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Owner:	<i>Eugene Patrizio: CEO, MMC</i>
Policy Area:	<i>Administrative</i>
References:	
Applicability:	<i>Memorial Medical Center Modesto</i>

Language and Sign Language Interpreter Services Procedure

PURPOSE:

- A. To ensure that Limited English Proficient (LEP) persons and persons with hearing or visual impairments have equal access as well as awareness as to possible options for all services offered by Memorial Medical Center (MMC).
- B. To meet State and Federal requirements for the provision of language assistance to all Limited English Proficient and hearing and visually impaired persons as necessary for effective communication in connection with treatment rendered by MMC.

POLICY:

- A. It is the intent of MMC to provide equal access to the services it provides, regardless of language abilities. MMC will provide, at no cost to the patient, family member, or representative, language assistance to LEP persons and hearing and visually impaired persons as necessary for effective communication in connection with the treatment rendered.
- B. Patient identity shall be verified by comparing patient name and date of birth on identification band with same identifiers on applicable health information documents prior to initiating this policy/procedure. (refer to Tools/Help-D.1.)
- C. Confidentiality of information shall be maintained by all persons who interpret for Limited English Proficient persons and persons with hearing and visual impairment as required under HIPAA for all patient Protected Health Information (PHI).
- D. Employees are educated on the availability of interpreters and the hospital's commitment to offer interpreters to all patients.

SCOPE:

- A. All hospital staff, physicians, patients, families and significant others.

DEFINITIONS:

- A. **Translation:** Conversion of written text from one language to another.
- B. **Interpretation:** Conversion of words and meanings between spoken languages or between a spoken

language and a sign language.

- 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 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. **Bilingual employees**: Employees who speak a language in addition to English.
- F. **Patient appointed interpreter**: An individual designated by the patient or family (when the patient lacks capacity to consent) to provide for language or sign language interpretation needs and has completed the form as outlined in section Procedure-B. of this policy.
- G. **Frequently encountered languages**: Generally refers to LEP language group that constitutes 5 percent or 1,000 (whichever is less) of the population of persons eligible to be served or likely to be encountered. Translation of other documents other than vital documents, when needed, can be provided orally.

PROCEDURES:

- A. At minimum, notices and signs are posted in intake areas and other points of entry including, but not limited to, the Emergency Department, and outpatient areas regarding availability of the interpreter services described in this document. These signs indicate that interpreter services are available.
 - 1. Patients/visitors have a right to file a complaint regarding the provision of language assistance services. These complaints can be registered by calling (209) 525-3111.
 - 2. Patient/visitors complaints regarding interpreter services may also be directed to the California Department of Health Services (refer to Tools/Help-D.3.).
- B. **Identifying LEP persons and their language**
 - 1. MMC will promptly identify the language and communication needs of the LEP person. When necessary, staff will use a "Language Identification Chart" or "I speak cards" available online at www.lep.gov or posters to determine the language. These may also be referred to as "taglines", which are short statements written in non-English languages that indicate the availability of language assistance service free of charge.
 - 2. In addition, when records are kept of past interactions with patients or family members, the language used to communicate with the LEP person will be included as part of the EHR
- C. **Obtaining a Qualified Interpreter**
 - 1. The interpreter's responsibilities will include translating the information regarding the recommended medical treatment that the patient or the patient's legal representative needs to receive before deciding whether to give consent, as well as instructions regarding medical care.
 - 2. An interpreter should be someone fluent in English and in the necessary second language, who can accurately speak, read, and readily interpret the necessary second language.
 - 3. Interpreters must have the ability to translate the names of body parts and to describe competently symptoms and injuries in both languages.
 - 4. The patient has the right to appoint someone to interpret for themselves. In these cases, the patient

MUST sign the MMC "Patient Appointed Language and Sign Language Consent" Form. (MMC Intranet Portal → Resources → Forms & Tools → Enterprise Forms → Sutter EHR Forms → All Units)

- a. Use of family members or companions as interpreters is discouraged, except for the most extraordinary circumstances, such as medical emergencies. Use of any of these individuals may violate patient confidentiality and may compromise care. Staff may not rely on a minor child to interpret or facilitate communication.
5. Staff will be utilized only for simple interpretations such as those dealing with Activities of Daily Living (ADLs) and simple patient care related issues.
- a. Staff will not translate for conversations dealing with medical issues, i.e., diagnosis and/or treatment, risks and benefits, informed consent, etc.

D. Initiating Interpreting Services

1. In the absence of a MMC employee who is able to speak the language spoken by the patient for the interpretation needs as outlined in Procedure-C., and/or the absence of the Patient Appointed Interpreter, the employee shall access the Sutter Health (SH) approved language interpreter service by calling Cyacom at 1-800-276-2519, and entering the account number and the unit specific pin number, as indicated. INTERPRETERS are available twenty-four (24) hours per day, seven (7) days per week.
 - a. Dual Hand-set phones for the language service are available at most nurses stations.
 - i. When a phone is requested it is plugged into the existing phone line and used in the same fashion as a regular phone. In cases where there is no existing phone or phone line, the nurses stations will have a language services dual handset cordless phone.
 - b. Hospital-issued Cisco phones may be used with speaker mode.

E. Providing Written Translations

1. Vital documents, including consent forms, presented by hospital staff to a patient will be written in a language that the patient can understand or translated into such a language.
2. Certain documents are also available in frequently encountered languages within the EHR.

F. Documentation

1. MMC will conduct a nursing admission assessment of the communication needs of each patient served and record the patient's needs in the medical record, using EHR functionality: Admission Navigator → Admit Info → Interpreter Used for Patient.
 - a. The assessment will include:
 - i. **Preferred** language
 - ii. Need for interpreter services (e.g., LEP, hearing impairment, sight impairment)
2. Any subsequent use of any interpreter services will be documented in the medical record, using EHR functionality (Admission Navigator → Interpreter Used for Patient), with the following:
 - a. Reason for service (i.e., consent for surgery, etc.)
 - b. Agency used (i.e., Cyacom, Video Remote Interpreting, Eaton Interpreting Services, Wilder Interpreting Services)
 - c. Name and/or ID number of the interpreter.

G. Services for Patient Who are Deaf, Hard-of-hearing, Blind or Visually, Cognitively or Speech Impaired

1. The hospital has interpreter services available for patients who are deaf, hearing or speech impaired. All patients who present with deafness, hearing or speech impairments will be offered access to sign language interpreter services as guaranteed by the Americans with Disabilities Act.
 - a. For information related to effective communication between MMC employees, health care providers, and persons with communication barriers, particularly those who are deaf, hard-of-hearing, blind or visually, cognitively or speech impaired, refer to policy, [Patients/Visitors with Disabilities: Communication Assistance](#).

H. This procedure will be reviewed/revised as per MMC P&P guidelines and as necessary to ensure that language assistance services are provided to all patients with language or communication barriers. This will include, but not limited to:

1. The identification of the percentage of people that speak the same primary language and comprise at least five percent of the population in the geographic area served by the facility or the actual population of the hospital.
2. The forms that will be translated into Spanish and the assessment of whether standardized picture and phrase sheets are appropriate.

TOOLS/HELP:

A. AUTHOR: Luis Louis, Julie Meyers

B. REVISED BY: Rosanna Miller Policy & Procedure Coordinator, Sandra Drumonde MSN, RN, Anna Berg ADA Coordinator

C. Notices in English, Spanish, and other languages, as appropriate, will be posted in the Emergency Department, the admitting area, hospital entrances, and the outpatient areas regarding the availability of the interpreter services located at Memorial Medical Center.

D. Related Policies and Procedures:

1. [Identification: Patient Armband/Patient Verification](#)
2. [Patients/Visitors with Disabilities: Communication Assistance](#)
3. [Video Remote Interpreting](#)
4. [Patient Rights and Responsibilities](#)
5. [Patient and Family Complaint/Grievance](#)

E. Resources:

1. Phone numbers:
 - a. Cyracom 1-800-481-3289
 - b. Eaton Interpreting Services 1-916-721-3636
 - c. Wilder Interpreting Services 1-916-483-4751
 - d. NorCal 1-916-349-7525(after hours: 1-916-236-1185)
2. Memorial Medical Center "Patient Appointed Language and Sign Language Interpreter Consent" Form - Enterprise Forms

REFERENCES

- A. The Joint Commission. (2020). Rights and Responsibilities. In Comprehensive accreditation manual for hospitals: the official handbook. Oakbrook Terrace, IL: Joint Commission Resources, Inc
- B. California Hospital Association (2020). "Patients' Rights and Interpreter Services." CHA Consent Manual.
- C. Americans with Disabilities Act of 1990 and Title III. Retrieved on 11/4/20 from https://www.ada.gov/2010_regs.htm
- D. California Health and Safety Code, §1259.
- E. United States Census Bureau. (2020). QuickFacts Stanislaus County, California. Retrieved on 11/4/20 from <https://www.census.gov/quickfacts/fact/table/stanislauscountycalifornia/IPE120219>
- F. US Department of Justice. (2020). "I Speak Card." Limited English Proficiency. Last retrieved 10/30/20 from: www.lep.gov
- G. California Department of Public Health. (2012). "Language Assistance Services." All Facilities Letter (AFL) 12-16.

ATTACHMENTS:

- A. Wilder Interpreting Services Scheduling Service Request form
- B. NorCal Services for Deaf and Hard of Hearing Communication Services Request Form

Attachments

- [A - Wilder Interpreting Services Scheduling Service Request form](#)
- [B - NorCal Services for Deaf and Hard of Hearing Services Communication Form](#)

Approval Signatures

Step Description	Approver	Date
Med Exec	Rosanna Miller: Policy and Procedure Coordinat	12/9/2020
IPPC	Rosanna Miller: Policy and Procedure Coordinat	11/20/2020
Administrative Team	Sharon Bingham: Executive Assistant	11/17/2020
	Eugene Patrizio: CEO, MMC	11/17/2020
	Helen Mc Kinsey: Senior Exec Assistant [SB]	11/10/2020

Wilder Interpreting Services

www.signinterpreting.com

Email: info@signinterpreting.com

FAX form to **1-800-468-4790**

Phone 916-483-4751

Scheduling Service Request

Please fill out this scheduling form and FAX to above number. You will receive a response within one business day. To assure service we ask that you schedule your requests at least 3 days in advance, however, same day and emergency request can be accommodated.

(Required items)*

- New Appointment**
- Cancel Appointment**
- Reschedule Appointment**

Organization or Business Name:

*

Contact Person:

*

Phone Number:

*

Email:

*

Appointment Address (including Floor/Suite if applicable):

City, State & Zip:

Client Name:

*

Date & Time of Appointment:

*

Expected Duration of Appointment:

*

Nature of Appointment

*

NorCal Service for Deaf and Hard of Hearing Communication Services Request Form
Communication Services ● (916) 349-7525 ● Interpreter Request Form ● FAX (916) 349-7578

Billing is based on a 1 hour minimum. Please be accurate when indicating START and END times.
Subject to the availability of staff and subcontractors, communication services are provided on request.

This form must be filled out LEGIBLY and COMPLETELY. Illegible and incomplete forms will be returned.

Appointment Date: _____ Start Time: _____ AM/PM
Day of the Week: M T W TH F SAT SUN (circle) End Time: _____ AM/PM
Name of Requesting Agency: _____
Name of Requestor: _____ Phone: () _____
E-Mail Address: _____ FAX: () _____

TYPE OF SERVICES REQUESTED: (PLEASE CHECK)

- ASL/English Interpreter Tactile Interpreter (Deaf/Blind)
 Oral Interpreter Video Remote Interpreting
 Real-Time Captioning—Transcription yes no Deaf Interpreter

Official Use Only:

Appointment
 Number:

Interpreter Names:

ASSIGNMENT INFORMATION:

Name of Deaf/Hard of Hearing Consumer: _____
Case Name/Case No.: _____
Consumer Identification: (MRN/last 4 of SSN/DOB/P.O. No.): _____
Name of Facility/Agency/Location: _____
Appointment Address: _____
Street: _____ City: _____ Zip: _____
Dept./Floor: _____ Cross Street: _____
Doctor/Provider's Name: _____
Specific Reason for Appointment: _____
Does this appointment require a male or female interpreter? male female N/A
Site Contact Person: _____ Phone: () _____

BILLING INFORMATION:

Bill to: _____ Attn: _____
Division/Dept. Nbr./Program Name: _____
Street: _____ City: _____ Zip: _____

REQUIRED SIGNATURE:

By signing this request, you are agreeing to the terms and conditions in the Service Agreement and to pay for services requested/provided. By submitting this and future requests by electronic means, I understand that an electronic signature has the same legal effect and can be enforced in the same way as a written signature.

Authorizing Signature Date and Time

Email Address Phone Number:

CANCELLATIONS MUST BE IN WRITING.

NorCal Services for Deaf and Hard of Hearing does not bill third parties or the deaf or hard of hearing consumer.