

Queen of the Valley Medical Center Patient Care Services Administrative Manual POLICY/PROCEDURE	JC Section: Rights and Responsibilities (RI)
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	Effective Date: 1/92
Title: <b>INTERPRETER SERVICES</b>	Reviewed/Revised: 6/92, 8/92, 7/93, 11/94, 2/95, 1/96, 3/99, 4/01, 2/02, 11/04, 1/07, 5/09, 7/10, 9/11, 9/12, 10/13, 12/14, 12/15, 12/16, 05/17
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**Values Context:**

Practicing within the context of our core values of Dignity, Excellence, Service and Justice ensures the provision of respect for each person, accountability, commitment to quality, opportunities to serve each other and a sense of community among all persons.

**Purpose:**

To provide QVMC patients and families, with identified language barriers, access to individualized communication services as needed.

**Policy:**

It is the policy of QVMC to provide alternate communication services for those patients and family members identified as requiring communication assistance and: 1) who are non-English speaking or Limited English Proficient (LEP) and constitute at least 5% of the patients served, 2) are hearing or vision impaired or the primary language is sign language.

**Considerations/Regulations/Related Issue:**

The Joint Commission

RI.01.01.03, 2016 Title VI  
of the Americans with  
Disabilities Act

Title VI of the Civil Rights Acts of 1964, 42

U.S.C. §2000d. Executive Order 13166,  
2000

Patient Protection Affordable Care Act, Language Access Regulations, 2016  
Department of Health and Human Services Office for Civil Rights Title VI  
Guidance, NationaCulturally and Linguistically Appropriate Services  
(CLAS) Standards, 2000

Kopp Act CA Health and Safety Code, Section  
§1259, 1990 CA Government Code  
Section 11135

CCR, Title 9, Section 1810.410 (f) (3)

California Standards for Healthcare Interpreters: Ethical Principles, Protocols, and  
Guidance on Roles & Intervention, 2002

**Scope/Responsible Person(s):**

All QVMC Employees

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**Procedure:**

**I. Interpreting Services Requirements:**

- A. Identified language assistance patients must be offered access to alternate communication services.
- B. It is recommended that an interpreter (in-person, video or telephonic) be present during the provision of medical, nursing and ancillary services.
- C. Staff may not request anyone other than designated interpreting services or an employee certified in interpreting to assist with translations.
- D. If the patient refuses the use of interpreter services document this in the medical record.

**II. Procedure to Inform Patients of the Rights to Interpreting Services**

- A. Limited-English Proficient (LEP), hearing, speech or vision impaired patients shall be advised of the right to have interpreting services and/or Braille forms provided to them at no charge and within a reasonable time.
- B. Emergency medical services shall not be withheld pending the arrival of an interpreter.
- C. Contact names, telephone numbers and access codes for direct access to interpreting services are available to all QVMC staff through job aids and Staff Hub.

**III. Procedure for Obtaining an Interpreter**

- A. Interpreting services are available in the following ways:
  - 1. Telephonic interpreters are available in 200+ spoken languages, 24/7/365 by contacting Pacific Interpreters at 800-264-1552, access code 830295
  - 2. American Sign Language (ASL) and 30+ spoken languages are available 24/7/365 by login in to Language Line video application through the "Interpreter on Wheels".
    - a. If written communication is utilized for the hearing-impaired patient, all of the written communication must be kept in the patient's medical record.

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3. Qualified Bilingual Staff may be available to aid with oral interpretation (See StaffHub, Department Specific Policies, Interpreting Services, and List of Interpreters). The staff listed shall be used for interpretation for complex cases and as assigned by their supervisor.

B. Telecommunication Division Device for the Deaf (TDD) services are available by calling the California Relay Service at 1(800)855-7100 or 711 from an outside line when needing to communicate with a deaf or hard of hearing patient at their personal phone number.

C. Vision Impaired Patients

1. The Admitting Office keeps a Braille version of vital documents such as informed consents and Patient's Rights in their office and makes them available to patients.

#### **IV. Required Documentation for Staff When Using Interpreters:**

- A. Name and title of the interpreter, and ID number when using telephone or video interpreter.
- B. If a patient uses anyone other than hospital interpreter services, document the person's name and relationship to the patient.

#### **V. Informed Consents or Discharges**

- A. Consent and discharge instructions shall be in English as well as the primary language of the patient, for all populations which comprise at least 5% of QVMC's patient population.
- B. When an in-person interpreter is used, he or she shall sign the Consent form where indicated. When telephone or video interpreters are utilized, record the interpreter's ID number/name.

#### **VI. Patient Language Tracking**

- A. The patient's language preference and/or need for interpreting services are identified and recorded in the electronic patient care system during the registration process. This information is available to all staff on the patient's face sheet.

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## **VII. Public Notice**

- A. Notices in English and Spanish regarding the availability of interpreter services are posted in key locations and the patient handbook.
- B. Notices advise patients of the procedure for obtaining an interpreter at no cost to them, a TDD (707) 265-8222 number for the hearing impaired, and the telephone numbers where complaints may be filed are posted in the Emergency Department, Admitting/Lobby area key locations and the patient handbook.

## **VIII. Availability of Devices to Aid Communication Assistance**

- A. Clinical areas are equipped with video telecommunication (iPads), dual handset/cordless telephones for the delivery of remote interpreting. Patient areas which need access to this type of service include but are not limited to:
  1. All stations of patient registration, financial counseling and admission.
  2. Designated exam rooms.
  3. All nursing stations.
  4. All telephone based services developed for public access, including hospital operators and appointment scheduling.
- B. The Emergency Department and PBX have a stand-alone text based communication device (UbiDuo) available for hearing impaired patients. TDD which hearing impaired patients can call in at (707) 265-8222.

## **IX. Orientation/Education of Employees**

- A. During hospital orientation, employees are provided information on interpreting services available at QVMC.
- B. On-going education about interpreter services is provided to employees as necessary.

## **X. Ongoing Assessment of this policy**

- A. In compliance with the Kopp Act, California Health and Safety Code Section 1259, this policy is reviewed annually by this facility and submitted annually to:

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State Department of Health  
 Services Office of Civil  
 Rights, MS 0504  
 P.O. Box  
 997377  
 Sacramento, CA  
 95899 (916)  
 445-0938

**References:**

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 Federal Register 80865

Culturally and Linguistically Appropriate Services (CLAS) Standards in Health Care (2000) Dymally-Alatorre Bilingual Services Act (1973)

Roadmap for Hospitals (The Joint Commission) (2010) Communication Assistance

**Author's Job Title:**

Director, Mission Services

**Committee Approvals:**

Survey Readiness Committee: 4/07; 6/07; 2/09; 2/10; 6/10, 5/11, 8/12, 9/13, 10/14, 11/15, 11/16, 04/17

Medical Staff Quality Council: 7/07, 3/09, 4/21/10, 6/16/10, 6/11, 7/11, 8/12, 9/13, 11/14, 11/15, 11/16, 04/17

Medical Staff Executive Committee: 8/07, 4/09, 5/4/10, 9/11, 9/12, 10/13, 12/14, 12/15, 12/16, 05/17

Clinical Quality Committee: 8/07, 4/09, 7/10, 9/11, 9/12, 10/13, 12/14, 12/15, 12/16, 05/17

Board of Trustees: 8/07, 4/09, 7/10, 9/11, 9/12, 10/13, 12/14, 12/15, 12/16, 05/17