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Policy Area **Administrative**  
  
Applicability **Mills-Peninsula**  
**Medical Center**

## Language Assistance Policy

### PURPOSE:

Communication is a cornerstone of patient safety and quality care, every patient has the right to receive information in a manner he/she understands. Effective communication allows patients to participate more fully in their care. When a patient understands what is being said about his/her care, treatment, and services, that patient is more likely to fulfill critical health care responsibilities. Communicating effectively with patients is also critical to the informed consent process and helps practitioners and hospitals give the best possible care. For communication to be effective, the information provided must be complete, accurate, timely, unambiguous, and understood by the patient.

### POLICY:

Mills-Peninsula will provide certified interpreters for limited or non-English speaking patients. **Family members may not be used as interpreters** unless the patient specifically requests. If a **patient refuses** an interpreter and requests a family member to do the interpreting, the family member must be an adult (age 18 or over). It is not acceptable to have a minor child interpret. Documentation in the eHR includes the name of the interpreter or interpreter ID code and the relationship to the patient, e.g., husband, adult child, employee or professional service person. A patient's refusal to have an interpreter is also documented. Physicians who are bi-lingual may interpret for their own patients only.

Note: Treatment of a medical emergency may be provided without consent where the provider reasonably believes that a medical procedure should be undertaken immediately and there is insufficient time to obtain consent of the patient or of a person authorized to consent for the patient. A medical emergency is defined as: 1) Immediate services are required for the alleviation of severe pain; or 2) immediate diagnosis and treatment of unforeseeable medical conditions are required, if such conditions would lead to serious disability or death if not immediately diagnosed or treated.

## SCOPE:

This policy applies to all Mills-Peninsula staff and physicians.

## DEFINITIONS:

**Interpreting/interpretation** – is the facilitating of **oral** or **sign-language communication**, either simultaneously or consecutively, between users of different languages. The process is described by both the words *interpreting* and *interpretation*.

**Translation** – is the transference of meaning from **text to text** (written or **recorded**), with the translator having time and access to resources (dictionaries, glossaries, etc.) to produce a faithful, true, and accurate document or verbal artifact.

**Certified Interpreters** are used in any case, whether it is through the phone service, video relay, face-to-face in-person outside vendor, or in-house staff, when an individual (patient, family member, customer or employee) requires an interpreter in the inpatient and HSD (Hospital Service Department/Outpatient).

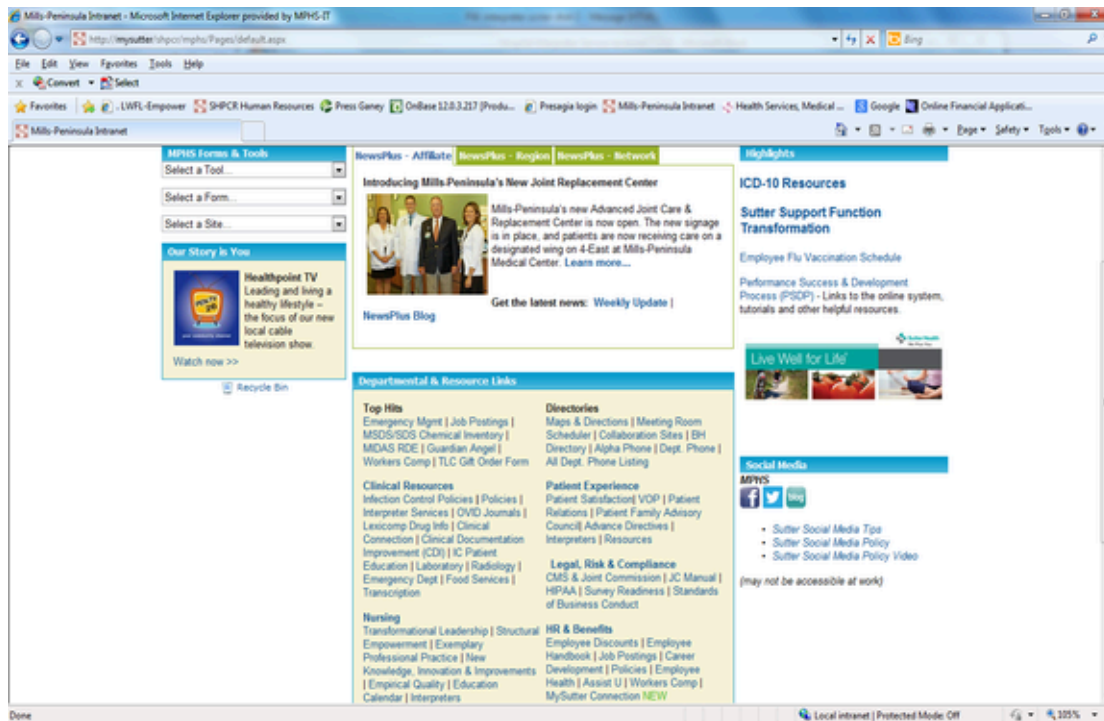
### **Medical and basic interpreter**

There are two types of certified interpreters – medical and basic or conversational. **Medical interpreters** must be used for informed consent, medical discussion with physicians, discharge instructions, patient education materials, etc.

**Basic or conversational** interpreters can talk about directions to the hospital, patient asking for water, pain medication, very simple requests. Mills-Peninsula will provide the interpreters.

## PROCEDURE:


Go to the Intranet for listing of phone interpreters, video relay, face-to face in-person interpreting, in-house interpreters and American Sign Language Interpreters



**A. Procedure For Language Interpreter Services, Instructions for Using a Phone Service**  
 Call CyraCom for phone interpreting.

1. **For interpreter needs in a patient room**, use the CyraCom blue dual handset phone (also called the ClearLink phone) that is located in each patient room. (Look in the patient's night stand or closet.)
  - a. Unplug the patient phone jack at the phone and plug jack into the ClearLink phone.
  - b. Pick up the left handset to get a dial tone
  - c. Press the blue button labeled **ACCESS**
  - d. When prompted, press the white button labeled **ACCT/PIN**
  - e. Say the name of the language you need
  - f. Select if you would like to add an additional person to the call\*
  - g. When the interpreter comes on the line, give the interpreter a brief explanation of the call
  - h. Pick up the second handset and pass it to the patient

**1. For patients/clients who called in by phone and interpreter services are required:**

- a. Inform person you are getting an interpreter.
- b. Push the conference call button and dial **1-800-481-3293**  to access the interpretation service
- c. When prompted, enter your 9-digit account number (the account and PIN numbers are on your CyraCom instructions which is on your phone if you were given access. If you need access, contact Patient Relations or PBX operator.)
- d. At the second prompt, enter your 4-digit PIN number

- e. Say the name of the language you need
- f. Select if you would like to add an additional person to the call\*
- g. When the interpreter comes on the line, give the interpreter a brief explanation of the call
- h. Push the conference call button to bring the caller onto the call.

\*Adding an Additional Person to the Call – In addition to having the interpreter and the patient on the call, you can conference in another person. You can also make outbound calls to a patient with the interpreter on the line with you. To add the additional person at the start of your interpretation session, press "1" when prompted and follow the prompts to enter the person's phone number. To add an additional person when the interpretation session is already in progress, press \*8 to be prompted to enter the person's phone number, or ask the interpreter to add the additional person for you.

#### A. Procedure For Language Interpreter Services, Instructions for Face-to-Face Interpreting

##### 1. Using an outside vendor

If you need a person-to-person interpreter for **longer than 30 minutes** call Note: Prior arrangements of 48 hours are preferable; however, they can usually find someone within 2 hours.

##### **International Effectiveness Center**

866-948-4149

For On-site Interpreters

##### **Lan Do & Associates**

415-978-2788

For On-Site Interpreters

See instruction on the intranet

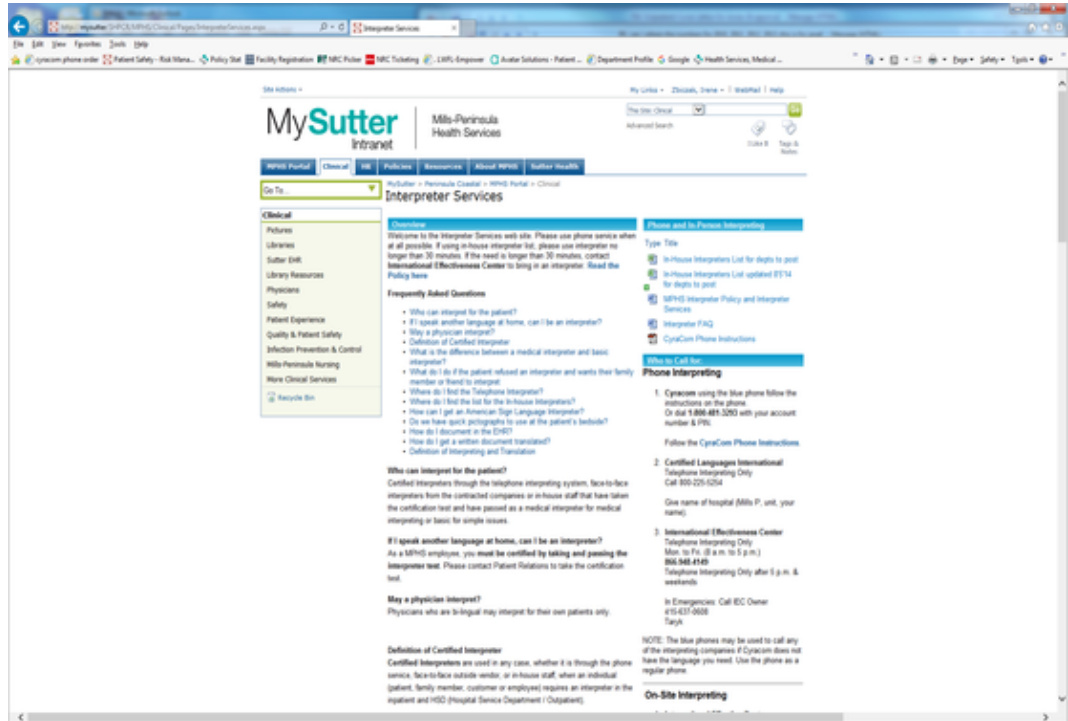
##### 2. For in-house interpreter

NOTE: **Physicians who are bi-lingual** may interpret for their own patients only.

If you need a face-to-face interpreter, for a quick interpreter session you may use the **in-house interpreters**, but **not to exceed 30 minutes**.

Be sure to use the appropriate interpreter - medical or basic interpreter.

Follow instructions: For in-house interpreter list, click on "In-house Interpreter List"



## B. Procedure For Hearing Impaired person requiring American Sign Language

American Sign Language Interpreters Please, please call

STAFF: To avoid double booking, please contact the House Supervisor to make arrangements. Please do not call the company unless asked to by the House Supervisor. Do not allow the interpreter to ask the patient if the patient wants the interpreter to come back. All arrangements and authorizations are to be made by House Supervisor or designee.

### 1. Partners in Communication

Phone: 800-975-8150

Email:

[partners@partnersincommunicationllc.com](mailto:partners@partnersincommunicationllc.com)

After hours, overnight, weekends and holidays

Phone: 800-975-8150, extension 805

Phone is monitored 24/7 for urgent matters. Someone will either answer live or be altered to your voicemail and call you right back (non-urgent matters are handled the next business day).

Information needed when making a request for service:

1. Date
2. Time
3. Location Address, Department
4. Location, Directions
5. Phone numbers
6. Description of situation
7. Patient's Name and Dr's Name
8. Approved By -nurse manager or supervisor or Irene Zbiczak

9. Any special information related to your particular facility

2. **International Effective Center**

On-Site Interpreters

**800-292-9246**

In Emergencies: Call IEC Owner

415-637-0608

3. **Bay Area Communication Access**

415-356-0405

American Sign Language or Special Sign Language such as Pigeon Sign English (PSE)

Requesting an Interpreter

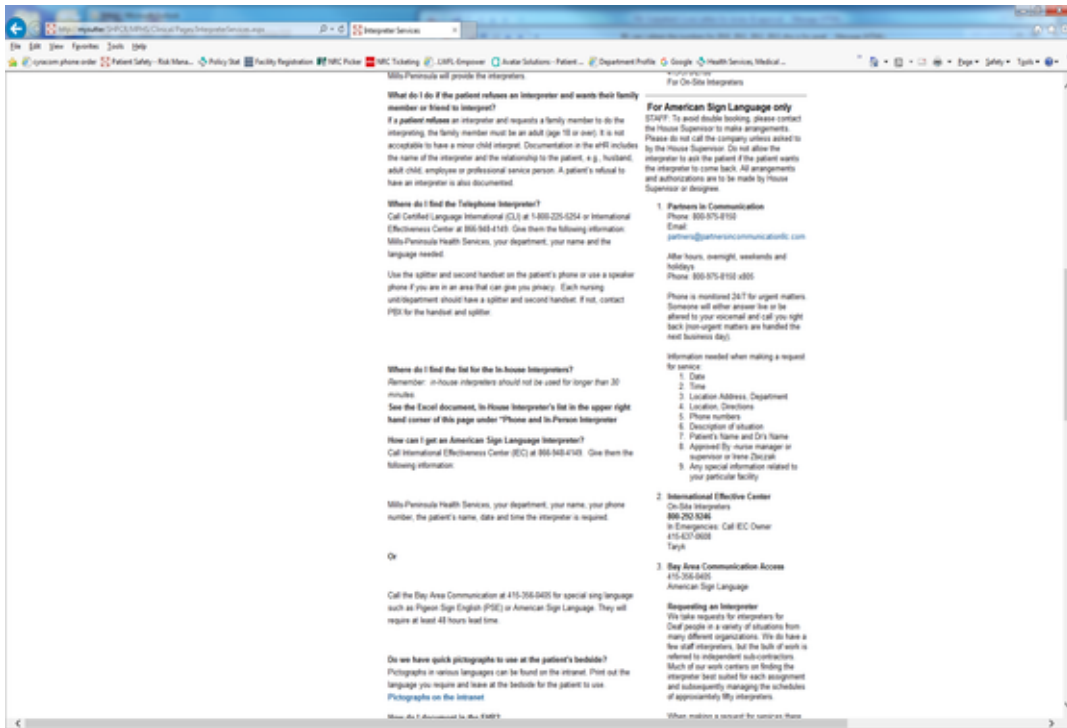
We take requests for interpreters for Deaf people in a variety of situations from many different organizations. We do have a few staff interpreters, but the bulk of work is referred to independent sub-contractors. Much of our work centers on finding the interpreter best suited for each assignment and subsequently managing the schedules of approximately fifty interpreters. When making a request for services there is some basic information required. We need to know the following:

1. Name of Deaf Person
2. Date, time, location and anticipated duration of appointment
3. Site contact name and phone number
4. Information pertinent to your agency billing requirement (e.g. DOB, SSN, Patient ID#)

Other information that is also helpful to know, if you have it:

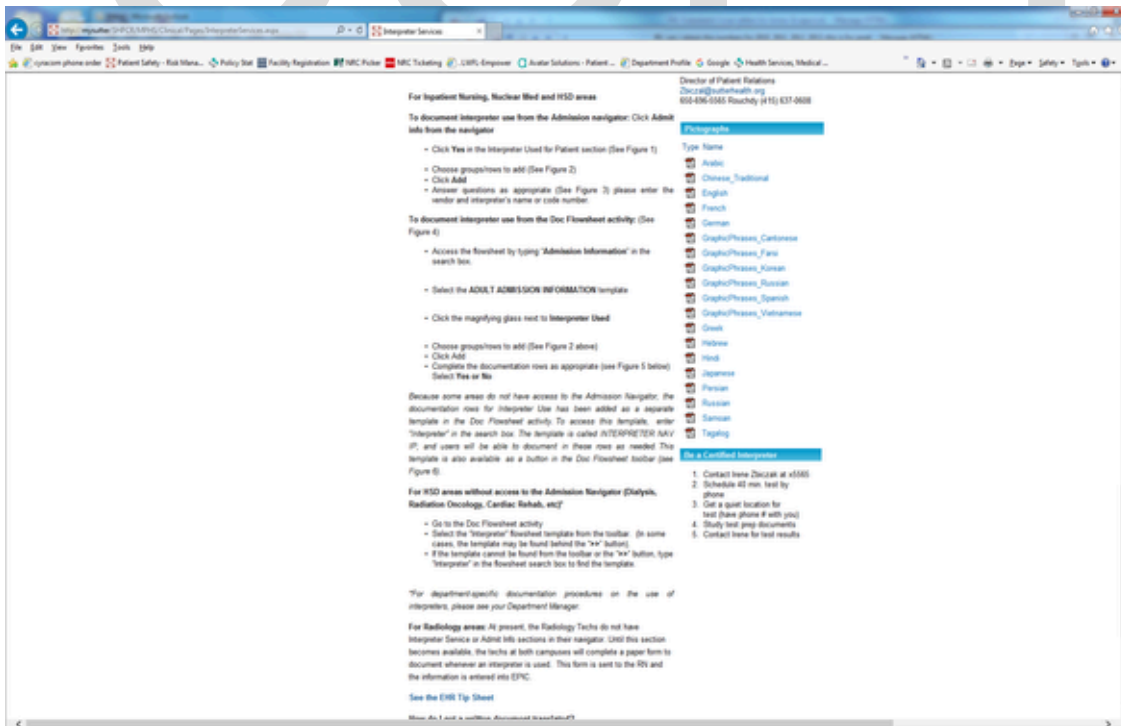
1. Name of the Deaf patients preferred interpreter(s)
2. Nature of appointment
3. Realistic anticipation of wait time prior to appointment

We are open weekdays 9 a.m. to noon, and 1 p.m. to 5 p.m. Leave a detailed request on our voicemail or fax.



#### D. For Pictographs to assist you for quick/short interpreting needs.

1. Click on the language you need.
2. Print out the pictograph.
3. Leave in the patient's room for use.



#### IV. Documentation and refusal of interpreter

The need for an interpreter is assessed at the time of admission and throughout the patient's stay. All use of interpreters will be documented into the patient's eHR in the appropriate area.

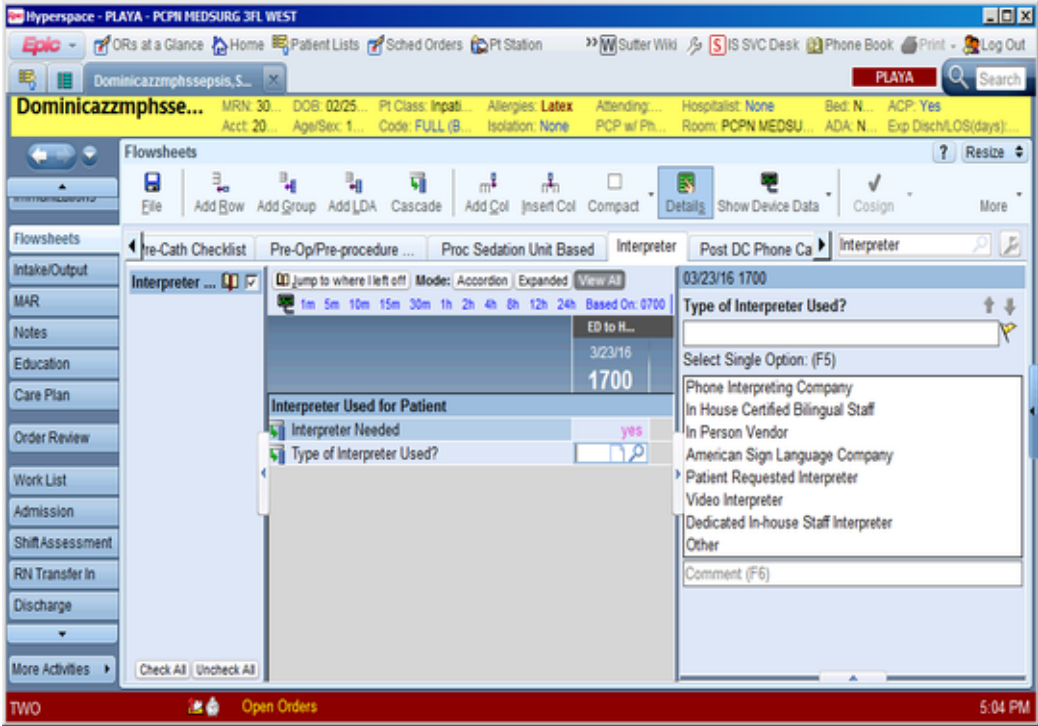
If a **patient refuses** an interpreter and requests a family member to do the interpreting, the **family member must be an adult (age 18 or over)**. It is not acceptable to have a minor child interpret. Documentation in the eHR includes the name of the interpreter and the relationship to the patient, e.g., husband, adult child, employee or professional service person. A patient's refusal to have an interpreter is also documented. Example: Patient refuses to have a certified interpreter. Patient requests that her husband, Joe Diego, interpret for her.

**For Inpatient Nursing, Nuclear Med, and some HSD areas**

**To document interpreter use from the Flowsheets:**

- Type in Interpreter in the search box
- Type "yes" in the "Interpreter Needed" box
  - Choose "Patient Requested Interpreter" NOT "Other"

**Figure 1 – Flowsheets Interpreter documentation section**



Complete all the drop down lines. This is what your documentation should look like



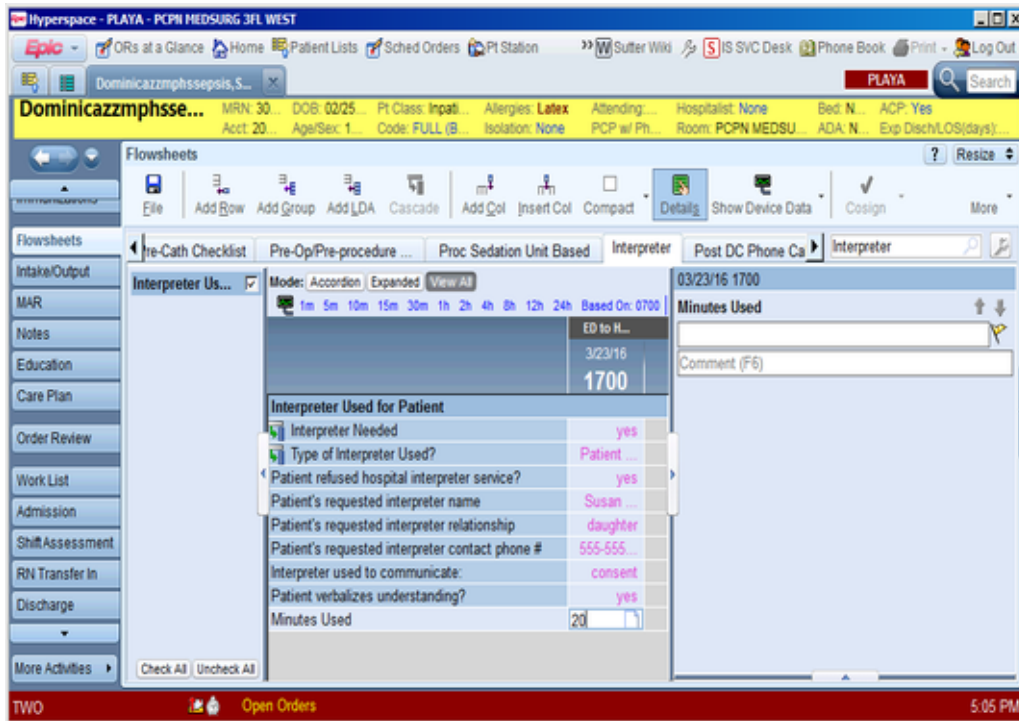


Figure 2 – Documentation using phone system

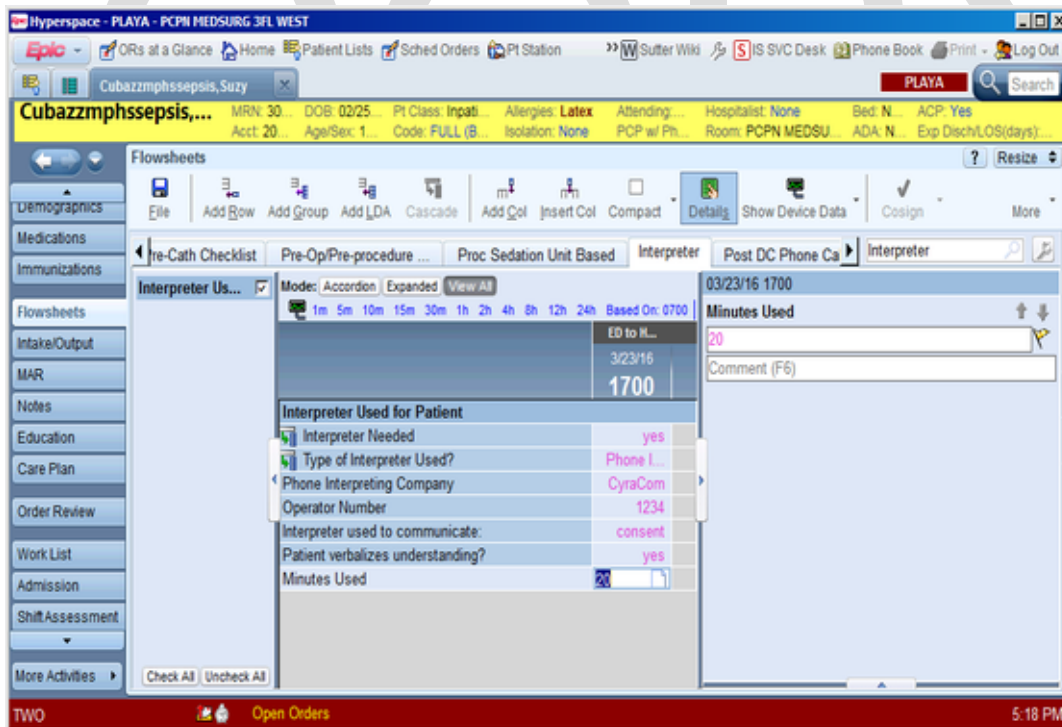
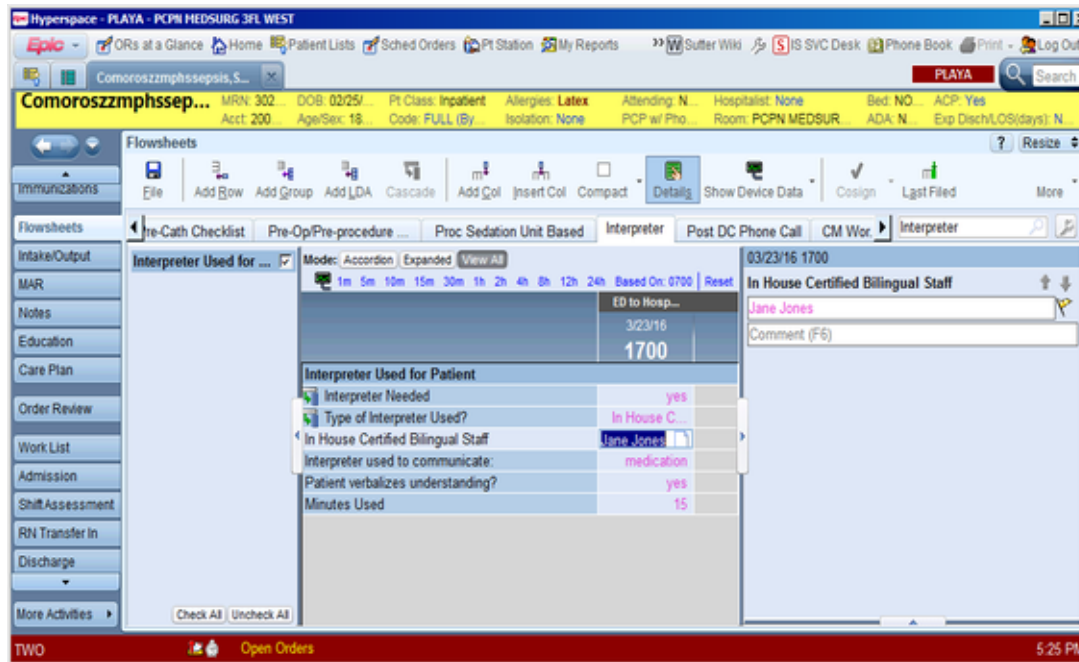


Figure 3 – Documentation using In Person Vendor

Figure 4 – Documentation using In-House Interpreter

**\*\*NOTE: In-House Interpreters must be certified/tested and able to interpret at the Medical level.**

**Please insert full name of the In-House Interpreter**



**For HSD areas without access to the Admission Navigator (Radiation Oncology, Cardiac Rehab, Therapies etc)\***

For the Therapy departments, documentation is completed under the Care team notes for each visit if interpreter assistance is required.

*\*For department-specific documentation procedures on the use of interpreters, please see your Department Manager.*

## **V. Procedure for Translation of Written Materials**

### **Translation Service**

Written materials will be translated and provided for patients who are limited or non-English speaking. Decision to translate written materials will be based on perceived need by manager and staff, or when the above 5% criterion is reached.

- A. Requests may be forwarded by department managers based on perceived need to enhance communication/service among targeted customer groups.
  1. Send materials for review to Planning and Marketing through <http://intranet.sutterhealth.org/pamf/index.cfm>
  2. Materials will be reviewed by Planning and Marketing.
  3. Final decision to translate materials is confirmed by discussion between the Department Manager and Planning and Marketing.

B. Written materials are given to Planning/Marketing for translation, printing and distribution.

1. A certified translation service will be retained to provide the translation.
2. Changes in forms that are printed out of the EHR for patient signature must be approved by the Form Standardization Subcommittee of the Document Management Operations Team.
3. Changes in paper forms that are scanned into the EHR require approval by the Forms Management Committee.
4. All other materials will be printed through the Planning/Marketing Department to provide consistency in format.

## **VI. Reporting to the California Department of Public Health**

Mills-Peninsula Health Services is in compliance with SB 1840, Chapter 672, Health and Safety Code, Section 1259; we ensure that patients with limited English proficiency and those who are deaf are not denied access to basic healthcare services due to language or communication barriers.

The Health Service will annually assess the 5% criteria noted above and maintain documentation of such in Administration. Additionally, we will review and submit a copy of any changes to this policy and procedure to the local district office of Licensing and Certification, California Department of Public Health.

Written materials will be translated and provided for patients who are limited or non-English speaking. Decision to translate written materials will be based on perceived need by manager and staff, or when the above 5% criterion is reached.

### **A. Procedure for Gathering and Reporting of 5% Criteria Data**

Patient Relations documents, via EPIC reporting, the percentage of limited or non-English speaking patients differentiated by language groups.

1. The person performing the admitting functions flags patient's admitting screen as to English speaking, limited or non-English speaking.
2. Limited and non-English speaking patients are further coded into specific language spoken.
3. The above information is retrieved from EPIC annually.
4. Report is sent to the California Department of Public Health by the Director of Patient Relations.

## **REFERENCE:**

1. Health and Safety Code Section 1259, SB 1840, Chapter 672. Ensures that patients with limited English proficiency and those who are deaf are not denied access to basic healthcare services due to language or communication barriers.
2. The Joint Commission Standard RI.01.01.03: The hospital respects the patient's right to receive information in a manner he or she understands.
3. VI of the Civil Rights Act, 1964
  1. Executive Order 13166
  2. Policy guidance from the office of Civil Rights regarding compliance with Title VI, 2004
  3. Title III of the Americans with Disabilities Act, 1990
  4. The American Medical Association Office Guide to the Limited English Proficiency (LEP) Patient Care

# ATTACHMENTS:

None

## All Revision Dates

12/30/2022, 6/7/2019, 11/6/2017, 9/19/2014, 4/1/2010, 7/1/2009, 6/1/2005, 2/1/2003, 5/1/2002, 2/1/1998, 7/1/1997, 10/1/1996, 9/1/1994

## Approval Signatures

Step Description	Approver	Date
CNE/CEO/Adm Designee	Janet Wagner: Hospital Area CEO, South Bay	12/30/2022
CNE/CEO/Adm Designee	Maria Silva-Bates: Supervisor, Administrative	12/22/2022
Hospital Policy Administrator	Sharon Bradley: Manager, Accreditation & Licensure	12/21/2022
Policy Owner	Kristin Pfenning: Assistant Administrator, Ancillary & Support Servi	12/20/2022