



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

Policy & Procedure Number	11959
Policy Manual Type	Patient Care Policy & Procedure
Document Owner	Silva, Natalie
Effective Date	06/14/2024
Next Review Date	06/14/2025
Application Scope (Applies to)	All CMC Entities
Approved By / Approved Date	Interdisciplinary P&P Comm (A): 03/11/2024 04:42PM PST Medical Executive Committee(A): 03/19/2024 09:58AM PST Daniel E Davis, SVP Chief Clinical and Operations Officer: 03/19/2024 01:43PM PST Prof Affairs & Quality Com (A): 06/14/2024 08:33AM PST
Status / Rev #	Official (Rev 19)
Keywords	LEP, interpreter, translating, interpreter services, hearing impaired, TDD, ASL, certified, sign language, translator, language access, waive, waiver
Submitted by	Kaur, Parminder

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.
 1. Health and Safety Code of California requires licensed general acute care hospitals to provide language assistance services to patients with language or communication barriers.
 2. 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.
 3. 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 (Refer to VIII Requirements section).

Upon testing and training, such a staff member is assigned a Tier 1 or 2 badge buddy, depending on their scope of competency in the given targeted language.

1. Courtesy Language Resources/In-house Language Resources (Tier 1): Such a bilingual staff member is fluent in English and in the necessary second language. The staff member can speak and readily interpret general patient communication in the necessary second language. (may communicate general information, excluding medical information).
 2. Professionals (Tier 2):
 - a. Any clinically trained professional who is bilingual and fluent in both English and another language and who is knowledgeable about the specialized health care 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.
 - b. Providers who are bilingual and fluent in both English and another language are required to complete an attestation stating they are fluent in both English and the specified language.
 - i. For Physicians and Advance Practice Professionals, this attestation will be completed as part of their application for privileges. This will be kept on-file in Medical Staff Office. Tier 2 Badge Buddies will be assigned upon completion of their appointment or renewal of privileges.
 - ii. For Residents & Fellows this attestation will be completed as a part of their initial onboarding process and a Tier 2 Badge Buddy will be assigned when the attestation is received.
 - c. University of California San Francisco (UCSF) Medical Center Staff: An individual that works for UCSF medical center and goes through all the steps to attain a Tier 2 badge as listed below in Section VII. A. 2. c.
 3. Certified Healthcare Interpreter (Tier 3): A certified professional whose exclusive job description is "INTERPRETER - 1, 2 or 3 - Health care" and who is fluent in both English and another language. This individual is trained and proficient in the skill and ethics of interpreting, and who is knowledgeable about the specialized health care terms and concepts that need to be interpreted for purposes of ensuring effective communication. Certified Healthcare Interpreters communicate critical medical information, such as informed consents, goals of care, end of life discussions, etc. This individual receives a Tier 3 badge buddy in the given language.
- F. Language Service Line: Language services are available via phone 24 hours a day, 7 days a week by dialing x15 from any land line or Wi-Fi phone on campus.
- 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 health care 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. Primary Language: The language the patient uses most frequently to communicate.
- J. Preferred Spoken Language: The language the patient and caregiver chooses/wants all communication to occur in during their care. Preferred language can be different than their primary language.
- K. Preferred Written Language: The language the patient and caregiver choose/want all written materials in.
- L. Provider: A person who is authorized to provide care as determined by privilege or competency through the Medical Staff and the Board of Trustees - including the following:
1. Medical Staff Member: Physicians and others granted membership on the Medical Staff and, for purposes of this policy, includes individuals with temporary clinical privileges.
 2. Advanced Practice Professional (APP): Physician assistants and advance practice nurses including nurse practitioners, certified nurse midwives, certified registered nurse anesthetists and other non-physician providers who provide direct patient care services under a defined degree of supervision by a physician Medical Staff Member.
 3. Learner: A student, resident or fellow who does not have privileges or credentials on the Medical Staff of CMC for their academic program. Please refer to Medical Education - Students, Residents / Fellows policy for supervisory details regarding Learners.

- M. 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.
- N. 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, interpreter 2 or higher interpreter that meets these criteria can translate.

III. POLICY

- A. It is the policy of CMC to provide equal access to and equal participation in health care interactions for persons who are deaf or hard-of-hearing, as well as for persons with LEP.
- B. Community Medical Centers recognizes that individuals must be able to communicate effectively with their health care providers in order to improve the quality of information, the outcome of the patient encounter, and to increase patient compliance, and patient satisfaction of care and services.
- C. It is the policy of CMC to use competent medical interpreters (i.e., certified or licensed bilingual staff) during critical health services or treatment situations. 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 including but not limited to the following modalities: in-person, video, and or audio.
 - 1. 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.
- D. 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.
- E. Staff shall verbally notify patients of their right to interpretation services available at no cost to them.
- F. A certified health care interpreter (Tier 3) or badged bilingual staff (Tier 2) shall be used - telephonically, video-conferencing or in-person, as required - in any situation where clear and effective communication of 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.
- G. Certain criteria as outlined in policy warrants that an "in-person" certified interpreter may be requested and dispatched upon availability. The certified health care interpreter must be a Tier 2 or Tier 3. These situations include:
 - 1. End of Life discussions.
 - 2. Circumstances when telephone, video or computer technology proves inadequate to address the communication barrier.
 - 3. Cultural or gender concerns that cannot be addressed with telephone, video or computer technology.
- H. The patient's primary language, preferred spoken language and preferred written language are to be noted in the patient's electronic health record (EHR).
- I. 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 interpreter may be procured for the provision of certified health care interpretation.
- J. The patient or documented/authorized patient's representative is to be made aware of his/her rights for a certified interpreter.

- K. 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.
- L. 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 EHR. [Waive Interpreter - English](#) or [Waive Interpreter - Spanish](#).
- M. Translation/Postings
 1. Document translations are submitted on the Forum under the Interpreting and Translation tab. Do not contact vendor directly. Only CMC approved interpreter agencies may be used to provide translation of patient information and/or signage. 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 CMC' patient population (i.e., Spanish) as determined during annual review of CMC LEP patient encounters.
- N. 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 on how employees can enroll to become a Care and Conversation Communicator (Tier 1 or 2 only) is also provided.
- O. This policy is to be reviewed at least every three years or sooner if there are new regulations. A copy of the revised policy will be forwarded to the California Department of Public Health's (CDPH) local office as required by regulation.

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. Open and closed captioning on television sets
5. Telecommunication Devices for the Deaf (TDD/TTY)
6. Computer, video, or telephone interpretation equipment
7. Exchange of written notes

B. Americans with Disabilities Act (ADA) Tool Kit (in hand carrying case)

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. 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. Staff determines the patient's primary language, preferred spoken language and preferred written language, they are to be noted in the patient's electronic health record (EHR) in the Demographics section.
- c. Once language preference is determined:
 - i. For all patients who have limited English proficiency, deaf, or hard-of-hearing:
 - I. 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.
 - III. If a patient chooses to utilize family members or friends for interpretation, that patient will sign the appropriate waiver.
 - ii. Upon identifying the patient's preferred language, write the patient's preferred spoken language on the orange armband with a permanent marker pen and place the band on patient.
 - 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.
3. Assign patient care to patients needing language services matching their bilingual staff certification if they are Tier 2.
4. If Tier 2 bilingual staff not assigned to patient needing language services, contact the Tier 2 communicator or Tier 3 in-house interpreter for the patient for explanation of tests/procedures, surgery, to obtain informed consent, and to give critical instructions.

C. Access Interpreter Services

1. Dial 15 to access a certified interpreter for all interpreting needs over the phone (OPI):
 - a. You will hear the Healthcare Interpreter Network (HCIN) greeting. Follow the provided prompts to request the needed language.
 - b. The prompt for the '#' key will automatically direct you to a dispatch operator to place an as soon as possible (ASAP) request for "in-person" interpreter for Spanish, Hmong, Lao, Punjabi & Hindi. For all non ASAP Spanish, Hmong, Lao, Punjabi & Hindi in-person requests, go to the "Interpreting In-person Request form" on the forum under Shortcuts & 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. For onsite deaf and hard of hearing interpreter needs at CRMC/FHSH, dial 15 and press # to connect to Security Dispatch who directs the caller to the contracted vendor.

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.

3. The ADA Tool Kits and TDD/TTY units are located at:
 - a. CCMC - PBX (Operator's) office
 - b. CRMC - Hospital Supervisor's office
 - c. Community Subacute and Transitional Care Center (CSTCC) - Nurses Station - request through the Charge Nurse or Social Worker
 - d. FHSJ - 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 with the patient and document in the EHR 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 verifies if an Interpreting Services waiver has been signed by patient.
- B. Requesting staff member 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
 2. If the requesting staff member is a Tiered bilingual staff, can document in their notes or the Interpreter Flowsheet that they themselves interpreted.
- C. When a member of Medical Staff who has filed an attestation with Medical Staff Office provides translation for the patient for an informed consent, he or she should document the provision of information within the EHR.
- D. Consent Forms
 1. When utilizing an interpreter, the consent form signed by the patient includes the Interpreter Attestation statement. CMC staff document the interpreter identification number, time, and date.
- E. The staff member documents the following information in the EHR upon concluding the interpreter session including when interpretation was provided by a family member:
 1. Start date
 2. Start time
 3. End time
 4. Language Spoken
 5. Interpreter Session type

6. Interpretation provided
7. Requested by (Provider/Staff)
- F. Staff member documents the use of communication devices and adaptive equipment used.
- G. Staff member documents when communication devices and adaptive equipment is transferred with the patient within the facility.
- H. Staff member documents when ADA Kit is returned to its location.

VII. REQUIREMENTS

- A. Care and Conversation Communicator requirements. Upon testing and training, any staff member who communicates in languages other than English when caring for patients is assigned a Tier 1 or 2 badge buddy, depending on their scope of competency in the given targeted language.
1. Courtesy Language Resources/In-house Language Resources (Tier 1):
 - a. Staff members shall self-identify as a Tier 1 Communicator by first completing the online education (HealthStream Learning Module (HLC)) titled "My CMC Care and Conversation Communicator."
 - b. Once complete, the staff member shall submit the Tier-1 Self-assessment form to the Interpreting Department for processing.
 - c. The Interpreting Department will issue a Tier 1 Certificate & Acknowledgment to the staff member.
 - d. The staff member shall next submit the Certificate & Acknowledgment to the Human Resources (HR) Department.
 - e. Upon receipt of the Certificate & Acknowledgment, HR will issue a Tier 1 badge buddy to the staff member.
 2. Professionals (Tier 2):
 - a. Clinically trained Requirement:
 - i. Has successfully cleared in-house as well as outside vendor testing, and completed the 8-hour workshop for interpreting.
 - ii. Renews certification every 3 years upon completion of HLC.
 - iii. Within 2 weeks of acquiring certification and upon submission of their certification to HR, this individual receives a Tier 2 badge buddy in the given language from HR
 - b. Providers who are bilingual and fluent in both English and another language are required to complete an attestation stating they are fluent in both English and the specified language.
 - i. For Physicians and APPs, this attestation will be completed as part of their application for privileges. This will be kept on-file in Medical Staff Office. Tier Two Badge Buddies will be assigned upon completion of their appointment or renewal of privileges.
 - ii. For Residents and Fellows this attestation will be completed as a part of their initial onboarding process and a Tier Two Badge Buddy will be assigned when the attestation is received.
 - c. University of California, San Francisco Fresno Staff
 - i. Has successfully cleared evaluation via internal bilingual survey as well as outside vendor testing, and completed the 8-hour workshop for interpreting.
 - ii. Renews certification every 3 years upon completion of HLC.
 - iii. Within 2 weeks of acquiring certification and upon submission of their certification to Community Health Systems Interpreter Services manager this individual receives a Tier 2 badge buddy in the given language from Community Health Systems Interpreter services.
 3. Certified Healthcare Interpreter (Tier 3):
 - a. Has completed a CMC approved training program.

VIII. PATIENT TEACHING

Inform patient that 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. Inform one of the ways includes the availability of Care of Conversation Communicator in the form of

Tier 1 & 2 on the unit. Explain the scope of communication of each Tier. Also educate on interpreting equipment available.

IX. 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

References

Reference Type	Title	Notes
Documents referenced by this document		
Referenced Documents	Waive Interpreter - English	
Referenced Documents	Waive Interpreter - Spanish	
Applicable Documents	CMC Interpreter Services Contact Information	
Referenced Documents	Approved Interpreter Agencies	
Documents which reference this document		
Referenced Documents	Transfer of Patients - In House - Patients 14 and Older	
Referenced Documents	Patient and Family Education Materials Development	
Referenced Documents	ED Registration	
Referenced Documents	Conditions of Admissions & Consent to Outpatient Care	
Referenced Documents	Pre-Procedure & Post-Procedure Care	
Referenced Documents	Standard Alert Wristband Colors	Interpreters/Translation: Non-English/Limited English Proficient & Deaf/Hearing Impaired
Referenced Documents	Admissions to Labor and Delivery	Interpreters/Translation: Non-English/Limited English Proficient & Deaf/Hearing Impaired
Referenced Documents	Admission & Ongoing Assessment – Nursing (Acute Care)	
Referenced Documents	Pneumococcal and Influenza Vaccinations	
Referenced Documents	Patient Assessment	
Referenced Documents	Discharge Planning	
Referenced Documents	Patient and Family Education Program - General	
Referenced Documents	Consents	
Referenced Documents	Maternal Care Routine	
Referenced Documents	End of Life Care-Patients Under 14	
Referenced Documents	Transfer of Patients - In House-Patients Under 14	
Referenced Documents	Fine Needle Aspiration Cytology	Interpreters/Translation: Non-English/Limited English Proficient & Deaf/Hearing Impaired
Referenced Documents	Bone Marrow Collection	
Referenced Documents	Pain Assessment & Management - Patients 14 and Older	Interpreters/Translation: Non-English/Limited English Proficient & Deaf/Hearing Impaired

Referenced Documents

[Pain Assessment & Management-Patients Under 14](#) [Interpreters/Translation: Non-English/Limited English Proficient & Deaf/Hearing Impaired](#)

Applicable Documents

[End of Life Care-Patients Under 14](#)

Applicable Documents

[Pediatric Nursing Standards of Care](#)

Paper copies of this document may not be current and should not be relied on for official purposes. The current version is in Lucidoc at

cmchromesec://lucidoc.cmcinet.org/lucidoc/Login.aspx?returnto=%2Fcgi%2Fdoc-gw.pl%3Fref%3Dcommunitymc%3A11959.