



Interpreters/Translation: Non-English/Limited English Proficient & Deaf/Hearing Impaired

I. PURPOSE

- A. To define the communication system that is used for patients who have Limited English Proficiency (LEP) or who are deaf or hard of hearing (hearing impaired).
- B. To provide guidelines for coordinating timely response in meeting the assessed special language needs of individual patients, their designated representative, guardian or next of kin.
- C. To comply with the Americans with Disabilities Act (ADA), Title VI of the Civil Rights Act of 1964, and Health and Safety Code of California.

Health and Safety Code of California requires licensed general acute care hospitals to provide language assistance services to patients with language or communication barriers.

Title VI of the Civil Rights Act of 1964 requires federal fund recipients to ensure the eligible Limited English Proficiency persons have "meaningful access" to health services.

ADA Title II requires that public accommodations provide "auxiliary" aids when necessary to enable a person with disabilities to benefit from their services.

II. DEFINITIONS

- A. Communication Barrier: Applies to a person who is deaf/hearing impaired, intubated, has neurological deficits, or speaks another language that hinders communication.
- B. Contracted Services: A designated service that provides foreign language interpretation and/or translation services either in-person, via computer, video or telephone. Community Medical Centers (CMC) has contractual agreements that define expectations and response time and these vendors are the only language contract services that must be used.
- C. Deaf: This term is generally used to describe individuals with a severe to profound hearing loss, with little or no residual hearing. Some deaf people use sign language, such as American Sign Language (ASL) or Langue des Signes Quebecoise (LSQ) to communicate. Others use speech to communicate using their residual hearing and hearing aids, technical devices or cochlear implants, and/or speech reading.
- D. Hard of hearing (person with hearing loss) and Hearing Impaired: This term is generally used to describe individuals who use spoken language (their residual hearing and speech) to communicate. Most hard of hearing people can understand some speech sounds with or without hearing aids and often supplement their residual hearing with speech reading, hearing aids, and technical devices.

NOTE: "Deaf, deafened and hard of hearing" hearing loss ranges from mild to profound. The distinctions between the terms "deaf", "deafened", and "hard of hearing" are based principally on the individual's preferred language (spoken or sign) rather than on the actual degree of hearing loss. Deaf, deafened and hard of hearing individuals may use hearing aids, cochlear implants, or other assistive listening device(s).

- E. Care and Conversation Communicator: Any staff member who communicates in languages other than English when caring for patients is referred to as a Care and Conversation Communicator. Upon testing and training, such a staff member is assigned a Tier 1, 2 or 3 badge buddy, depending on their scope of competency in the given target language.
1. Courtesy Language Resources/In-house Language Resources (Tier 1): Any staff member who can communicate effectively in both languages in basic, everyday encounters not requiring highly specialized vocabulary. Such a bilingual staff member is fluent in English and in the necessary second language and can speak and readily interpret general patient communication in the necessary second language. (Communicates up to non-medical information). Requirement: Has successfully cleared in-house testing. This individual receives the Tier 1 badge buddy in the given language from Human Resources (HR) upon submission of their certification within two weeks of acquiring certification.
 2. RN and Other Healthcare Professionals (Tier 2): Any clinically trained professional who is bilingual and fluent in both English and another language and who is knowledgeable about the specialized healthcare terms and concepts that need to be interpreted for purposes of ensuring effective communication. Such an individual has knowledge of anatomy, symptom description, common diseases/ailments, etc. and wishes to provide service to non-English speaking patients/clients/customers without the aid of an interpreter; he/she wishes to communicate directly with the patient. This individual communicates critical medical information such as informed consents, goals of care, end of life discussions, etc., as outlined in the policy. Requirement: Has successfully completed the 8 hour in-service workshop for interpreting and cleared in-house as well as outside vendor testing. Renews certification every 2 years upon completion of HLC. This individual receives a Tier 2 badge buddy in given language from HR upon submission of their certification within 2 weeks of acquiring certification.
 3. Certified Healthcare Interpreter (Tier 3): A specially trained professional whose job description is "INTERPRETER - 1, 2 or 3 - Healthcare" and is fluent in both English and another language, who is trained and proficient in the skill and ethics of interpreting, and who is knowledgeable about the specialized healthcare terms and concepts that need to be interpreted for purposes of ensuring effective communication. Such an individual has completed a CMC approved training program and passed an exam which meets current regulatory standards (Communicates critical medical information such as informed consents, goals of care, end of life discussions, etc., as outlined in the policy) i.e. HCIN Interpreter. This individual receives a Tier 3 badge buddy in given language.
- F. Language Service Line: Language services are available via phone 24 hours a day, 7 days a week just by dialing x15 from any land line or Wi-Fi phone on campus. At FHSJ call Language Line Solutions at 1(800)752-6096 Code 298424.
- G. Non-English or Limited English Proficiency (LEP): Those individuals whose native language is other than English and who cannot speak, read, write, or understand the English language at a level that permits them to interact effectively with healthcare providers.
- H. Patient's Designated Representative: The person authorized by law or hospital policy to act on behalf of a patient who lacks decision-making capacity.
- I. Qualified Sign Language (ASL-American Sign Language) Interpreter: A person who is fluent in sign language and is trained and proficient in the skill and ethics of interpreting and who is knowledgeable about the specialized terms and concepts that need to be interpreted for purposes of ensuring effective communication.
- J. Translator: Translates all assigned written information and documents into the required language accurately as a documented verbatim of the original document. Minimum requirement includes an Associate's degree or equivalent number of college units, three years' experience in healthcare, and one year experience interpreting and/or translating in a healthcare setting. Proficiency in medical terminology in both English and target language required. At CMC, level 2 or higher interpreter that meets this criteria can translate.

III. POLICY

- A. It is the policy of CMC to provide equal access to and equal participation in healthcare activities for persons who are deaf or hard-of-hearing, as well as for persons with LEP.
- B. CMC recognizes that individuals must be able to communicate effectively with their healthcare providers.
 - 1. When language barriers exist between providers and patients the quality of information is diminished and the outcome of the patient encounter may be unsatisfactory. This may lead to decreased patient compliance, decreased patient satisfaction of care and services, and increased potential for medical errors and misdiagnosis.
 - 2. In emergency situations, treatment will be provided in accordance with standard medical practice. Interpreters will be sought promptly, but treatment will not be delayed pending the arrival of an interpreter.
- C. The communication system used for patients who have LEP or who are deaf or hard of hearing/hearing impaired will include appropriate auxiliary aids and/or language interpretation services to ensure effective communication between patients and staff during critical health services or treatment situations.
- D. It is the policy of CMC to use competent medical interpreters (i.e., certified or licensed bilingual staff - CRMC only) during critical health services or treatment situations.
- E. Interpreter Services are available 24 hours a day, 7 days a week and are offered free of charge to the patient. Interpreter Services can be made available in a variety of ways, depending on the specific needs of the patient.
- F. Staff shall verbally notify patients of their right to interpretation services available at no cost to them.
- G. CMC provides communication aids and services at no cost to the patient during their course of care.
- H. A certified healthcare interpreter (tier 3) or tier 2 badged bilingual staff shall be used - telephonically, video-conferencing or in-person, as required - in any situation where clear and effective communication of critical medical information is necessary. Situations in which the presence of an interpreter for deaf, hearing impaired, or limited English speaking patients is necessary to ensure thorough and accurate communication including "critical medical information" listed below, but are not limited to:
 - 1. Explaining a medical procedure or intervention(s).
 - 2. When Informed Consent is required for treatment.
 - 3. When explaining and describing medical conditions, tests, treatment options, medications, surgery and other procedures.
 - 4. When providing a diagnosis, prognosis, and recommendation for treatment during treatment and testing procedures.
 - 5. When providing instructions for medications, post-treatment activities, and follow-up treatments.
 - 6. When providing mental health, drug and alcohol services, or counseling for patients and family members, including group or individual therapy.
 - 7. Providing information about blood or organ donations.
 - 8. Discussing complex billing or insurance matters.
 - 9. When obtaining an Advance Directive.
- I. Certain criteria as outlined in policy warrants that an "in-person" certified interpreter may be requested and dispatched upon availability. The certified healthcare interpreter must be a Tier 2 or Tier 3. These situations include:
 - 1. End of Life discussions.
 - 2. Matters involving informed consents.
 - 3. Circumstances when telephone, video or computer technology proves inadequate to address the communication barrier.
 - 4. Cultural or gender concerns that cannot be addressed with telephone, video or computer technology.

- J. The patient's primary language is to be noted in the patient's medical record and plan of care.
- K. All LEP, non-English speaking and deaf/hearing impaired patients shall be offered an interpreter at the point of service or at any point requested during the provision of service.
- L. Minors, under the age of 18 years old, may not be used as interpreters except in an emergency and only until an in person/video/phone may be procured for the provision of certified healthcare interpretation.
- M. The patient or documented/authorized patient's representative is to be made aware of his/her rights for a certified interpreter.
- N. A patient is not required or expected to use friends or family members as interpreters because the use of such individuals may result in breach of confidentiality and reluctance from the patient to reveal personal information critical to the services to be provided.
- O. In the event that the patient prefers to use a friend or a family member to interpret on their behalf, one of the following waivers must be signed and scanned into the patient's electronic health record (EHR). [Waive Interpreter - English](#) or [Waive Interpreter - Spanish](#).
- P. Translation/Postings
 - 1. Translation
 - a. Only CMC approved interpreter agencies may be used to provide translation of patient information and/or signage.
 - i. Community Regional Medical Center (CRMC) document translations are submitted on the Forum under the Interpreting and Translation tab (refer to [Approved Interpreter Agencies](#) document). Do not contact vendor directly.
 - ii. Clovis Community Medical Center (CCMC) requests for document translation are to be submitted via email at: clovisinterpreterservices@communitymedical.org. A team member will coordinate with our contracted vendor to secure a quote and estimated completion time (refer to [Approved Interpreter Agencies](#) document). Do not contact the vendor directly.
 - iii. Fresno Heart and Surgical Hospital (FHS) requests document translation with approved Interpreter Agency as needed (refer to [Approved Interpreter Agencies](#) document).
 - 2. Signage/Postings/Informational Documents
 - a. Multilingual notices are to be placed in conspicuous locations informing patients of available bilingual services and how to access them.
 - i. These notices shall also contain the telephone number where patients can file complaints about interpretation services. Each notice shall also include a Telecommunication Devices for the Deaf (TDD/TTY) number for the hearing impaired.
 - b. Notices shall be posted in conspicuous areas around the facility, which generally includes, but not limited to, the emergency department, major entrances, admitting areas, and/or lobbies.
 - c. Documents, forms, patient information, and informational materials shall be translated to languages of patients that comprise at least 5% of CMCs patient population (i.e., Spanish).
- Q. All employees and students shall be instructed about interpretation and translating services and resources available during their new hire/new student orientation program and on an ongoing basis as appropriate at the department level. Information regarding resources includes informing of the Care and Conversation Communicators available as a Tier 1, 2 or 3 and how new hires can enroll to become a care and conversation communicator.
- R. This policy is to be reviewed and, if necessary, revised annually. A copy of the revised policy will be forwarded to the California Department of Public Health's (CDPH) local office by the Risk Management department.

IV. EQUIPMENT

- A. Auxiliary Aids
 - 1. Dual handset telephone "splitter" phones or speaker phones for foreign language interpretation
 - 2. Qualified interpreters
 - 3. Telephones with volume control
 - 4. Pocket Talkers
 - 5. Open and closed captioning on television sets
 - 6. Telecommunication Devices for the Deaf (TDD/TTY)
 - 7. Computer, video, or telephone interpretation equipment
 - 8. "Patient needs" communication cards
 - 9. Exchange of written notes
- B. ADA Tool Kit
 - 1. Telecommunication Device for the Deaf (TDD/TTY)
 - 2. Door Knock Signaler
 - 3. Telephone Handset Amplifier
 - 4. Telephone Signaler
 - 5. Closed Caption TV Decoder (CCTV)
 - 6. Alarm Clock
- C. Hand Carrying Case
- D. Baby Cry Sensor

V. PROCEDURE

- A. Admitting/Registration Staff
 - 1. Identification of Patients who require Interpreter Services:
 - a. All staff registering a patient or scheduling an appointment for a patient who has or think may have limited English proficiency or who is deaf or hard-of-hearing, must identify the patient's preferred means of communication. This can be accomplished in several ways:
 - i. Ask the patient what language s/he speaks or use the Language Identification Card.
 - ii. Access all interpreter services by dialing 15.
 - b. Once language preference is determined:
 - i. Record in medical record whether a patient needs interpreter services and the language the patient speaks.
 - I. For all patients who have limited English proficiency, deaf, or hard-of hearing:
 - A. Enter "Y" under the field "Interpreter Required?" Following that field, fill in the blank space with the preferred language spoken by the patient.
- IMPORTANT:** If a patient has limited English proficiency or is deaf/hard of hearing, always complete the "Interpreter Required" field as a "yes" regardless of whether the patient has someone with them to interpret.
- II. Whenever possible, have the patient sign all admission consent forms and waiver documents in their primary language.
 - ii. Place the unique bright orange colored identification band on patient. If a patient's primary language is not English, write the patient's primary language on the orange armband with a permanent marker pen.

- iii. Prior to sending the patient to their patient care unit, communicate the patient's communication barrier to the patient care area.
- B. Providing care/service to the patient requiring interpreter services
 - 1. Incorporate the communication barrier on the patient's plan of care.
 - 2. Check for orange arm band and verify language on the armband is correct for patient. See section Procedure A.1.b.ii-iii if assistance is needed to identify language.
 - 3. Assign patient care to patients needing language services matching their bilingual staff certification if they are Tier 2.
 - 4. If Tier 3 bilingual staff not assigned to patient needing language services, contact the Tier 3 communicator for the patient for explanation of tests/procedures, surgery, to obtain informed consent, and to give critical instructions (refer to III.H. for a list of situations).
- C. Access Interpreter Services
 - 1. Dial 15 for all phone, video or in-person interpreting needs (except FSHH):
 - a. To access a certified interpreter, dial 15.
 - b. You will hear the Healthcare Interpreter Network (HCIN) greeting. Follow the provided prompts to request the needed language. The prompt for the '#' key will automatically direct you to a dispatch operator to place a request for "in-person" interpreter for Spanish ASAP requests, all requests for Hmong and Hindi/Punjabi or a video unit request. At CRMC for all non ASAP Spanish in-person requests go to the "Interpreting In-person Request form" on the forum under Short Cuts & Tools and the interpreting department will process your request and notify you who is responding to your request. At CCMC, email your request for an in-person interpreter to clovisinterpreterservices@communitymedical.org. A team member will coordinate with the vendor/certified in-house Spanish interpreters to fulfill your request. For requests after 1800 or weekend in-person requests, please call the House Supervisor on duty to coordinate service (618-0353). Service is not guaranteed and is limited to resources the vendor has available at the time of request. Always refer to the mobile units/phones until an in-person can be scheduled so as to not delay service to your patient
 - c. Security Dispatch provides the contracted interpreter services vendor with an authorization number which the vendor must reference on each invoice/time sheet in order to secure payment (CRMC).
 - 2. At FSHH, call Language Line Solutions for interpreter services at 1(800)752-6096 Code 209424.
- D. Obtaining Communication Devices/Adaptive Equipment for Deaf or Hard-of-Hearing Patients
 - 1. Writing implements (pencil, paper, letter board, standardized picture and phrase sheet) are all tools that can be utilized to assist in communication. Ask the patient if this is an acceptable method of communicating with him/her.
 - 2. Provide an ADA Tool Kit that includes a TDD/TTY (Telecommunication Device for the Deaf).
 - 3. The ADA Tool Kits and TDD/TTY units are located at:
 - a. CCMC - PBX office
 - b. CRMC - Hospital Supervisor's office
 - c. Community Subacute and Transitional Care Center (CSTCC) - Nurses Station - request through the Charge Nurse and Social Worker
 - d. FSHH - Guest Relations
 - 4. To utilize TDD/TTY services
 - a. Dial **711** for TTY/TDD services
 - i. 711 will determine if you are using an ADA Tool Kit or a phone and direct your call to the appropriate service

- b. Dial **712** for Text to Voice services if you are using the ADA Tool Kit
- c. Dial **713** for Voice to Text services for English voice service
- d. Dial **714** for Voice To Text services for Spanish voice service
- e. Dial **715** for California Relay Services Customer Services
- 5. California Relay Services Official Contact numbers: **(Dial 9 to get an outside line)**
 - a. For Text to Voice services: **1-877-735-2929** ADA Tool Kit
 - b. For Voice to Text services: **1-888-877-5379** English voice services
 - c. For Voice To Text services: **1-888-877-5381** Spanish voice services
 - d. For Customer Services: **1-800-676-3777** Customer Service (Voice or TTY)
- E. When transferring a hearing impaired/deaf patient within the same facility, transfer the TDD/TTY and CCTV with the patient and document in the medical record that devices were sent during patient transfer. If the transfer is to another facility, notify the receiving unit of the equipment need for availability upon the patient's arrival.
- F. When the patient is discharged, return the ADA Kit to the location from which it was obtained.

VI. DOCUMENTATION

- A. Staff member or Tier 2 or Tier 3 documents in the patient's EHR if an interpreter or device(s) is/was used for the following:
 - 1. Critical Medical Information
 - a. Name of the interpreter, including:
 - i. Interpreter used (first and last name)
 - ii. Interpreter agency, as appropriate
 - iii. Time
 - iv. Date
 - b. Communication devices and adaptive equipment used
- B. Staff member or Tier 2 or Tier 3 completes an [Interpreter Attestation During Informed Consent](#) form when an interpreter was utilized to obtain informed consent. The interpreter signs the form.

EXCEPTIONS:

- 1. When the consent form signed by the patient includes the Interpreter Attestation statement, the interpreter is to sign, time and date that section.
- 2. When utilizing HCIN or Language Line, the consent form signed by the patient includes the Interpreter Attestation statement. CMC staff document the interpreter identification number, time, and date.
- 3. Complete Section I, Oral Communication for Procedure if Informed Consent was obtained by the physician in his/her office.
- C. The Tier 2 or Tier 3 communicator is to chart the following information in the Medical Health Record at the point of service (using the bedside WOW, charting station on the requesting unit) upon concluding the interpreter session:
 - 1. Start date
 - 2. Start time
 - 3. End time
 - 4. Language Spoken
 - 5. Interpreter Session type
 - 6. Interpretation provided
 - 7. Requested by (Provider/Staff)
- D. Staff member documents the use of communication devices and adaptive equipment used.
- E. Staff member documents when communication devices and adaptive equipment is transferred with the patient within the facility.
- F. Staff member documents when ADA Kit is returned to its location.

VII. PATIENT TEACHING

Inform patient of availability of Care of Conversation Communicator in the form of Tier 1, 2 and 3 on the unit. Explain the scope of communication of each Tier. Also educate on interpreting equipment available.

VIII. REFERENCES

Americans with Disabilities Act (ADA)

Comprehensive Accreditation Manual for Hospitals

California Health & Safety Code, Division 2, Chapter 2, Article 1, 1259.c.2.

Title VI of the Civil Rights Act of 1964