately and completely read the foregoing document to [insert patient's or legal representative's name] in [language], the patient's or legal representative's primary language. (He/she) understood the terms and conditions and acknowledged (his/her) agreement thereto by signing the document in my presence.*
- F. All necessary contact numbers and access codes for the direct contact of contracted interpreter services shall be available to all departments.
- G. The most effective mechanism for the provision of language access at AHCVN is where large portions of the patient population speak a language other than English is the recruitment of bilingual personnel from the community. AHCVN shall designate Bilingual Positions in any service area that serves a large proportion of patients from a single language group other than English. This will improve services to patients and reduce the need for costly interpreter services.
- H. Bilingual and non-bilingual staff can assist patients with basic needs without the use of an interpreter. Examples include but are not limited to:
1. asking patients if they are cold
  2. asking patients if they are in pain
  3. asking patients if they are hungry
  4. asking patients if they are comfortable
  5. asking patients if they are thirsty

## PROCEDURE:

- A. The first access point in which a patient acquires services at AHCVN's (emergency room registration, admissions, etc.) shall incorporate the determination of language needs into intake procedures. All areas of first patient contact shall be:

1. Equipped with Language Determination Cards to assist patients in identifying the patient primary language if communication barriers prevent hospital staff from effectively determining the language of the patient/surrogate decision-maker.
  2. The Language Determination Card will visually show all languages hospital staff can reasonably project they will encounter. Patients will be offered the card to allow them to point to their language on the card to allow hospital staff to request interpreter services in the appropriate language.
  3. Contracted telephonic interpreter services should be called if the patient is unable to use the Language Determination Card, and hospital staff cannot determine the appropriate language to request.
- B. During the interview as the patient first acquires services, the LEP patients shall be informed of their right to have a healthcare interpreter in their language, free of charge, within a reasonable time.
- C. AHCVN will post in conspicuous locations, notices that advise patients and their families of the availability of auxiliary aids and services through notices posted in lobbies. When an individual self-identifies as a person with a disability that affects the ability to communicate or to access or manipulate written materials or requests an auxiliary aid or service, staff will consult with the individual to determine what aids or services are necessary to provide effective communication in particular situations. In addition, these notices will advise of the availability of interpreters, the procedure for obtaining an interpreter and the telephone numbers where complaints may be filed concerning interpreter service problems, including, but not limited to, a Telecommunications Device for the Deaf (TDD) number for the hearing impaired. The notices shall be posted, at a minimum, in the emergency room, the admitting area, the entrance, and in outpatient areas. Notices shall inform patients that interpreter services are available upon request, shall list the languages for which interpreter services are available, shall instruct patients to direct complaints regarding interpreter services to the state department, and shall provide the local address and telephone number of the state department, including, but not limited to, a TDD number for the hearing impaired.
- D. All staff will be provided written notice of this policy and procedure, and staff that may have direct contact with individuals with disabilities will be trained in effective communication techniques, including the effective use of interpreters during their initial orientation to the facility.
- E. All hospital personnel seeking the utilization of interpreter services for patients or patient representatives requiring language assistance shall utilize the following procedures:
1. Optimal Phone Interpreting (OPI) is available by telephone, twenty-four (24) hours per day, seven (7) days a week for all departments including outpatient care areas requiring interpretation services:
  2. To access language interpretation by telephone, call toll-free: 1 (877) 746-4674. When the operator answers, state the following:
    - a. Caller's full name
    - b. Facility Codes: AHCVN
    - c. Document in the Medical Record:
      - i. Type of interpreter services used, name of interpreter, i.e., TDD, signer, language interpretation by phone.
      - ii. Name of sign-language interpreter, if one used. If client prefers to read lips please document this also.
      - iii. Patient preferences, if patient elects to use a friend/family member as an interpreter, this must be documented in the patient's chart.
- F. New employees of AHCVN will be trained in the procedure for the acquisition of interpreter services during their employee orientation and on an annual basis.
- G. A laminated badge buddy outlining these procedures shall be distributed to all new employees during general orientation.

## H. Signage:

1. Notices are posted in the Hospital lobby/admitting area, the Emergency Department (ED), and in the outpatient areas. The notices inform patients and families:
    - a. The procedure for obtaining interpreter services.
    - b. The location of the TDD services in the facilities.
    - c. Accessibility features including assistance and communication aids (Refer to Attachment A: Notice of Accessibility).
  2. The Department of Health Services TDD number for the hard of hearing is provided on posted notices for patient grievances related to interpretation, including hard of hearing, services.
  3. Signage is posted throughout the facilities in Braille format for patients/visitors who are blind or visually impaired.
- I. Services for the blind or visually impaired: Staff will communicate information contained in written materials concerning treatment, benefits, services, waivers of rights, and consent to treatment forms by reading out loud and explaining these forms to persons who are blind or who have low vision, and assisting them to complete forms. The following types of electronically formatted materials are available: Patient Booklet and Admission Packet. These materials may be obtained by calling the Admitting Supervisor at (559) 638-8155, Extension 1303.
- J. Services for persons with speech Impairments: To ensure effective communication with persons with speech impairments, staff will contact (559) 638-8155, Extension 1303, who is responsible to provide the aids and services in a timely manner.
- K. Services for persons with manual impairments: Staff will assist those who have difficulty in manipulating print materials by holding the materials and turning as needed, or by providing one or more of the following: to ensure effective communication by individuals with manual impairments. For these and other auxiliary aids and services, staff will contact (559) 638-8155 Extension 1303, who is responsible to provide the aids and services in a timely manner.
- L. Services for the deaf client: sign language interpreters are available by utilizing the following process:
1. Sign language interpreters are available through Fox Interpreting a division of Hands On Communication, Inc. To access sign language interpreters by telephone call, (559) 636-3294.
  2. Televisions located in patient rooms are equipped to access closed caption.
  3. Deaf or hard of hearing patients/surrogate decision-makers shall be advised of their right to have interpreter services provided within a reasonable time, at no charge. It is permitted for patients/patient representatives to insist upon the use of a friend or family member to provide them with interpreting service only after they are informed of their right to have such services provided at no charge. All methods of interpreting must be documented in the patients chart.
- M. Services for the hard of hearing client:
1. A TDD is available at the House Supervisor's Office at AHCVN for use in the patient's room. The patient dials 9-711 to access the line.
  2. Telephones in patient rooms are equipped with adjustable volume controls and are hearing aid compatible.
  3. Upon arrival at the facilities, the Deaf patients are advised of the availability of:
    - a. Texttelephone devices for the deaf.

b. Telephone capability for the Deaf patient.

4. Points to remember when communicating with the deaf and hard of hearing:

- a. The responsibility for understanding does not rest entirely with the Deaf or hard of hearing person. Listen actively and intently to increase your understanding of the person.
- b. Face the individual, make sure your face is well lighted; gain the individual's attention through gentle touching before speaking.
- c. Know which side, if any, is most affected by the hearing loss and speak toward the lesser-affected side (hard of hearing).
- d. Speak slowly and articulate clearly but not in an "artificial manner". Lower the pitch of your voice and use a normal or only slightly louder tone. Do not shout. Give the individual plenty of time to respond. Watch for feedback, both verbal and non-verbal.
- e. Coordinate your body language to reinforce your verbalizations. Use gestures and other visual cues to augment communications where and as indicated. Restate using other words when you are not being understood and be succinct.
- f. Utilize alternate means of communication, such as reading and writing, pictures and drawings, careful gestures, demonstrations, and pantomime. The manual signing alphabet and selected "signs" (Addendum A & B) and may be taught and utilized by individuals who are deaf or hard of hearing.
- g. For those individuals using a hearing aid, facilitate and ensure appropriate use.

N. For language interpretation:

1. The Department Director is responsible for ensuring all employees that are serving as "language interpreters" for their area have passed one of the following language proficiency assessments:
  - a. The Bilingual Fluency Assessment (eBFA) for medical assistants, receptionist and other frontline staff or the Bilingual Fluency Assessment for Clinicians (eBFAC) for medical professionals such as physicians, advanced practitioners, therapists, nurses, and technologists.
  - b. It is the responsibility of the area Department Director or Manager to register their employees for the language proficiency assessment at the following link: <https://mylanguageline.com/llu/go/login/>
  - c. Use the appropriate client ID when registering the employee on the portal:
    - i. Adventist Medical Center-Reedley: client ID 298512
    - ii. Adventist Medical Center Hanford-Selma: Client ID 298511
  - d. Further instructions for registering employees and for the test taker are found on the connect page at <https://connect.ah.org/site/ahcv/adventist-health-central-valley/interpreter-services/interpreter-services/> Refer to document "LanguageLine Academy Online Registration System User Guide," and Power Point Presentation "Language Interpretation Certification".
  - e. Education Services Personnel are available to answer questions regarding registration and can be reached at (559) 537-2010.
  - f. In cases of, but not limited to: emergencies, informed consents and end of life AHCVN personnel will utilize the contracted services number twenty-four hours per day, seven day a week.

- g. A directory of employees who have successfully completed the eBFA or eBFAC is provided to each department by Education Services located on M/Common/Education/Interpreter List and on the Connect page at <https://connect.ah.org/site/ahcv/adventist-health-central-valley/interpreter-services/interpreter-services/>
2. The hospital will provide an annual incentive to proficient employees who serve as interpreters.
- O. An annual review of Language access needs of the patient population shall include a statistical survey of language needs of the users of AHCVN and its service areas. Quality Assurance processes shall include audits of timeliness of the provision of interpreter services and charting of primary language and provision of interpreter services in medical chart review.

<b>REFERENCES:</b>	Title VI of the 1964 U.S. Civil Rights Act, 42 U.S.C. § 2000d. Office of Civil Rights, U.S. Department of Health and Human Services, Guidance to Federal Financial Assistance Recipients Regarding Title VI Prohibition Against National Origin Discrimination Affecting Limited English Proficient Persons, 68 Fed. Reg. 47311 (Aug. 8, 2003). California Government Code §§ 11135 and 7290 et seq. California Health and Safety Code § 1259 Office of Minority Health, U.S. Department of Health and Human Services, National Standards on Culturally and Linguistically Appropriate Services (CLAS) in Health Care, 65 Fed. Reg. 80865 (Dec. 22, 2000).
<b>CALIFORNIA:</b>	
<b>HAWAII:</b>	Not applicable
<b>OREGON:</b>	Not applicable
<b>WASHINGTON:</b>	Not applicable
<b>CORPORATE AUTHOR:</b>	Not applicable
<b>SITE SPECIFIC POLICY OWNER:</b>	VP-Experience
<b>COLLABORATION:</b>	Clinical Educ Cdr
<b>APPROVED_BY:</b>	
<b>CORPORATE:</b>	Not applicable
<b>HOSPITAL:</b>	( 04/07/2016 ) Senior VP Patient Care Services , ( 04/15/2016 ) Governing Board ,
<b>INDIVIDUAL:</b>	
<b>REVIEW DATE:</b>	09/10/2013, 12/16/2013,
<b>REVISION DATE:</b>	08/14/2013, 04/22/2015, 05/22/2015, 04/18/2016,
<b>NEXT REVIEW DATE:</b>	04/18/2019
<b>ATTACHMENTS:</b> (REFERENCED BY THIS DOCUMENT)	Notice of Program Accessibility, ENG/SPN Point to the Words to Communicate with the Nurse Sign Language for the Deaf Signing for Communication with the Deaf Patient Spanish Word Translations Tagalog Word Translation <a href="https://connect.ah.org/site/ahcv/adventist-health-central-valley/interpreter-services/interpreter-services/">https://connect.ah.org/site/ahcv/adventist-health-central-valley/interpreter-services/interpreter-services/</a> <a href="https://mylanguageline.com/llu/go/login/">https://mylanguageline.com/llu/go/login/</a>
<b>OTHER DOCUMENTS:</b> (WHICH REFERENCE THIS DOCUMENT)	Point to the Words to Communicate with the Nurse Interpreter Services Notice of Availability Languages Available Language Identification, I Speak
<b>DISTRIBUTED TO:</b>	AMC-H AMC-R AMC-S

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