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Owner:	<i>Holly Colin: Director-Risk Management</i>
Policy Area:	<i>Administrative</i>
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Applicability:	<i>Alta Bates Summit Medical Center</i>

Hospital Language - Interpreter and Translation Services

OUTCOME (PURPOSE):

To identify and provide effective communication between patients who are Limited English Proficient (LEP), deaf, hard-of-hearing, blind and visually impaired with the Medical Center's health care providers and employees. This includes any communication including, but not limited to, those concerning patient care, privacy rights, confidential information, conferences, health education and training sessions. This policy complies with applicable Federal, State and local regulations to ensure patients have proper access to health care information and services.

POLICY:

It is the policy of Alta Bates Summit Medical Center to provide language assistance services to patients with language or communication barriers. The medical center shall whenever possible remove barriers that impede effective communication with patients, their families, partners, or surrogate decision makers. Interpreter services will be provided at no cost to the patients who have limited English proficiency or who are deaf or hard-of-hearing. Staff or Contracted Medical Interpreters shall be available, either on the premises or accessible by telephone, 24 hours a day, seven days a week. Staff will respond in a timely manner to requests for interpreter services from the patient or their legal representative. The Medical Center will develop and post in conspicuous locations notices that advise patients and their families of the availability of interpreters, the procedure for obtaining an interpreter and the telephone numbers where complaints may be filed concerning interpreter service problems, including but not limited to, a T.D.D. number for the hearing impaired. The notices shall be posted, at a minimum, in the Emergency Department, Admitting, and Outpatient areas. The notice shall inform patients that interpreter services are available upon request, shall list the languages for which interpreter services are available, shall instruct patients to direct complaints regarding interpreter services to the California Department of Public Health, and shall provide the local address and telephone number of the state department, including, but not limited to, a T.D.D. number for the hearing impaired. The Cultural and Linguistics Services Program will assume the responsibility of ensuring competency of interpreters and qualified bilingual staff. The Cultural and Linguistics Services Program shall maintain as needed a list of interpreters who have been identified as proficient in sign language and in the languages of the population of the geographical area serviced who have the ability to translate the names and body parts, injuries, and symptoms.

The Medical Center is committed to providing meaningful language access for its patients in the fulfillment of translation services needs throughout the continuum of care. The medical center shall review all standardized written forms, waivers, documents, and informational materials available to patients upon admission to determine which to translate into languages other than English. These services are at no cost to the patient. The Cultural and Linguistic Services Program coordinates the translations of written materials into the primary threshold languages for our limited English speaking or non-English speaking patients through the Medical Center's licensed contracted translation vendors that employs American Translation Association (ATA) certified translators. These contracted medical vendors perform comprehensive health and criminal background checks on all contracted translators. Alta Bates Summit Medical Center will on or before July 1, 2016, and every January 1 thereafter, make the updated policy and a notice of availability of language assistance services available to the public on its Internet web site. The notice shall be in English and in the other languages most commonly spoken in the hospital's service area.

DEFINITION OF TERMS

1. **Interpretation:** Conversion of the spoken word from one language to another.
2. **Translation:** Conversion of written text from one language to another.
3. **LEP – Limited English Proficiency:** Individuals who are "Limited English Proficient" cannot speak, read, write, or understand the English language at a level that permits them to effectively communicate with health care professionals.
4. **Language or Communication Barriers:** With respect to spoken language, barriers that are experienced by individuals who are limited English-speaking or non-English speaking individuals who speak the same primary language and who comprise at least 5 percent of the population of the geographical area served by the hospital or of the actual patient population of the hospital. With respect to sign language, barriers that are experienced by individuals who are deaf and whose primary language is sign language.

Registry of Interpreters for the Deaf (RID) National Certification: The National Interpreter Certification (NIC) exam tests interpreting skills and knowledge in three critical domains:

1. General knowledge of the field of interpreting through the NIC Knowledge exam.
2. Ethical decision making through the interview portion of the NIC Performance test.
3. Interpreting and transliterating skills through the performance portion of the test.

In all three domains, certificate holders must demonstrate professional knowledge and skills that meet or exceed the minimum professional standards necessary to perform in a broad range of interpretation and transliteration assignments.

2. **Interpreter:** A person fluent in English and in the necessary second language, who can accurately speak, read and readily interpret the necessary second language, or a person who can accurately sign and read sign language. Interpreters shall have the ability to translate the names of body parts and to describe competently symptoms and injuries in both languages. Interpreters may include member of the medical or professional staff.
3. **(a) Staff Medical Interpreter:** An employee who has completed a professional medical interpreting training program and have been determined to be fluent in English and in a second language or RID certified in sign language. Interpreter must have the ability to completely convert items and terms for medical terminology. This includes body parts, signs and symptoms, and medical instructions from the

source language to the target language. The staff medical interpreter shall have the ability to interpret in consecutive, simultaneous and sight translation modes throughout the Medical Center.

4. **(b) Contracted Medical Interpreter:** Contracted medical interpreter services are requested through the ABSMC Cultural and Linguistic Services Program. All contracted vendors have completed professional medical interpreting training, and have been determined to be fluent in English and in a second language, or RID certified in sign language. Interpreter must have the ability to completely convert items and terms for medical terminology. This includes body parts, signs, symptoms, and medical instructions from the source language to the target language. The contracted medical interpreter shall have the ability to interpret in consecutive, simultaneous and sight translation modes throughout the Medical Center.

In order to comply with federal guidelines Sutter Health offers interpreter evaluations for bilingual employees. Contact the ABSMC Cultural and Linguistic Services Program at 510-869-6995 to initiate the evaluation process. A Qualified Bilingual Staff (QBS) member may provide interpreter services at the following two levels: Cultural and Linguistic Services Program

5. **(c) Qualified Bilingual Staff (basic interpretation):** An employee of the hospital must have demonstrated competency by successfully completing the Sutter Health Interpreter Evaluation (Level 1). Communication should be limited to basic communication, instruction in activities of daily living, or obtaining demographic data. When providing interpretation within your department for patients staff must first seek the approval of his or her manager prior to leaving their current job assignment.

(d) Qualified Bilingual Staff (medical terminology): Licensed clinical staff must have demonstrated competency by successfully completing the Sutter Health Interpreter Evaluation (Level 2). Communication includes the ability to completely convert terms for medical terminology, body parts, signs, symptoms, and medical instructions. When providing interpretation within your department for patients staff must first seek the approval of his or her manager prior to leaving their current job assignment.

6. **TDD** stands for Telecommunication Device for the Deaf. **TTY** stands for Teletypewriter. TTY and TDD hold the same meaning. The California Relay Services (CRS) enables a person to use a TTY/TDD to communicate with a person who does not use such a device.
7. **Qualified Interpreter or Sign Language Interpreter:** A service provided by a contracted vendor who interprets for an individual with a disability; interpreters generally are used to communicate with persons who are deaf, hard of hearing, or have a speech disability. This may include methods of communication such as the use of lip reading. American Sign Language (ASL), oral, and signed English and often includes both translating spoken communication into sign and the signed communication into speech. To be considered qualified, the individual, whether a staff member or contracted vendor, must have formal training or certification in interpretation, demonstrated expertise in the target language, and knowledge of medical terminology.

PROCEDURAL STEPS:

1. Telephone, In-Person Medical Interpreters, and American Sign Language services are coordinated through the Cultural and Linguistic Services Program.
2.
 - a. **Telephone Interpretation:** Telephone interpretation is available twenty-four (24) hours a day, seven (7) days a week. These services are available through using the dual handset phones or by calling the Medical Center's PBX operator (dial 0).
 - b. **Using the CYRACOM BLUE DUAL HAND set telephone (Also called ClearLink):** Plug Blue Phone into an analog phone jack>Pick up left handset to get a dial tone>Press blue button labeled

ACCESS>When prompted, press white button labeled ACCT/PIN>At the second prompt say name of language you need>When interpreter comes on the line give the interpreter a brief explanation of the call>pick up the second handset and pass it to the patient. ****Adding and 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, 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. The interpreter will provide their name and a 6 digit ID number. This should be documented in the medical record.

- c. **Using the CYRACOM CORDLESS telephone:** Press the UP ARROW and then the TALK button>Phone will dial 800#, Account# and PIN. Please say the needed language or Press 2 for Spanish>Confirm the language selection>The interpreter will greet you with a 6 digit ID number>This should be documented in the medical record. Press TALK on the 2nd handset and give to the patient.
- d. **Using any DESK PHONE in the medical center:** Please contact the Medical Center's PBX operator (dial 0).
- e. **In Person Interpretation:** The Cultural and Linguistic Services Program is responsible for scheduling face-to-face interpreter services with ABSMC Staff or Contracted Medical Interpreters twenty-four hours a day, seven days a week. To schedule an in-person medical interpreter submit an Interpreter Services Request Form or call Interpreter Services at 510-869-6995 (Office Hours: Mon.- Fri. 8am – 5pm). If services are required after hours (5pm – 8am and Weekends) please contact the Medical Center's PBX operator (dial 0).
- f. ****Operating Instructions are located on each CYRACOM BLUE dual handset and cordless phone ****

3. **Requesting an In Person Medical Interpreter:**

Access the Internet Services Request Form on the ABSMC My Sutter intranet site by selecting the following:

- Departments
- Cultural and Linguistic Services Program
- Interpreter Services
- Interpreter Services Request Form

****If there is an emergent or same-day request please call Cultural and Linguistic Services Program 510-869-6995.****

4. ****Contact Telecom for phone repairs. Alta Bates 204-2777 * Summit Campus 869-2002.****

Procedural Steps for Completing Interpreter Vouchers

ABSMC requires that only Contracted Medical Interpreters complete an "ABSMC Voucher for Interpreter Services". (Please see the ABSMC Cultural and Linguistic Services Program Intranet site)

- Contracted Medical Interpreters will bring voucher to the interpreting appointment
- Contracted Medical Interpreters will complete the top portion of the form

- ABSMC Employee using the interpreter must sign and date the bottom portion of the form
- The original "ABSMC Voucher for Interpreter Services" must be submitted by the vendor to the ABSMC Cultural and Linguistic Services Program with invoice for payment

1. **American and Tactile Sign Language:** All American Sign and Tactile Language interpreter services are centralized through the Cultural and Linguistic Services Program twenty-four hours a day, seven days a week by calling 510-869-6995 or complete the My Sutter intranet form (Departments>Cultural and Linguistic Services Program>Interpreter Services>Interpreter Services Request). If services are required after hours (Mon.- Fri. 5pm - 8am and Weekends) call the Medical Center's PBX operator (dial 0).

2. **Visually Impaired:** Staff will provide verbal instruction and will also read consent forms and other information to the patient or their representative, as appropriate. Staff should request that the patient or patient's representative sign the form if he/she agrees to the terms and conditions that the staff member orally stated.

3. **When an interpreter is utilized, document the following in the eHR:**

- I. Staff, Contracted or Telephonic Medical Interpreter's full name and ID Number
- II. ABSMC Staff Medical Interpreter or Contracted Vendor's name
- III. Qualified Bilingual Staff
- IV. Patient's Name
- V. Patient's Language
- VI. Patient or patient's representative has acknowledged agreement of the contents of the document by signing the document in my presence
- VII.

4. **When a patient declines the Medical Center's Interpreter Services, document the following in the eHR:**

- I. Patient declined Interpreter Services
- II. Patient's name
- III. Patient's language
- IV. Include the reason (if offered)
- V. Name and relationship who provided interpretation
- VI. Date and Time

5. **Utilizing family or friends (18 years or older) as interpreters**

The Medical Center does not permit the use of minors. Family and friends are strongly discouraged to interpret unless the patient declines the use of the Medical Center's Interpreter Services. The following are reasons this is discouraged:

- a. may result in omissions, substitutions and semantic errors that distort care
- b. may upset familial relationships and hierarchies that are deeply rooted in culture
- c. may be particularly problematic when dealing with sensitive issues, such as reproductive health, sexually transmitted diseases and mental health
- d. minors may not have the vocabulary or knowledge to interpret medical terminology

If, after a provider or staff member informs an LEP, deaf or hard-of-hearing person of the right to free interpreting services, the person declines such services and requests the use of a family member or friend, the provider or staff member may use the family or friend, if the use of such a person would not compromise the effectiveness of services or violate the LEP, deaf or hard-of-hearing person's confidentiality. The provider or staff member must document the offer and declination in the LEP or, deaf or hard-of-hearing person's medical record. Even if an LEP, deaf or hard-of-hearing person elects to use a family member or friend, the provider or staff member should suggest that a medical interpreter sit in on the encounter to ensure accurate interpretation.

Procedural Steps Translation Material:

1. The requestor must contact the Cultural and Linguistic Services Program for each requested work order.
2. The Program Coordinator will review and contact the requestor by phone or email upon receipt of the work order to (a) confirm receipt of request, (b) discuss content and intended usage for the document(s) requested for translation, and (c) propose timeline for completion and/or order of priorities if translation request involves multiple documents.
3. The document is then submitted for translation in the source language for approval to Nursing Education prior to submitting the document for translation to the vendor.
4. Upon completion of the translation, language review and form design of the document, a Forms Notification is sent out to all stakeholders that the translated document is available for ordering.

Translation of Written Materials for Consent Forms and Vital Documents:

If the patient or patient's legal representative's preferred language is not one for which a document has been translated, the phone interpretation service, Staff Medical Interpreters or contracted interpreters shall be utilized for sight translation of said forms, e.g. consent forms, vital documents for the patient/patient's legal representative.

Please note - Translation of other documents could be provided, if needed, at the discretion of the Department Manager for Cultural and Linguistic Services.

Guidelines for determining written material as "Vital Documents":

- Consent and complaint forms
- Intake forms with the potential for important consequences
- Written notices of eligibility criteria, rights, denial, loss, or decreases in benefits or services, actions affecting parental custody or child support, and other hearings
- Notices advising LEP persons of free language assistance
- Applications to participate in a recipient's program or activity or to receive recipient benefits or services

Guidelines for determining written material as Non-Vital Documents:

- Hospital menus
- Third party documents, forms, or pamphlets distributed by a recipient as a public service. .
- Large documents such as enrollment handbooks (although vital information contained in large documents may need to be translated).

Classifying Vital versus Non Vital Documents- The Cultural and Linguistic Services Program meets with Nursing Education regularly to maintain current records on usage of vital documents and pending translation requests.

Minimum Competency for Translator Services- In the translation of all medical center documents, particularly where legal or other vital documents are being translated, competence is defined as fulfillment of translation requests through the use of ATA certified translators.

Documentation for Sight Translation:

When an interpreter is utilized for sight translation, document the following in the patient's chart.

- a. Interpreter name or contracted telephonic interpreter who has read the foregoing document. The interpreter will provide name and a 6 digit ID number. This should be documented in the medical record.
- b. Patient's name.
- c. Patient's language.
- d. Patient or patient's representative has acknowledged agreement of the contents of the document by signing the document in my presence

REFERENCES:

- 1. ATA American Translation Association
- 2. Title VI, Civil rights Act of 1964 (42 U.S.C. 2000 et sequel.)
- 3. U.S. Dept. of Health & Human Services (HHS) Title VI Regs. (45 C.F.R. 80 et seq.)
- 4. Presidential Executive Orders 13166 (65 Fed. Reg. 50121 (Aug 16, 2000)
- 5. HHS Office for Civil Rights, Title VI, EP Guidance (68 Fe. Reg. 47311 (Aug 8, 2003)
- 6. HHS Office of Minority Health, National Standards. On Culturally and Linguistically Appropriate Services in health Care (65 Fed. Reg. 80865-79, December 22, 2000)
- 7. The Joint Commission Standards (TJC)
- 8. American Disabilities Act. Section 504 of the Rehabilitation Act of 1973. 84.52 © & (d) of 504
- 9. Guidance to Federal Financial Assistance Recipients Regarding Title VI: Prohibition Against National Origin Discrimination Affecting Limited English Proficient Persons (Dept. Health and Human Services Special Topics: Civil Rights Policy Guidance)
- 10. Registry of Interpreters for the Deaf (RID) Education and Certification. (www.rid.org)

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Attachments:

No Attachments

	Committee	Approver	Date
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