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**Owner:** *Kendria McKnight: Coord, ADA*  
**Policy Area:** *Disability Access (ADA)*  
**References:**  
**Applicability:** *Sutter Medical Center  
Sacramento*

## Communication Assistance, T.6

### POLICY

It is the policy of Sutter Medical Center, Sacramento (SMCS) to provide **communication assistance**, Auxiliary Aids and Services, **and** Alternative Formats for print materials, where necessary for effective communication between SMCS employees, health care providers, and persons with disabilities, particularly those who are deaf, hard-of-hearing, blind or visually, cognitively or speech impaired. This includes any communication including, but not limited to, those concerning patient care, privacy rights, confidential information conferences and health education/training sessions provided to the public.

After consultation with the patient or visitor with a disability, SMCS will be responsible for identifying the format, aid or service that will provide effective communication for that person, and will use that method in communications with the patient or visitor.

The term "Auxiliary Aids and Services" is defined in SMCS Policy T.1 entitled [Patients with Disabilities: Responsibility for Accessible Facilities and Services](#)

SMCS shall not impose any fees or charges on patients or visitors with disabilities for providing any Auxiliary Aids or Services.

### PURPOSE

To identify and provide Auxiliary Aids and Services to meet the communication needs of patients and visitors with disabilities. This policy provides guidance to assure SMCS 's compliance with the relevant and applicable standards set forth in California Civil Code §§ 51, et seq. ("the Unruh Act"), and/or 54, et seq. ("the Disabled Persons Act"), California Government Code § 11135, et seq., Title III of the Americans with Disabilities Act, 42 U.S.C. § 12181, et seq., and/or Section 504 of the Rehabilitation Act of 1973, 29 U.S.C. §§ 701, et seq. and/or the regulations promulgated under these statutes.

### PROCEDURE

#### Consult with the patient or visitor:

Consult with the patient or visitor about his or her need for communication assistance and the kinds of Auxiliary Aids and Services, including alternative communication methods, or Alternative Formats, that will provide effective communication.

SMCS will be responsible for identifying the Auxiliary Aid or Service that will provide effective communication of the particular information to the patient or visitor. If more than one Auxiliary Aid(s) or Service(s) would be effective to communicate particular information to the patient or visitor, SMCS may select the effective method of its choice.

SMCS is not required to provide the Auxiliary Aid or Service the individual prefers if there is another method that results in effective communication, although SMCS will provide the individual the Auxiliary Aid or Service he or she prefers, if possible.

#### Consider the type of communication and the disability involved:

##### Simple Communications:

Simple communication methods may be used where limited interaction is involved or the communication is less significant (e.g., short in duration; simple concepts; information does not need to be referenced in the future, etc.). Examples of interactions where simple communication methods would be appropriate would include situations that do not involve substantial communication (such as when blood is drawn) and when regular allergy shots are administered. Examples of methods for simple communication may include pencil and paper, lip reading, or pictures.

## Complicated and/or interactive communications:

Where communication between the healthcare staff and the patient or visitor is more involved, the most effective method of communication for that person shall be used. It may be necessary for SMCS to provide Auxiliary Aids and Services, such as a qualified Video Remote sign language interpreter, a qualified in-person interpreter, an assistive listening device, computer-assisted real time transcription, or Alternative Formats such as Braille, Large Print, audio recordings, or computer disks to ensure effective communication.

Examples of circumstances when the communication may be sufficiently lengthy and/or complex to require consideration of these or other Auxiliary Aids or Services include the following:

- Discussing a patient's symptoms and medical condition, medications, and medical history.
- Discussing or providing medication/prescription information, such as the name of the prescription, dosage, and side effects.
- Explaining medical conditions, treatment options, tests, medications, surgery and/or other procedures.
- Admissions instructions and paperwork.
- Obtaining informed consent for treatment.
- Advising about Patient's Rights.
- Discharge and other follow-up instructions.
- Providing mental health services, including group or individual counseling for patients and family members.
- Discussing powers of attorney, living wills and/or complex billing and insurance matters.
- During educational presentations, such as birthing or new parent classes, nutrition and weight management programs, and CPR and first-aid training.

## Examples for a deaf or hard of hearing patient or visitor:

- SMCS personnel should offer pen/pencil and paper to individuals who are deaf or hard of hearing for the purpose of communicating messages, instructions and for answering questions when appropriate.
- Written forms or information sheets may provide effective communication in situations where there is limited need for interactive communications (i.e., simple communication) such as filling out admission forms and medical history inquiries, providing billing information, etc. Pictures may also be useful where an individual has a speech disability or cognitive impairment.
- Lip reading may be useful for a short, limited period of time. Staff must confirm this method will work for a particular patient since most people do not lip read. When using this form of communication, personnel should be directly facing the patient and should provide clear, simple instructions. It may be less effective for any complex, lengthy and/or complicated conversation.

For more information on use of specific Auxiliary Aids & Services, see **Appendix A**.

## Examples for a visually impaired or blind patient or visitor:

- SMCS personnel should provide specific oral cues for simple instructions and for answering questions when appropriate. Where written communication or signage is relied upon, oral information may need to be provided. Staff should provide this in a way that allows for patient privacy.
- Instructions may need to be provided in large print (for persons with some vision) which may be a Sans Serif or Arial font of 18 points or larger, verbally by staff or through audio recording, Braille, or computer disk when appropriate.
- Consents, forms, and other information may be read to the patient or his or her representative, as appropriate, consistent with the patient's privacy rights. However, staff may not require that the patient bring a representative to the hospital with him/her, and may not rely on any adult accompanying the patient with a disability to interpret or facilitate communication, unless it is an emergency situation or the patient has specifically requested that the accompanying adult interpret or facilitate communication, the accompanying adult agrees to provide such assistance, and reliance on that adult for such assistance is appropriate under the circumstances.
- Any written information must be read to the person with a visual impairment completely, effectively, accurately and impartially. However, the information should also be offered in an Alternative Format for the patient's personal record keeping. Staff should request that the patient sign the form if the patient agrees to the terms and conditions. The staff member shall document the agreement by including the phrase "I have accurately and completely read the foregoing document to (insert patient's name). He/she orally stated that he/she understood all the terms and conditions and acknowledged his/her agreement by signing the document in my presence".

## Examples for a patient or visitor with a speech or cognitive disability:

1. In addition to the options for written communication described above, pictures may be useful where an individual has a speech disability or cognitive impairment.
2. Allow extra time during the appointment for communication between the provider and patient.

## TIME FRAME:

### Alternative Formats for persons with visual impairments:

Alternative Formats for persons with visual impairments will be made available within a reasonable time frame to ensure effective communication. Requests for Alternative Formats that cannot be provided by SMCS at the time the request is made, to the extent possible, will be transmitted to SMCS' Alternative Format vendor by the close of business on the day of the request, and SMCS will request that the vendor produce and send the materials to the patient within seven (7) days of transmittal of the request to the vendor.

### Auxiliary Aids and Services for persons with hearing impairments:

1. **For a scheduled appointment:** when an individual requests an interpreter at **least 24 hours** in advance of the time when the services of the interpreter are required, SMCS will make an interpreter available at the time of the scheduled appointment or need.
2. **For an emergency:** In the event of an **emergency**, SMCS will use reasonable efforts to assure communication assistance is available as soon as practicable given the circumstances. Communication assistance may include a qualified Video Remote sign language interpreter and/or qualified in-person sign language interpreter.
3. Absent events outside the control of SMCS, such as severe weather problems, unanticipated illness or injury of the interpreter while en route, and unanticipated transportation problems the time within which the interpreter is provided will be no more than the following: 1 hour.
4. **For video interpreting or on-site interpreter:** an on-site video interpreting cart and/or on-site interpreting services through an outside vendor agency for ASL are both available at SMCS.
5. **For contracted on-site interpreting services:** A 24 hour advance notice for non-emergency requests, and 1 hour for emergency requests, if the service is provided through a contract interpreting service or a qualified interpreter who is located off-site at the time the need arises.
6. Between the time when an interpreter is requested and when an interpreter is made available, personnel shall continue to try to communicate with a person with a disability for such purposes and to the same extent as they would have communicated with the person but for the disability, using the most effective means of communication available, particularly video interpreting cart, written notes and/or sign language pictographs. During this time, personnel should also keep individuals with disabilities apprised of the status of the expected arrival of an interpreter or the delivery of other requested or anticipated auxiliary aids and services.

### Use of family members, companions or minors:

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 or may compromise care. Further, staff may not rely on a minor child to interpret or facilitate communication, except in an emergency where there is an imminent threat to the safety or welfare of the patient or the public and no interpreter is available. However, patients may request such services and give permission to the health care team to share information with any of those individuals. Staff should record such permission in the patient's records.

### Patient's Request for specific service:

SMCS does not charge a fee for Auxiliary Aids and Services that it provides. However, patients may elect to provide their own communication aids and/or interpreters at their own cost to assist them while obtaining services from SMCS.

### Education and Training:

All patient care staff are required to be trained on this policy upon initial hire, and annually.

### More Information:

For more information about this policy, contact the SMCS ADA Coordinator at 916-887-4454

## RESOURCES

[Disability \(ADA\) Accommodation Guide](#)

**American Sign Language Interpreter Services:**

Interpreter Services Department at 916-887-0190

8:00 am - 5:00 pm Monday – Friday 8:00 am -12:00 pm Saturdays

\*\*After hours and at all other times call the **Nursing Supervisor** for assistance.

### **Assistive Listening Systems** (Pocket Talkers):

#### **Amplified Telephone Handset:**

SMCS: Central Supply 916-887-1011

SCP: Nursing Supervisor

**Relay Service**, call 711.

**Speech to Speech**, call 711 and ask for Speech to Speech.

**Braille, Large Print or audio format** provider, call

Sacramento Braille Transcribers Inc.

27891 24th Street, Sacramento, CA 95818 / (916) 455-9121

Ellena Thompson

[ellenathomason@sbcglobal.net](mailto:ellenathomason@sbcglobal.net)

(916) 564-7117

Lighthouse for the Blind (San Francisco)

(415) 431-1481

<http://www.lighthouse-sf.org/>

## **APPENDIX A**

Use of Specific Auxiliary aids and Services for Persons Who are Deaf, Hard of Hearing or Have a Speech Disability

### **Communication Services:**

1. Qualified interpreter or Sign Language interpreter services -- A person 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 on 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 service, must have formal training or certification in interpretation, demonstrated expertise in the target language, and knowledge of medical terminology.
2. Relay Service (dial 711) -- The nationwide relay network is a telephone service that allows persons with hearing or speech disabilities to place and receive telephone calls by using operators to facilitate telephone calls between a TTY/TDD and a standard telephone. **The nationwide number to reach a relay operator is 711.** Individuals may use this network to call the hospital from a TTY device. This relay consists of an operator with a TTY who receives the call from a TTY user and then places the call to the hospital. If you receive a relay call from a TTY user, the operator will explain this to you. You should expect that relay system calls will take a little longer than voice calls.  
If you need to contact a deaf or hearing-impaired person by telephone who is away from the hospital (for example, to confirm a patient appointment, speak to a patient's relative, etc.), simply dial 711 (or xx-xxx if calling from an internal telephone line). An operator will answer and ask the number that you are calling.
3. Speech to Speech Relay Service for Persons who are Speech-Impaired (Dial 711 and ask for "Speech to Speech") -- This is a free relay service network to handle calls with persons who have speech impairments so that the caller can be understood. Individuals may use this network to call the hospital or medical professional, using an operator who is able to voice the caller's speech and ensure that the caller's speech can be understood.  
When using a speech to speech relay, speak directly and clearly to the person with whom you are communicating; the operator will relay your communication to the individual and will relay his or her responses to you as they are made.
4. Computer-aided transcription services (**CART**): Real-time reporters trained as court stenographers with medical terminology expertise type what is said in a meeting and the text is immediately displayed on a video monitor or projection screen.
5. Remote Interpreting (VRI) -- this service allows a person who is deaf or hard of hearing to make a telephone call via an Internet video connection between the user and the relay center, which is staffed with sign language interpreters. This interpreting service uses video conference technology over dedicated lines or wireless technology offering high-speed, wide-bandwidth video connection that delivers high-quality video images of a Communication Assistant using American Sign Language (ASL). The Communication Assistant speaks what is signed to the called party, and signs the called party's response back to the caller.

# Communication Devices or Equipment

The department using the communication device or equipment is responsible for ensuring the return of that equipment to SMCS Central Services or by contacting the Nursing Supervisor (SCP) when no longer needed.

1. Amplified Telephone Handset – This device amplifies the sound of telephone receiver. Amplified telephone handsets provided by SMCS can be installed on any patient phone, no longer than 4 hours after the request is made to the SMCS Central Services or Nursing Supervisor (SCP).
2. Assistive Listening Systems (ALS) — Devices designed to help people with hearing loss improve their ability to hear in difficult or large-area listening situations. Assistive Listening Systems are not intended as substitutes for hearing aids but as a supplement to hearing aids. ALS can also be used to improve functional hearing abilities for people who don't use hearing aids. *Note: Because ALS amplify sound, they are not helpful for individuals who have no hearing.*
3. TTY/TDD (*stands for telecommunication display device or telecommunications device for deaf person*) -- A text telephone device allowing a "telephone" call to take place in a text format. The device contains a keyboard and visual text display designed to exchange written messages that are commonly used for telephonic communication. This allows patients who are deaf, hard of hearing, or have a speech impairment to communicate with personnel.

TTY teletypewriter phones provided by the hospital will be installed in a patient's room, upon request, no longer than 4 hours after request is made. Requests for TTY phones are made by calling SMCS Central Services or Nursing Supervisor (SCP). Charges for telephone calls made from the patient's room shall be billed in accordance with hospital policy for voice calls. The ordering department is responsible for ensuring the return of TTY sets to SMCS Central Services or Nursing Supervisor (and SCP) when they are no longer needed; equipment also may be returned after normal business hours to SMCS Central Services or Nursing Supervisor (SCP). Patient-owned communication devices, such as TTY teletypewriter phones or amplified phone sets, may be used within the hospital as long as they are compatible for use within the hospital and the patient assumes full responsibility for liability and operation. See standard practice [insert reference to applicable policy].

**TTY phones are also located at public phone banks in the following areas:**

*Public phones with TTY service are not available at SMCS. For visitors requesting TTY phone services, staff shall contact Central Services for a TTY phone and provide this service as needed at an appropriate location.*

Personnel should be able to direct patients or visitors to the nearest public TTY as needed.

4. Telephone handset amplifiers — Equipment that amplifies the telephone volume for someone who is hard of hearing.
5. Telephones compatible with hearing aids — A telephone that an individual with a hearing aid can use without making a loud screeching noise.
6. Closed caption decoders — Closed captioning is text that scrolls on a television screen so that an individual who cannot hear the content can read the text of the audio content. Some televisions located in the reception/visitor and waiting areas are equipped with Closed Caption features. The Closed Caption feature in the patient rooms can be activated by pressing the "CC" button on the Nurse Call/TV Control or by pressing the "CC" button on the front of the TV (depending on model) or by contacting Plant Operations & Maintenance.

## Tips

- Some persons who are deaf can speak; others may not have this skill.
- Not all persons who are deaf lip-read.
- Deaf individuals may use one of several signed languages to communicate, such as American Sign Language, Signed Exact English or another type of Manually Coded English, or Cued Speech.
- American Sign Language is not another form of English. It is a separate, unique language with its own grammar, syntax and rules.
- Signed Exact English uses Standard English grammar.
- Not all persons who are deaf use sign language (either ASL or Signed Exact English or another type of Manually Coded English, Cued Speech).
- Lip-reading, while helpful without sound clues, is only 30%-50% effective, and sometimes less.
- More persons who are deaf or hearing impaired have some hearing rather than no hearing at all.
- Not all persons who are deaf write and read well.
- Long conversations with persons who lip-read can be very fatiguing to the person who has the impairment.

## APPENDIX B

### Video Remote Interpreting for Sign Language

#### SCOPE:

Emergency Department, Inpatient Nursing, Registration, and Outpatient Staff, Social Workers, Physical Therapy, Spiritual Care,

## PURPOSE:

Set standards for the provision of sign language interpreting services via Video Remote Interpreting ("VRI") in inpatient settings. Provide guidance on the use of the VRI service for deaf and hard-of-hearing patients /visitors.

## POLICY STATEMENT:

It is the policy of Sutter Medical Center, Sacramento (SMCS) to provide communication assistance to patients and visitors who are deaf and hard-of-hearing using the most effective auxiliary aid or service reasonably available. **(Refer to SMCS Communication Assistance policy).**

It is the policy of Sutter Medical Center, Sacramento (SMCS) that VRI for sign language is not the sole method of communication assistance offered. SMCS continues to provide in-person sign language interpreters and other auxiliary aids and services to establish effective communication with deaf and hard-of-hearing patients/visitors **(Refer to SMCS Communication Assistance policy).**

## MINIMUM STANDARDS FOR USE OF VRI

Before VRI may be used at any SMCS site, the SMCS Interpreter Services Manager and Clinician must ensure the following minimum standards are met:

- VRI can only be used on Sutter Health approved device configurations and all devices must comply with the technology and hardware requirements set forth in the Sutter *Health InSight (VRI) Installation Guide*. **(See Appendix A)**. Sutter Medical Center, Sacramento (SMCS) will log testing of the application for at least five (5) days and the Disability Access Compliance officer must validate picture and sound quality on all VRI carts prior to initial use.
- Each VRI cart must have attached the *InSight VRI Cart Troubleshooting Tips*, which must include key contact information and service desk contact information.
- All personnel who will participate in use of VRI have received training in VRI Cart Operations and access to the SharePoint site containing all technical documents, training materials and VRI cart attachments. The training covers how to evaluate picture and sound quality, how to position the cart for optimal connections, how and where to focus the camera, how to use a privacy screen, and how to troubleshoot technical issues during VRI use.
- Staff must have available the contact information for at least one IS staff who is capable of troubleshooting and resolving technical issues that may arise.
- Interpreters used by the contracted VRI provider must be certified by the Registry of Interpreters for the Deaf.

## APPENDIX B

### VRI Communication Assessment

Before using VRI, it must be determine whether it is an effective method of communication by assessing the reasonable foreseeable health care activities (e.g. medical tests or procedures, meetings or discussions with care team, review of tests results and treatment options, etc.)

In many cases, VRI is a useful tool to establish effective communication with deaf or hard-of-hearing patients/visitors.

When using VRI staff must:

1. Staff must conduct periodic "check-ins" with patient throughout the duration of their hospitalization to determine if any change is required with respect to the provision of auxiliary aids and services and document the patient's EHR in accordance with hospital procedure.
2. If change in communication assistance in required, notify SMCS Interpreter Services Manager (or Nursing Supervisor if after hours).
3. **VRI is not advised in the following scenarios:**
  - a. Where end of life decisions / terminal illness diagnosis and sensitive issues are discussed
  - b. Where patients have limited ability to move hands and arms (i.e. hand / arm/ elbow/ shoulder injury) or head and neck.
  - c. Where patients have vision impairment.
  - d. Where patient has cognitive, psychiatric, or linguistic difficulties.
  - e. Where patient is under the influence of alcohol, narcotics or receiving sedation.
  - f. Where patient is fatigued or disoriented and cannot visually focus on the screen.
  - g. Where patient is highly emotional or experiencing trauma.

- h. Where patient is in severe pain or experiences seizures.
- i. Where patient has an injury or is undergoing a procedure that inhibits the ability to view the monitor.
- j. Where patient does not speak English or American Sign Language (ASL) or where communicating through VRI is not working.
- k. Where patient is in childbirth.
- l. Where patient is a deaf child.

**NOTE:** VRI use in the aforementioned situations is discouraged and should be considered only in rare instances and used with the approval of SMCS Interpreter Services Manager and Clinician.

## APPENDIX C

### Procedure For Ordering In-Person Sign Language Interpreters

1) **Between the hours of 8:00 a.m. to 5:00 p.m., Monday - Friday and 8:00 a.m. to 12:00 p.m. Saturday, please call (916) 887-0190-SMCS Interpreter Services Department**

After hours, weekends and Hospital observed holidays contact the Nursing Supervisor at the following numbers:

**Supervisor 1**

Wireless: (916) 887-5671

**Supervisor 2**

Wireless: (916) 887-5672

When calling for an in person Sign Language interpreter, please provide the following information:

- **Patient name,**
- **Room number,**
- **Patient's medical record number,**
- **Your name and telephone number**
- **A brief description of the type of appointment (i.e. Doctor rounds, bedside education, social work)**

2) **SMCS Interpreter Services Department or Nursing Supervisor (if after hours) will contact the Sutter System Contracted Sign Language Interpreter Agency and call back with the Sign Language Interpreter arrival time.**

### PURPOSE:

Set standards for the provision of sign language interpreting services via Video Remote Interpreting ("VRI") in inpatient settings. Provide guidance on the use of the VRI service for deaf and hard-of-hearing patients /visitors.

### POLICY STATEMENT:

It is the policy of Sutter Medical Center, Sacramento (SMCS) to provide communication assistance to patients and visitors who are deaf and hard-of-hearing using the most effective auxiliary aid or service reasonably available. **(Refer to SMCS Communication Assistance policy).**

It is the policy of Sutter Medical Center, Sacramento (SMCS) that VRI for sign language is not the sole method of communication assistance offered. SMCS continues to provide in-person sign language interpreters and other auxiliary aids and services to establish effective communication with deaf and hard-of-hearing patients/visitors **(Refer to SMCS Communication Assistance policy).**

### MINIMUM STANDARDS FOR USE OF VRI

Before VRI may be used at any SMCS site, the SMCS Interpreter Services Manager and Clinician must ensure the following minimum standards are met:

- VRI can only be used on Sutter Health approved device configurations and all devices must comply with the technology and hardware requirements set forth in the Sutter *Health InSight (VRI) Installation Guide*. **(See Appendix A)**. Sutter Medical Center, Sacramento (SMCS) will log testing of the application for at least five (5) days and the Disability Access Compliance officer must validate picture and sound quality on all VRI carts prior to initial use.
- Each VRI cart must have attached the *InSight VRI Cart Troubleshooting Tips*, which must include key contact information and service desk contact information.
- All personnel who will participate in use of VRI have received training in VRI Cart Operations and access to the SharePoint site containing all technical documents, training materials and VRI cart attachments. The training covers how to evaluate picture and sound quality, how to position the cart for optimal connections, how and where to focus the camera, how to use a privacy screen, and how to troubleshoot technical issues during VRI use.

- Staff must have available the contact information for at least one IS staff who is capable of troubleshooting and resolving technical issues that may arise.
- Interpreters used by the contracted VRI provider must be certified by the Registry of Interpreters for the Deaf.

All revision dates:

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**Attachments:**

No Attachments

**Approval Signatures**

Step Description	Approver	Date
CNE	Debora Cale: CNE, SMCS	12/18/2017
ADA Coordinator	Kendria McKnight: Coord, ADA	12/6/2017
	Kendria McKnight: Coord, ADA	12/6/2017

**Applicability**

Sutter Medical Center Sacramento

COPY





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**Policy Area:** *Patient Care*  
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## Interpreter Services

### POLICY

- A. Sutter Medical Center Sacramento provides medical interpreter services 24 hours a day / 7 days a week for any patient, their family or at staff request. Spoken language services may be provided by Sutter certified/dedicated medical staff interpreters, medical certified bilingual staff interpreters, by dual handset telephone or by Video Remote Interpreter carts through Sutter contracted vendors, or in-person through Sutter contracted interpreter vendor agencies. American Sign Language (ASL) Services for deaf patients and their families may be provided by Video Remote Interpreter carts and in person through Sutter contracted Sign Language interpreter vendor agencies. The patient may choose to use non-certified adult family members or friends to interpret after they have been informed of their right to a hospital provided certified medical interpreter at no cost to them. They must complete the Patient Appointed Interpreter form and this must be placed on the patient chart. At any time a hospital staff member / physician can supersede the request for a patient appointed interpreter and obtain a medical-certified interpreter for patient communication when in the best interest of patient safety.
- B. The Interpreter Services Program is maintained and coordinated by the Interpreter Program Manager.

### PURPOSE

- A. To assure a level of quality care consistent with Sutter Medical Center's mission to provide safe quality patient care. To provide oral language interpretation to assist in communicating with limited or non-English speaking patients, and sign language with deaf/hard of hearing patients. To provide written translation of all standardized documents, forms and patient informational materials for Limited English speaking populations which comprise the largest percentage of the total eligible population.
- B. To meet the requirements of Title VI of the Civil Rights Act of 1964, CLAS Standards of DHHS, California Health and Safety Code 1259, SB 1840, and Joint Commission accreditation which defines a language or communication barrier as one which is experienced by individuals who are limited-English-speaking or non-English-speaking who speak the same primary language of those who comprise at least five percent of the population of the geographical area served by the hospital or of the actual patient population of the hospital.

### GENERAL INFORMATION

- A. Sutter Medical Center contracts with vetted 24/7 telephone interpreter services, agency provided in

person interpreters, Video Remote Interpreters via carts and American Sign Language (ASL) interpreters to provide 24-hour medical interpreter services. TDD equipment for the hard of hearing is also made available for the deaf or hard of hearing to communicate.

- B. Sutter Medical Center will provide Sutter medical-certified/dedicated staff interpreters and medical-certified bilingual staff interpreters to augment contracted vendor services. A list of Sutter medical-certified bilingual staff interpreters will be maintained and updated by the Interpreter Program Manager. A copy of the list will be kept both in the Interpreter Dept Office and in the Nursing Supervisors office.

## PROCEDURE

- A. Information regarding the availability of interpreter services will be posted in all patient registration areas and other appropriate conspicuous areas to inform patients and their families of the services. The patient's primary language will be identified at the time of registration and noted on the patient's record of admission. If the patient has chosen an adult family member to interpret they must complete the Patient Appointed Interpreter Consent form indicating the name and phone number of the family member. This consent will be scanned and placed in the patient's chart. Primary language information will be compiled into periodic reports for administrative review and planning.

Keep in mind that the non-English speaking patient may also have cultural differences and beliefs, and possibly more fear about being in a hospital than would an English speaking patient. Make every effort to reassure the patient and make him/her comfortable.

- B. Employees/medical staff requiring the services of a medical-certified interpreter for a non-English speaking patient, significant other and/or guardian:
  - 1. Contact Interpreter Services Department or Nursing Supervisor (after hours) who in turn, will review the list of certified Sutter interpreters for available staff or call the Sutter contracted vendor.

If there is a Sutter medical-certified bilingual staff employee interpreter working who is fluent in the particular language required, the Interpreter Services Department or the Nursing Supervisor must contact the employee's immediate supervisor to obtain approval for the employee to provide interpreter/translation service away from their assigned unit.

- C. Employees who volunteer to provide medical interpreter services are tested, trained and certified for competency in medical interpreting by the Sutter system contracted vendor Language Line Academy. If they pass at the medical level they are eligible to receive an extra pay stipend for the time they spend interpreting. The employee must also take and pass successfully the Sutter E-Learning Interpreter Training Course:
  - The time spent taking the medical competency test for interpreting will be considered hours worked, coded to Interpreter Services Dept and compensated at the normal rate of pay.
  - The medical-certified bilingual staff employee will be compensated at the rate of \$2.00 per hour as an extra stipend for the number of hours worked that day if they are also caring for and interpreting for the patient in their language. The bilingual certified interpreter must self report their interpreter hours by calling or e-mailing the Interpreter Services Dept in order to receive the extra pay stipend.
- D. If the Sutter medical-certified bilingual staff employee interpreter is not available, the Interpreter Services Department or the Nursing Supervisor will contact a Sutter-contracted vendor.
- E. If a Sutter medical certified interpreter is needed for an emergent situation and the medical-certified bilingual staff employee interpreter or Sutter contracted vendor interpreter is unavailable; the staff

members will use the 24–hour Sutter contracted telephone interpreter services or Video Remote Interpreter cart. The hospital staff member will dial the Sutter contracted telephone agency directly, provide the appropriate access code and language and then be connected with the telephone interpreter. Dual handset phones are available to facilitate 3 way phone calls between telephone interpreter, patient and staff. Video Remote Interpreter carts and IPADS are available in most nursing units and in the Interpreter Department and Nursing Supervisor office.

- F. Hospital staff are to document their initials/date/time/name of interpreter and the reason for interpreting services each time a medical-certified interpreter is used on any legal consent form, discharge form or any form given to the patient. They must also document on the patient chart (EHR) any time a medical interpreter is used including and not limited to patient education, consult or consent.
- G. When it is identified that a patient needs the use of TDD equipment, the Interpreter Services Dept or the Nursing Supervisor will be advised by requesting department or manager and the hospital staff instructed to check out the appropriate equipment from Central Services.
- H. Interpreter Services Department has 2 Video Interpreter Carts and 1 IPAD available
- I. Nursing Supervisor Office has 1 Video Interpreter Cart available

All revision dates: 8/16/2018, 9/1/2015, 6/1/2013, 5/1/2010, 5/1/2004, 9/1/2001, 4/1/2001, 7/1/1998, 7/1/1992

**Attachments:** No Attachments

**Approval Signatures**

Step Description	Approver	Date
CNE	Debora Cale: CNE, SMCS	8/16/2018
Interpreter Services	Barbara Berry: Program Mgr, Interpreter Svcs	8/6/2018
	Barbara Berry: Program Mgr, Interpreter Svcs	8/6/2018

**Applicability**

Sutter Medical Center Sacramento