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Interpreter and Translation Services/Hearing Devices (Language Access Plan for Limited English Proficiency Persons)

In keeping with the mission and values of Providence Health & Services, it is the policy of Providence Health System-Southern California to adopt this regional clinical standard for use in the following*:

Table with 2 columns: X (checkbox) and Location/Service. Rows include Providence Little Company of Mary Medical Center Torrance, Providence Little Company of Mary Medical Center San Pedro, Providence Holy Cross Medical Center, Providence Saint Joseph Medical Center, and Providence Tarzana Medical Center.

X	Acute Care
Providence Saint John's Health Center:	
X	Acute Care

*An "x" identifies inclusion and the absence of an "x" indicates exclusion or exception.

POLICY

In keeping with the Mission and Core Values of Providence Health & Services – Southern California (“Providence”) we support and provide effective communication to patients and their companions.

When language or communication barriers exist (such as with persons who are deaf, hard of hearing, blind or have low vision or Limited-English Proficiency “LEP”) between patients or their companions and the hospital caregivers, Providence employees or Licensed Independent Practitioners (“LIP”) will ensure arrangements are made for language assistance, interpreter and translation services, including auxiliary aids and services, at no cost to the patient. This policy includes communication of information contained in critical documents, including consent to treatment forms, financial and insurance benefits forms, etc.

In compliance with Health and Safety Code 1259, Providence will post the policy on the ministry Internet website along with a notice of the availability of language assistance services.

PURPOSE

The procedures outlined below are intended to ensure effective communication with patients and their companions. The procedures shall ensure, to the extent possible, that interpreters or auxiliary aids and services to achieve effective communication will be available 24 hours a day.

DEFINITIONS

“Companion” means patient family members, surrogate decision makers or support persons involved in the patient’s treatment course and decision-making.

“Interpreter” means a person fluent in English and in the patient/companion second language or American Sign Language that can accurately speak, read, and readily interpret the second language or accurately sign and read American Sign Language. Interpreters shall have the ability to translate the names of body parts and to describe symptoms and injuries in both languages. Interpreters may include members of the medical or professional staff who have been certified as qualified interpreters, third party translation service providers, or the patient’s family member(s), surrogate decision maker(s) or support person(s) if requested by the patient.

“Qualified Interpreter” means a person or agency which has contracted with the ministry to provide certified language interpretation, including dialects when necessary. Qualified medical interpreters have received professional instruction in medical concepts and terminology, interpretation skills and process, communication skills, ethics, confidentiality and cultural issues consistent with the National Standards of Practice for Interpreters in Health Care.

“Qualified Sign Language Interpreter” means a person who is able to sign in American Sign Language (ASL) interpretation to hearing impaired individuals, and has received professional instruction in medical concepts and terminology, interpretation skills and process, communication skills, ethics, confidentiality and cultural issues consistent with the National Standards of Practice for Interpreters in Health Care.

“Video Remote Interpreter (VRI)” means access via video to a live spoken-language or ASL interpreter in

accordance with the following performance standards: (a) real-time, full-motion video and audio over a dedicated, high-speed, wide-bandwidth video connection or wireless connection that delivers high-quality video images that do not produce lags, choppy, blurry, or grainy images, or irregular pauses in communication; (b) a sharply delineated image that is large enough to display the interpreter's face, arms, hands, and fingers, and the participating individual's face, arms, hands, and fingers, regardless of his or her body position, and; (c) a clear, audible transmission of voices.

"Limited English Proficiency (LEP)" means persons unable to speak, read, write or understand the English language at a level that permits them to interact effectively with health care providers, and includes the deaf or hearing impaired.

"Auxiliary aids and services" includes:

1. Qualified interpreters on-site or through video remote interpreting (VRI) services; note takers; written materials; exchange of written notes; voice, text, and video-based telecommunications products and systems, including text telephones (TTD/TTY), videophones and captioned telephones, or equally effective telecommunications devices; accessible electronic and information technology; or other effective methods of making aurally delivered information available to individuals who are deaf or hard of hearing;
2. Qualified readers or other effective methods of making visually delivered materials available to individuals who are blind or have low vision (including, as may be available: taped texts; audio recordings; Braille materials and displays; screen reader software; magnification software; optical readers; secondary auditory programs (SAP); large print materials; accessible electronic and information technology).
3. Acquisition or modification of equipment or devices.

PROCEDURE/GENERAL INSTRUCTIONS

Providence staff will promptly identify the language and communication needs of patients and their companions, furnish interpreters or appropriate auxiliary aids and services to patients and their companions where necessary to ensure effective communication, and document patients' primary language and dialect or preferred auxiliary aids or services in the patient's medical record, and when reasonable on the patient's registration form or bedside notice. Such documentation shall be made to inform providers of patients' language and communication needs.

1. Interpreter and/or auxiliary aids and translation services, and qualified readers (or other auxiliary aids and services for those who are blind or have low vision) will be made available in all patient areas.
2. Determine whether an interpreter, auxiliary aid or service is necessary to provide the patient or companion with effective communication, and if so, what type of auxiliary aid or service is needed.
 - a. In order to be effective, auxiliary aids and services must be provided in accessible formats, in a timely manner, and in such a way as to protect the privacy and independence of the patient or companion.
 - b. The type of auxiliary aid or service necessary to ensure effective communication will vary in accordance with the method of communication used by the individual; the nature, length, and complexity of the communication involved; and the context in which the communication is taking place.
 - c. Providence caregivers will consult with patients and their companions whenever possible to determine the type of auxiliary aids needed to ensure effective communication.

- d. Patients may need language assistance in clinical encounters if they: (1) ask very few questions; (2) simply nod or say “yes” in response to questions or comments. (Some patients may have a cultural reason for nodding and saying, “yes,” even when they do not agree.); (3) give inappropriate or inconsistent answers to questions.
 - e. The use of chalkboards, note pads, standardized picture sheets, and other effective communicative methods will be encouraged as indicated.
 - f. Generally, telephonic, VRI or an in-person interpreter, instead of chalkboards, note pads, or standardized picture sheets, may be used for communications such as: (1) obtaining the initial history and during the initial physical examination (in the emergency department to the extent that the patient’s physical condition is conducive to such a delay, or on the patient floor if the patient is admitted directly to the hospital); (2) for discussions concerning surgical options; (3) during surgery, except during the use of general anesthesia; (4) during labor and childbirth; (5) during discharge to provide discharge instructions regarding medications, post discharge care and follow-up; (6) for discussion of do not resuscitate orders, living wills and/or health care proxies; (7) during eye examinations; (8) when conveying critical results to a Patient or Companion; (9) for interactions with minors (unless otherwise appropriate to the purpose of the communication).
 - g. VRI will be used for ASL translation. In circumstances where VRI is deemed not appropriate for the patient or companion, Providence personnel should honor a request for an in-person interpreter. Those circumstances might include: (1) a patient has cognitive limitations may impede his/her ability to use VRI (3) where space restrictions prevent the appropriate showing of the interpreter’s and patient’s respective face, arms, hands, and fingers; and (4) where there is no internet or the VRI is inoperable. The preference of the patient and companions are to be considered.
 - h. Providence caregivers make the ultimate decision as to the auxiliary aids and services, provided that the method chosen results in effective communication.
3. Providence personnel shall make a qualified interpreter available to the patient or companion as soon as practically possible from the determination that a qualified interpreter is necessary. Any delays in service should be immediately reported to the House Supervisor and documented in the patient’s medical record and a Unusual Occurrence Report (UOR).
 4. When an equally effective alternative is offered instead of a patients’ or companions’ requested choice for communication, documentation should identify: the individual selecting the alternative; the date and time of the selection; the alternative auxiliary aid or service that was provided; and the specific reason for providing the alternative instead of the requested auxiliary aid or service.
 5. Providence employees or LIP shall not rely on an individual accompanying a patient or his/her companion to interpret or facilitate communication, except: (a) in an emergency involving an imminent threat to the safety or welfare of an individual or the public where there is no interpreter available; or (b) where the patient or his/her companion specifically requests that the accompanying individual interpret or facilitate communication and the accompanying individual agrees to provide such assistance, and such reliance on that individual for assistance is appropriate under the circumstances (minors may not act as interpreters except in an emergency as described above in 5(a)).
 6. Providence Employees or LIP who can effectively interpret the spoken language or sign for the patient may be used for routine care or simple communication as may other aids such as communication boards, notes, video text materials, or other effective communication devices.

7. Forms may be used to inform, educate and obtain consent for treatment and where indicated, translated or provided in the patient's preferred language (i.e. Krames on Demand, patient education Health Sheets, Topic Sheets, Discharge Instructions, etc. are accessible on line in multiple languages).
 - a. Vital documents (Conditions of Admission, procedure Informed Consent forms, discharge instructions, Public Notices) will be available in the language(s) of the group(s) that comprise more than 1000 persons or 5% or more of the service population of the ministry, or whichever is less. When such a document is not available in the patient's primary or preferred language, the qualified interpreter will read and interpret the English version in the preferred language of the patient or companions.
 - b. A deaf or hard of hearing patient (or her/his companion, when also in the role of surrogate decision maker of the patient) will not be permitted to sign an informed consent without the benefit of a qualified interpreter or other auxiliary aids and/or services providing an equally effective means of communication. Consent forms available only in English will include a field available for the interpreter signature or identification number.
8. When a patient or companion declines auxiliary aids or services offered by Providence staff, documentation in the medical record should include that risks of declining/refusing services were explained using effective means of communication, and the time of refusal and reason for refusal.
9. Patient' or companions' who decline auxiliary aids or services offered by Providence may obtain services of their choosing at their own cost.

OBTAINING INTERPRETER SERVICES OR AUXILIARY AIDS AND SERVICES

1. All patient care units have translation phones, VRI, or access to the contracted interpreter services provider telephone number. If a phone or device is not available on the unit, contact the Hospital Operator or the House Supervisor and ask for the interpreter phone or device. If the device is not available or the call needs to be made from an area where access to an analog line is not available, the Hospital Operator can provide access to the interpreter provider telephone number. The House Supervisor will also provide appropriate assistance regarding immediate access to and proper use of any auxiliary aid or service required.
2. For deaf or hard of hearing patients and companions who require in-person translators, services may be arranged during business hours through the Hospital Operator or the House Supervisor.
3. To receive an amplified telephone or the TTY/TDD device for the patient's room, call the Information Systems Help Desk during the hours of 7:00 a.m. – 3:30 p.m.; after hours, contact the Hospital Operator.

SIGNAGE/NOTIFICATION

1. Notices of availability of interpreter services, including American Sign Language, amplified phones and TTD, are to be posted in public intake areas of the ministry. The notices are to be posted in the languages determined to comprise more than five percent (5%) or more of the ministry's service population. The notice shall instruct patients to direct complaints regarding interpreter services to the state department and shall provide the local complaint address and telephone number.
2. Each January, the hospital will review and/or update the policy and transmit a copy to the California Department of Public Health and to the Office of Statewide Health Planning and Development each

January, along with a letter describing the efforts to ensure effective communication between patients with language or communication barriers and staff.

3. All complaints or grievances related to communication barriers or Interpreter Services will be documented in a Feedback UOR, for management in accordance with the Providence policies governing complaint/grievance management or non-discrimination.

REFERENCE(S)/RELATED POLICIES

Title 22 Section 70721

45 CFR § 84.52 (c) (d)

Cal. Health and Safety Code § 1259

The Americans with Disabilities Act (“ADA”), 42 U.S.C. §§ 12131-12134

29 U.S.C. § 794(a) [also known as, Section 504 of the Rehabilitation Act of 1973]

42 U.S.C. § 18116 [Section 1557 of the Patient Protection and Affordable Care Act]

The Joint Commission Patient Centered Communication Standards

Attachments:

No Attachments

Approval Signatures

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