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 Owner: Carolyn Nazabal: Coord (RN),
 ED/Infection Contr
 Policy Area: Nursing Administration
 References:
 Applicability: Memorial Hospital Los Banos

Language Assistance to Persons with Limited English Proficiency and Persons with Hearing and Visual Impairment

PURPOSE:

- A. To ensure that Limited English Proficient persons and person with hearing or visual impairments have equal access to full services offered by MHLB.
- B. To meet State and Federal requirements for the provision of language assistance to all Limited English Proficient persons and persons with hearing and visual impairment

SCOPE:

- A. MHLB employees, physicians, patients, families and significant others.

DEFINITIONS:

- A. **Translation:** Conversion of written text from one language to another.
- B. **Interpretation:** Conversion of the spoken word.
- C. **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.
- D. **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 persons who have sight impairment.
- E. **Interpreter:** An employee or contractor of Memorial Hospital Los Banos 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, sign, symptoms and medical instructions to and from English and the interpreted language.
- F. **VRI - Video Remote Interpreting**

POLICY:

- A. Memorial Hospital Los Banos (MHLB) recognizes its obligation to provide equal access to the services it provides. MHLB will provide, at no cost to the patient, family member or representative, language assistance to Limited English Proficient and hearing and visually impaired persons as necessary for effective communication in connection with treatment rendered.
- B. 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 of the interpreter services described above. The notices will advise patients of their rights to file a complaint regarding the provision of language assistance services and of MHLB's internal complaint 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.
 1. **The California Department of Public Health
Licensing and Certification**
 - Address: 285 W Bullard Avenue - Suite 101, Fresno, CA 93704
 - Phone: 559-437-1500 or 1-800-554-0351
 2. **Office of Civil Rights – San Francisco**
 - 415-427-8310 or TDD: 415-437-8311
- C. MHLB will conduct an assessment of the communication needs of each patient served and record the patient needs in the medical record. The assessment will include:
 1. Primary language or dialect
 2. Hearing impairment
 3. Sight impairment
 4. Need for interpreter services
- D. Confidentiality of information shall be maintained by all persons who interpret for Limited English Proficient persons and persons with hearing and visual impairment.

PROCEDURES:

- A. Age-Specific Considerations: None
- B. **Oral Language Interpretation for Limited English Proficient Persons**
 1. MHLB contracts with CYRACOM for telephonic interpretation services to meet the needs of its Limited English Proficient patients. CYRACOM is available twenty-four (24) hours per day, seven (7) days per week:
 - a. **CYRACOM Service - Dial: 1-800-481-3293**
 - i. Plug Blue Phone into an analog phone jack
 - ii. Pick up the left handset to get a dial tone
 - iii. Press the blue button labeled ACCESS
 - iv. When prompted, press the white button labeled ACCT/PIN
 - v. At the second prompt, say the name of the language you need

- vi. Select if you would like to add an additional person to the call
 - vii. When the interpreter comes on the line, give the interpreter a brief explanation of the call
 - viii. Pick up the second handset and pass it to the patient
2. Bilingual employees may be utilized to provide communication with LEP persons regarding basic instructions in activities of daily living or obtaining demographic data. Employees of MHLB may not be utilized as interpreters with respect to communication of information other than that stated above unless the employee has been determined to be fluent in English and in a second language, and can accurately speak, read, and competently interpret the necessary second language.
 - a. Interpreters must have the ability to completely convert items and terms for medical terminology, body parts, signs, symptoms, and medical instructions from English and the interpreted language.
 3. If the patient's or patient's representative's primary Language is other than English, intake staff will record the patient's primary language on the patient's record.
 4. If an interpreter is requested, MHLB staff will utilize CYRACOM as the first point of service for interpreter services.
 - a. A bilingual staff member who has demonstrated competency as an interpreter for MHLB may serve as an interpreter in their own care assignments. DO NOT interrupt other staff member's primary work responsibilities/duties to interpret for the patient. Use the Language Line Service.
 5. When using the CYRACOM, staff should utilize either a conference call or dual handset telephone.
 6. Document the name or ID number of the interpreter used on the Emergency Department Record or on the Patient Care Record.
 - a. This documents MHLB due diligence in providing appropriate interpreter services to allow patients the right of understanding medical advice, diagnosis, and teaching.
 7. All Emergency Department (ED) rooms and inpatient rooms have a Language Line Service phone available to them.
 8. Family members or visitors will NOT be asked to serve as an interpreter. MHLB does not have the ability to assess their understanding or ability to interpret medical terminology and meaning. Use the CYRACOM Services.
 9. A list of competent interpreters can be obtained from the House Supervisor or in the unit binder.

C. Translation of Written Materials

1. MHLB provides a variety of materials in languages other than English.
2. When necessary to ensure meaningful access to vital information, MHLB will use its best efforts to provide timely, effective oral interpretation of vital documents that have not been translated into other languages.
3. If oral interpretation of written materials is provided, the staff member attending the patient must note the Following on the form:
 - a. "[In-Person Interpreter name or CYRACOM identification number] 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 agreement of the contents of the document by signing the document in my presence". The statement should be signed and dated by the staff member.

D. Language Interpretation for the Hearing Impaired

1. Employees who have sign language capabilities may be utilized to communicate basic instructions in activities of daily living or obtaining demographic data. Employees of MHLB will not be utilized as sign language interpreters with respect to communication of information other than that stated above unless the employee has been determined to be competent to sign and read sign language. 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 sign language.
2. If there are no employees capable of providing adequate sign language interpreter services for the patient who is deaf, or in situations where complex clinical and/or legal discussions between patient and physicians or MHLB staff and in which written communication is inadequate, staff will contact:
 - a. **Deaf & Hard of Hearing Service Center, Inc.**
 - Monday – Friday 8:30 am to 5:00 pm (559-225-3382)
 - Weekends, Holiday and Emergencies (559-375-0902)
3. Video Remote Interpreting for sign language is available 24 hours a day, seven days a week. This system allows the patient who is deaf or hard-of-hearing to communicate through a certified sign language interpreter via web-based software on a computer, laptop or tablet device.
4. MHLB intake staff will record in the patient's record that the patient has special communication needs due to hearing impairment.
5. If the patient does not have his or her own sign language interpreter, and his or her needs cannot be met using written forms of communication, contact either an employee with demonstrated competency or the above service to arrange for an interpreter.
6. To ensure effective and efficient utilization of interpreter services, staff are encourage to identify the questions and information required to communicate between the patient or patient's representative and the MHLB staff prior to the arrival of the interpreter.
7. Staff must record the name of the interpreter, and the name of the interpreter service vendor, in the patient's record.
8. MHLB will use its best efforts to ensure that telephones public pay telephones, or other telephones used by patients, family members for patient representatives), that is owned, leased or otherwise under the control of MHLB are hearing-aid compatible.
9. MHLB will use its best efforts to make available, upon request a Telecommunications Device for Individuals with Disabilities (TDD or TTY) telephone for patients, family members or patient representatives who are hearing impaired. TYY units allow a written message over the telephone. MHLB maintains TTY units at the following locations:
 - a. Admitting Office
 - b. Emergency Department / Med-Surg
10. Information regarding the services available for the hearing impaired, including how to access the nearest TDD or TTY service, will be given to patients who are hearing impaired upon intake/admission, and made available at each public telephone location in MHLB.
11. Volume control telephones are available in all areas of the hospital.
12. The televisions located in the reception/visitor waiting areas/patient rooms are equipped with Closed Caption feature. The Closed Caption feature can be activated by notifying the Plant Operations

office.

E. Refusal of Offered Interpreter Services

1. If the Limited English Proficient or hearing impaired person declines the offer of interpreter services and instead requests that another person serve as his or her interpreter, MHLB may use such person as an interpreter if its staff reasonably feel that the person is willing and able to provide effective communication and that such provision of interpreter services are appropriate to the situation.
2. Any refusal of the offered interpreter services must be documented 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.

F. Assistance for the Visually Impaired

1. For visually impaired patients or patient's representative:
 - a. Instructions will be provided verbally by staff or through audio tape when appropriate.
 - b. 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 agrees to the terms and conditions that the staff member orally stated. The staff member must then note on the form "I have accurately and completely read the forgoing document to (insert patient's or patient's representative's name). He/she orally stated that he/she understood all of the terms and conditions and acknowledged his/her agreement by signing the document in my presence.
 - c. If appropriate, staff may enlarge written materials for the visually impaired patient or patient's representative using an on-site copy machine.

G. Training of Staff

1. All new employees of MHLB will be provided in-service Training on the Language Assistance Policy and the procedures to be utilized when providing language assistance.
2. Periodic training will be provided to all MHLB employees as necessary to ensure adherence to the policy.
3. Return demonstration and competency in use of CYRACOM and Video Remote Interpreting will be performed.

H. Resolution of Patient Complaints

1. Patients have the right to file a complaint regarding the provision of language assistance services. Notices posted in the emergency room, the admitting area, the entrance and in outpatient areas will inform patients of MHLB 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 Limited English Proficient persons or to persons who are hearing or visually impaired.

I. Monitoring of Language Assistance Policy

1. The Risk Management Committee will conduct regular (at least annual) monitoring of the Language Assistance Program and review of the Language Assistance Policy and Procedure. Revisions will be made to the Policy and Procedure as necessary to ensure that Limited English Proficient persons, and persons with hearing and visual impairments, have meaningful access to services provided by MHLB.

TOOLS/HELP:

A. Author: Unknown

B. Reviewed/Revised By:

1. Carolyn Nazabal, RN 5/09, 3/13, 1/16, 5/16
2. Christian Echehoven, Director of Quality Assurance and Improvement 12/17

C. References:

1. Office of Civil Rights, American with Disabilities Act, Title III
2. California Code of Regulations, Title 22 9821 (C)
3. California Health and Safety Code 1259

All revision dates: 1/2/2018, 6/17/2016, 1/31/2016, 3/1/2013, 5/1/2009, 3/1/2008

Attachments:

No Attachments

Approval Signatures

Step Description	Approver	Date
Manager	Kristie Marion: CNE, MHLB	1/2/2018
IPPC: Interdisciplinary Policy & Procedure Committee	Cambria Moorman: EHR Clinical Coordinator	1/2/2018
Manager	Kristie Marion: CNE, MHLB	12/28/2017