



Origination: 1/28/2004
Effective: Upon Approval
Final Approved: N/A
Last Revised: 2/4/2022
Next Review: 1 year after approval
Owner: Melissa Tamagno: Manager, Human Resources
Policy Area: Administrative
References:
Applicability: Sutter Santa Rosa Regional Hospital

Language and Communication Assistance – Limited or Non-English

*For Hearing and/or Vision Impaired see also policy: Patients and Visitors With Disabilities: Communication Assistance

POLICY

The hospital recognizes the obligation to provide equal access to the services it provides. Use of family members, companions or any minor as interpreters is discouraged, except for the most extraordinary circumstances, such as medical emergencies. Use of any of these individuals may violate patient confidentiality or may compromise care. However, patients may request such services and give permission to the health care team to share information with any of those individuals. The organization will provide, at no cost to the patient, family member, or representative, language assistance to Limited English Proficient (LEP), and hearing and visually impaired people as necessary for effective communication in connection with the treatment rendered. The hospital advocates the application of the National Standards of Practice for Interpreters in Health Care (see attachment A).

Notices in English, Spanish and other languages, as appropriate, will be posted in the emergency room, the admitting area, the entrance, and the outpatient areas regarding the availability at no charge of the interpreter services described above. The notices will advise patients of their right to file a complaint regarding the provision of language assistance services and of the organization's internal compliance procedure. The notices will also advise patients that complaints regarding interpreter services may be directed to the California Department of Health Services and will include the Department's address and telephone number, including its TTY number for the hearing impaired.

The patient care staff will conduct an assessment of the communication needs of each patient served and record the patient's needs in the medical record. The assessment will include:

- A. Primary language or dialect
- B. Hearing impairment
- C. Sight impairment
- D. Need for interpreter services

All people who interpret for LEP people and people with hearing and visual impairment shall maintain confidentiality of information.

PURPOSE

To ensure that LEP people and people with hearing or visual impairments have equal access to all services offered by the hospital.

To meet State and Federal requirements for the provision of language assistance to all LEP, hearing and visually impaired people as necessary for effective communication in connection with treatment rendered by this hospital.


APPLICATION OF POLICY

A. Definitions

1. **Translation:** Conversion of written text from one language to another.
2. **Interpretation:** Conversion of the spoken word from one language to another. A certified interpreter and/or Telephone Language Line is used *required* to interpret patient consent conversations.
3. **Limited English Proficiency (LEP):** People who are "Limited English Proficient" cannot speak, read, write and/or understand the English language at a level that permits them to effectively communicate with healthcare professionals.
4. **Language or communication barriers:** Spoken language barriers are those experienced by individuals who are limited English-speaking or non-English speaking. Communication barriers are impediments experienced by individuals who are deaf and whose primary language is sign language, or those people who have sight impairment.
5. **Interpreter:** An employee or contractor of the hospital who has been determined to be fluent in English and in a second language or in sign language and who can accurately speak, read, and competently interpret the necessary second language; or can competently sign and read sign language. Interpreters must have the ability to completely convert items and terms for medical terminology, body parts, signs, symptoms, and medical instructions to and from English and the interpreted language.

B. Procedure

1. Language Interpretation for LEP People

- a. Intake staff will record the patient's primary language in the patient's record, if the patient's (or patient's representative's) primary language is other than English.
- b. If language interpretation is needed, staff can utilize the Language Line service for telephonic interpretation (1-844-933-2923 ). Caller will need to indicate the Language needed, and provide the department six digit cost center (i.e. 416010) as well as the caller's first name. The Language Line service is available twenty-four (24) hours per day, seven (7) days per week. (see attachment B)
 1. Staff is encouraged to identify the questions and information required to communicate between the patient (or patient's representative) and the hospital staff prior to placing the call.
 2. Staff should utilize a conference call or a speaker phone when using Language Line. If a speaker phone is used, special precautions should be taken to ensure patient privacy and confidentiality of medical information. (See Attachment B). "

3. Staff should state, "End of call" when use of Language Line service is concluded and record the interpreter's ID number in the patient's chart as the source of interpretation.
- c. If a limited English speaking patient chooses not to have an interpreter, the hospital staff documents the offer to provide an interpreter and the patient's decision
- d. Bilingual employees may be utilized to provide oral communication with LEP patients (e.g., regarding treatment plan, health education, activities of daily living) provided they have passed certification. A certified interpreter (list available on intranet) or the Language Line line is used to obtain consents. Document in E.H.R. if patient refuses a certified interpreter or the procedure is emergent.

2. Translation of Written Materials

- a. Each department has written materials available in languages other than English, as appropriate to the services provided.
- b. To ensure access to vital information, the staff will use its best efforts to provide timely, effective oral interpretation of documents that have not been translated into other languages and note the following:
 - c. ***"[Interpreter name] has read the foregoing document to [insert patient's or patient's representative's name] in [identify language]. [patient or patient's representative] has acknowledged his/her understanding of the contents of the document by signing the document in my presence."***

3. Language Interpretation for the Hearing or Speech Impaired

- a. Intake staff will record in the patient's record that the patient has special communication needs due to a hearing impairment.
- b. Staff can utilize Communique', an organization under contract to the hospital, to provide sign language interpreter services for hearing or speech impaired patients. Call 546-6869 to schedule.
- c. Staff is encouraged to identify the questions and information required to communicate between the patient (or patient's representative) and the hospital staff prior to the arrival of the interpreter.
- d. Staff records the name of the interpreter, and the name of the interpreter service vendor, in the patient's record.
- e. The organization will use its best efforts to ensure that telephones (public pay telephones, or other telephones used by patients, family members or patient representatives), that are owned, leased or otherwise under the control of the organization are hearing-aide compatible. (see attachment B).
 1. A telephone with adjustable volume will be provided upon request for people with mild to moderate hearing impairment.
 2. TTY (teletypewriter) phones are also available for people who are hearing impaired (hard of hearing or deaf) or speech impaired.
 3. A public use of TTY phone is located in the Emergency Department waiting room and in the main entrance by the public restrooms.
- f. The televisions located in many patient rooms are equipped with Closed Caption features. The Closed Caption feature can be activated by:

1. pressing "CC" button on the remote
2. pressing "Captions" button on the TV

4. Refusal of Offered Interpreter Services

- a. The LEP or hearing impaired person has the right to decline the offer of interpreter services and requests that another person serve as his or her interpreter. The organization may use such other person as an interpreter if staff reasonably feel that the person is willing and able to provide effective communication and that the requested interpreter services is appropriate to the situation.
- b. Staff should document refusal of offered interpreter services in the medical record. Such documentation must include the name of the person serving as an interpreter at the patient's or patient representative's request, and his/her relationship to the patient or patient's representative.

5. Assistance for the Visually Impaired

- a. For visually impaired patients or patient's representative:
 1. Staff will provide verbal instructions or use audiotapes, when appropriate.
 2. Consents, forms, and other information should be read to the patient or their representative, as appropriate. Staff should request that the patient or patient's representative sign the form if he/she understands and agrees to the terms and conditions that were stated orally. The staff member must then stamp the form with the phrase, "I have accurately and completely read the foregoing document to **[insert patient's or patient's representative's name]**. S/he orally stated that s/he understood all of the terms and conditions and acknowledged his/her agreement by signing the document in my presence."
 3. Staff may enlarge written materials for the visually impaired patient or patient's representative using an onsite copy machine, as appropriate.
 4. Telephones with large buttons for the visually impaired are available by calling the watch engineer. (see attachment B).

6. Training of Staff

- a. All new employees will receive a copy of the Language and Communication Assistance policy and procedure.
- b. Periodic review is provided during the annual training to ensure competency and adherence to the policy.

7. Resolution of Patient Complaints

- a. Patients have the right to file a complaint regarding the provision of language assistance services. Notices will be posted in emergency room, the admitting area, the entrance and in outpatient areas to inform patients of the organization's internal complaint resolution procedure. The Notices will also advise patients of how to file a complaint with the appropriate government agency regarding the provision of language assistance services to LEP people or to people who are hearing or visually impaired.

8. Monitoring of Language Assistance Policy

This Policy and Procedure will be reviewed annually and revised, as needed, to ensure that LEP

people, and people with hearing and visual impairments, have meaningful access to services provided by the hospital.

AUTHOR:

Sutter Health

REVIEWED BY:

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Tracy Clark, Environmental Health and Safety Specialist

REFERENCES

- Title VI, National Office of Civil Rights
- Sutter Health Community Benefit Council
- National Standards of Practice for Interpreters in Health Care

Attachment A: National Standards of Practice for Interpreters in Health Care

Attachment B: Language and Communications Assistance Devices

ATTACHMENT A

NATIONAL STANDARDS OF PRACTICE FOR INTERPRETERS IN HEALTH CARE

National Standards of Practice for Interpreters in Health Care describe what is considered "best practice" by the profession and ensure a consistent quality of performance. National Standards of Practice for Interpreters in Health Care have 32 standards of practice grouped under nine headings. The headings show the relationship of standards to the nine ethical principles of the National Code of Ethics. These standards of practice are intended to be used as a reference by interpreters and those who work with, train, and employ interpreters.

1. ACCURACY – To enable other parties to know precisely what each speaker has said. Interpreters strive to render the message accurately, conveying the content and spirit of the original message, taking into consideration the cultural context.
2. CONFIDENTIALITY – To honor the private and personal nature of the health care interaction and maintain trust among all parties. Interpreters treat as confidential, within the treating team, all information learned in the performance of their professional duties, while observing relevant requirements regarding disclosure.
3. IMPARTIALITY – To eliminate the effect of interpreter bias or preference. Interpreters strive to maintain impartiality and refrain from counseling, advising or protecting personal biases or beliefs.
4. RESPECT – To acknowledge the inherent dignity of all parties in the interpreted encounter. Interpreters treat all parties with respect.
5. CULTURAL AWARENESS – To facilitate communication across cultural differences. Interpreters strive to develop awareness of the cultures encountered the performance of interpreting duties.
6. ROLE BOUNDARIES – To clarify the scope and limits of the interpreting role, in order to avoid conflicts of

interest. The interpreter maintains the boundaries of the professional role, refraining from personal involvement.

7. PROFESSIONALISM – To uphold the public's trust in the interpreting profession. Interpreters at all times act in a professional and ethical manner.
8. PROFESSIONAL DEVELOPMENT – To attain the highest possible level of competence and service. Interpreters strive to further their knowledge and skills, through independent study, continuing education, and actual interpreting practice.
9. ADVOCACY – To prevent harm to parties that the interpreter serves. When the patient's health, well-being or dignity is at risk, an interpreter may be justified in acting as an advocate.

ATTACHMENT B

Language and Communications Assistance Devices

To obtain any of these devices, call the hospital operator and have the Watch Engineer paged.

LANGUAGE LINE ® PHONE (telephone with dual handsets)	
LARGE BUTTON – VOLUME ADJUSTABLE PHONE	
TTY (teletypewriter) PHONE	

For 3-way conversation with people who have Limited English Proficiency and need a 3rd party interpreter
To use at the bedside:

For people who are Visually Impaired and/or have Mild to Moderate Hearing Impairment.

For people who are Hearing (hard of hearing or deaf) or Speech Impaired.

Messages are transmitted between the communicator and receiver in a typed text format.

All revision dates:

2/4/2022, 10/20/2016, 5/24/2015, 5/28/2014, 2/28/2013, 8/28/2012, 7/28/2011, 7/28/2009, 9/28/2008, 10/28/2007

Attachments

No Attachments

Approval Signatures

Step Description	Approver	Date
Policy Committee	Patricia Kral: Executive Assistant	pending
Policy Owner	Melissa Tamagno: Manager, Human Resources	1/10/2023

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