Hospital Interpreter Services

Definition:

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.

Policy:

Sutter Maternity and Surgery Center (SMSC) 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.

Annually SMSC will determine the language assistance needs of patients using patient self reported primary language spoken data in the E-HR.

When a language other than English is spoken by 5% or more of the patient population, SMSC will

evaluate the need for additional services including translation of written materials and use of in-house interpreters.

Background:

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.

Language or communication barriers are defined as being experienced by limited or non-English speaking individuals, whose primary language is not English. Sutter Maternity & Surgery Center (SMSC) incorporates a variety of mechanisms to provide interpreting services to patients. This definition includes individuals who are deaf and whose primary language is sign language.

Communication of this policy will include, but not be limited to, posting notices for patients and families of the availability and extent of interpreter services. Also refer to ADA policy:**PATIENTS/VISITORS WITH DISABILITIES: COMMUNICATION ASSISTANCE**

PROCEDURE:

1. **Procedure For Language Interpreter Services via Phone**
   Using a cell phone on speaker, or plug in a blue language line phone. **Dial 1-844-961-3227**. State language needed. Provide the patient First and Last name and Department name.

2. **Certified Interpreters** are used in any case, whether it is through the phone service, face-to-face outside vendor, or in-house staff, when an individual (patient, family member, customer or employee) requires an interpreter in the inpatient and outpatient hospital departments.

   Medical and basic interpreter
   There are two types of certified interpreters – medical and basic or conversational.

   1. **Medical interpreters** must be used for informed consent, medical discussion with physicians, discharge instructions, patient education materials, etc.

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

3. **Procedure for Interpreter Services**

   1. Go to the Intranet for a listing of phone interpreters, face-to face interpreting, in-house interpreters and American Sign Language Interpreter: http://mysutter/SHPCR/MPHS/Clinical/Pages/InterpreterServices.aspx

   2. Unplug the patient phone jack at the phone and plug jack into the Language Line blue phone. Or, use a cell phone on speaker.

3. Pick up the left handset to get a dial tone

4. Dial 1-844-961-3227

5. Say the name of the language needed

6. When the interpreter comes on the line, provide patient's first and last name and give the interpreter a brief explanation of the call

7. Pick up the second handset and pass it to the patient

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

   1. Inform person you are getting an interpreter.

   2. Push the conference call button and dial **1-844-961-3227** to access the interpretation service

   3. Say the name of the language you need

   4. Select if you would like to add an additional person to the call*

   5. When the interpreter comes on the line, give the interpreter a brief explanation of the call

   6. Push the conference call button to bring the caller onto the call

5. ***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.

6. **Procedure For Language Interpreter Services, Instructions for Face-to-Face Interpreting**

   1. **Using an outside vendor:** Face to face vendors are most commonly used for interpreting that will take longer than approximately 30 minutes. Prior arrangements of 48 hours are preferable; however, they can usually find someone within 2 hours.

   2. Refer to vendor list maintained on the intranet page: http://mysutter/shpcr/pamf/clinicalinformation/moreclinical/clinicalservices/translation/Pages/default.aspx

   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

7. **For in-house interpreter**

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

Follow instructions: For in-house interpreter list, ask for the list maintained in the Admitting Department or click on "In-house Interpreter List"
http://mysutter/shpcr/pamf/clinicalinformation/moreclinical/clinicalservices/translation/Pages/default.aspx

8. **Procedure for calling contacting a patient who uses TTY**

    1. CALL 711 and request Relay services for a patient who utilizes TTY at home. In the event that 711 cannot be accessed, call 800-735-2922 and follow the prompt above.

    2. Note: 711 can be accessed from SMSC by dialing 9-711 or 711 from SMSC.

9. **Procedure For Hearing Impaired person requiring American Sign Language**

    American Sign Language Interpreters Refer to policy :Patients/Visitors with Disabilities: Communication Assistance

    Admitting department maintains a listing of current vendors and process for requesting services.

Masks with clear windows may be available to use during periods when patient and staff masks are required to be worn.

1. **Procedure for video interpreting using VRI**   Refer to attachment for VRI standard word instructions
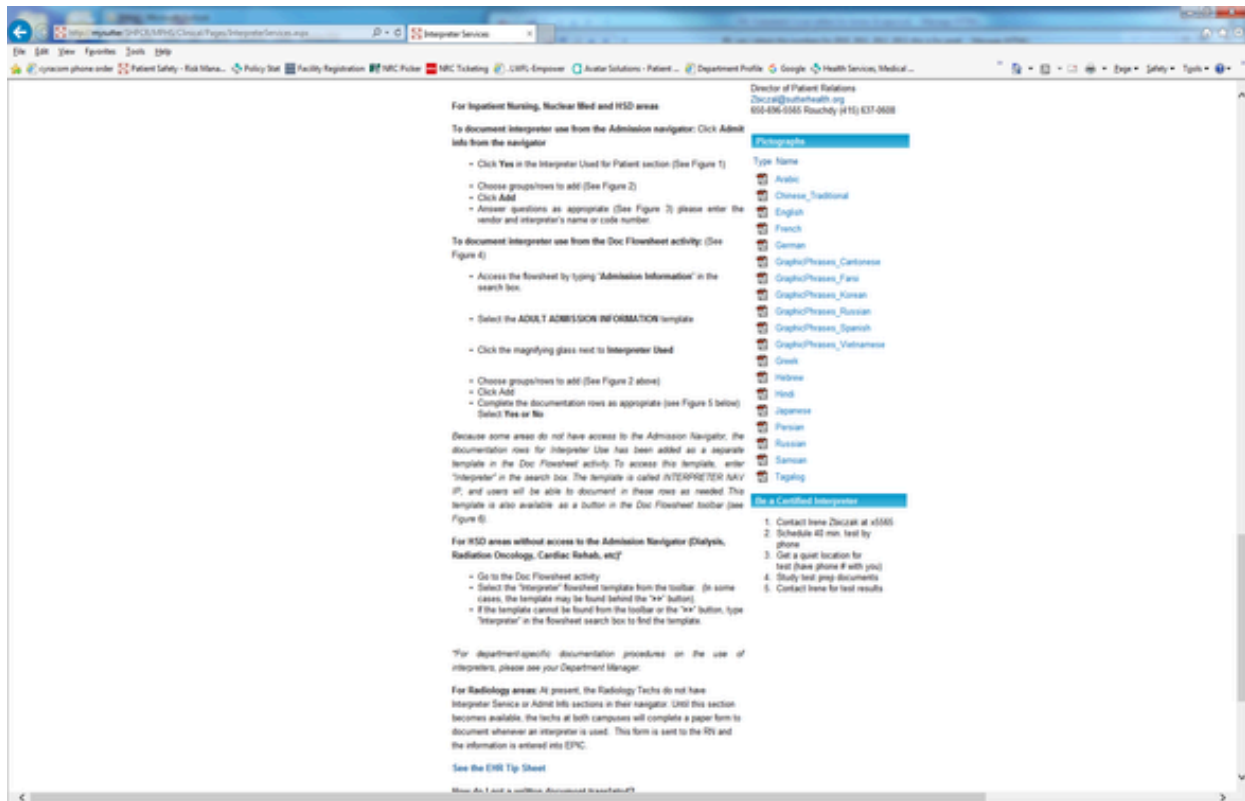
2. **Pictographs to assist you for quick/short interpreting needs:**

    1. A binder containing pictographs in many languages is maintained in Admitting Department. Alternately, these may be printed from the Intranet:

        http://mysutter/SHPCR/MPHS/Clinical/Pages/InterpreterServices.aspx

    2. Leave in the patient's room for use.

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.

Document the name and ID# of the interpreter

If a **patient refuses** an interpreter and requests a family member to do the interpreting, the **family member must be an adult (age18 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 Admitting staff:

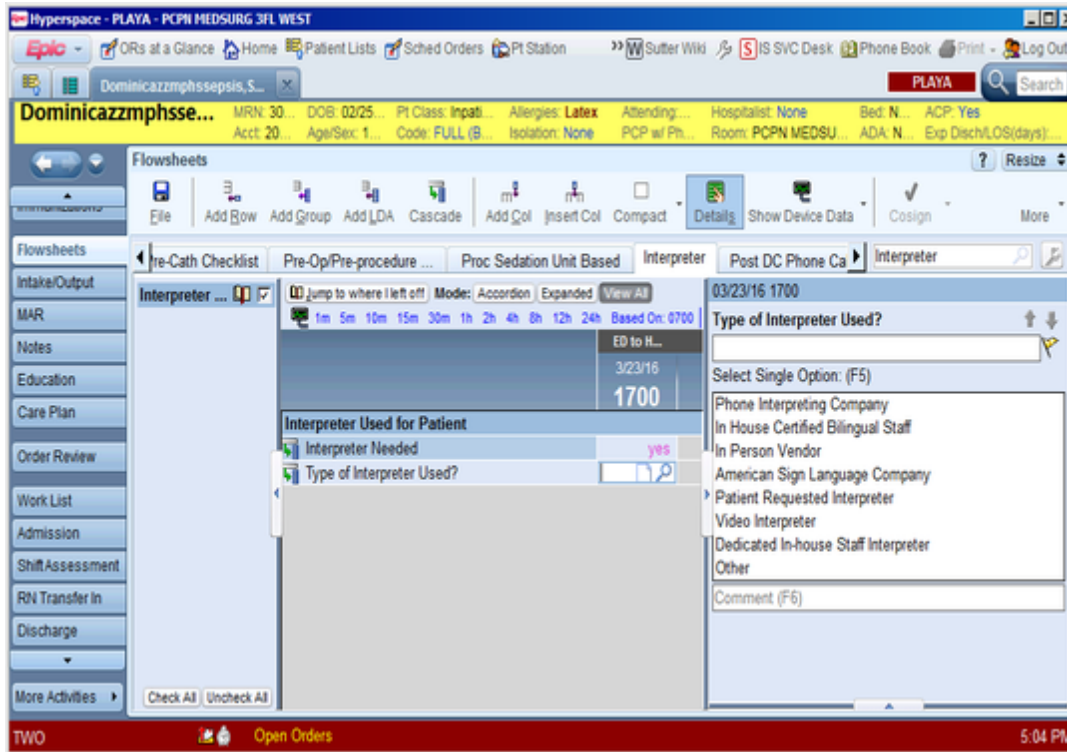The interpreter who assists upon admission will sign any documents translated.

For Inpatient and Outpatient Nursing:

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:
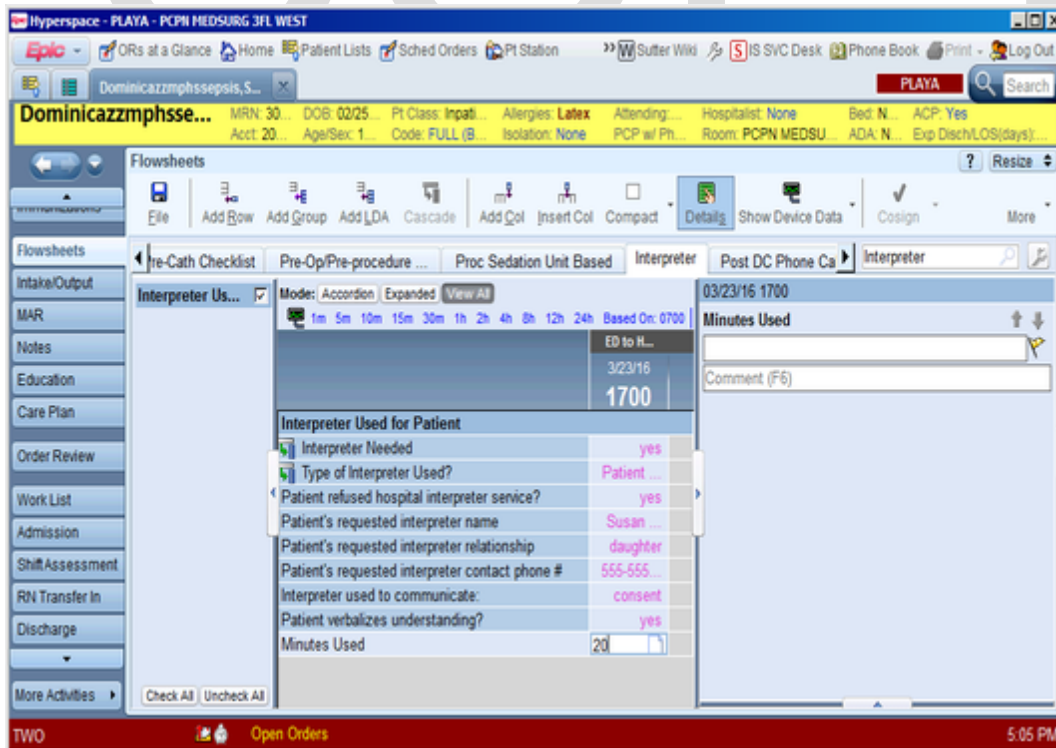
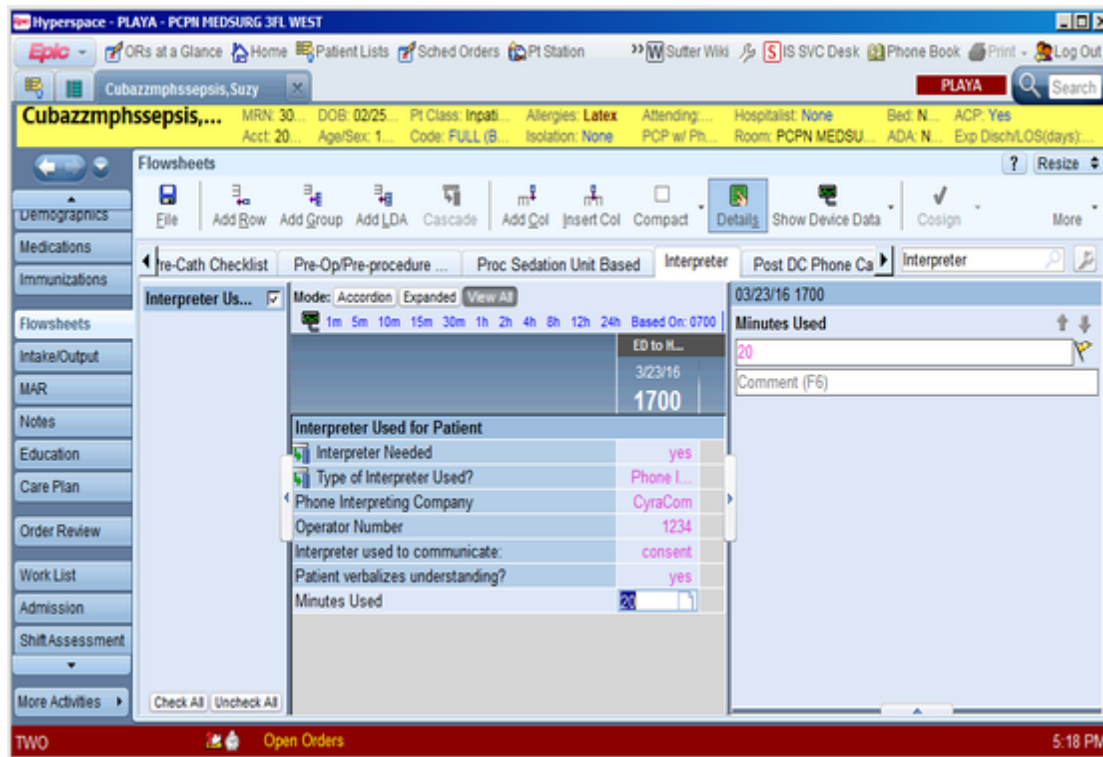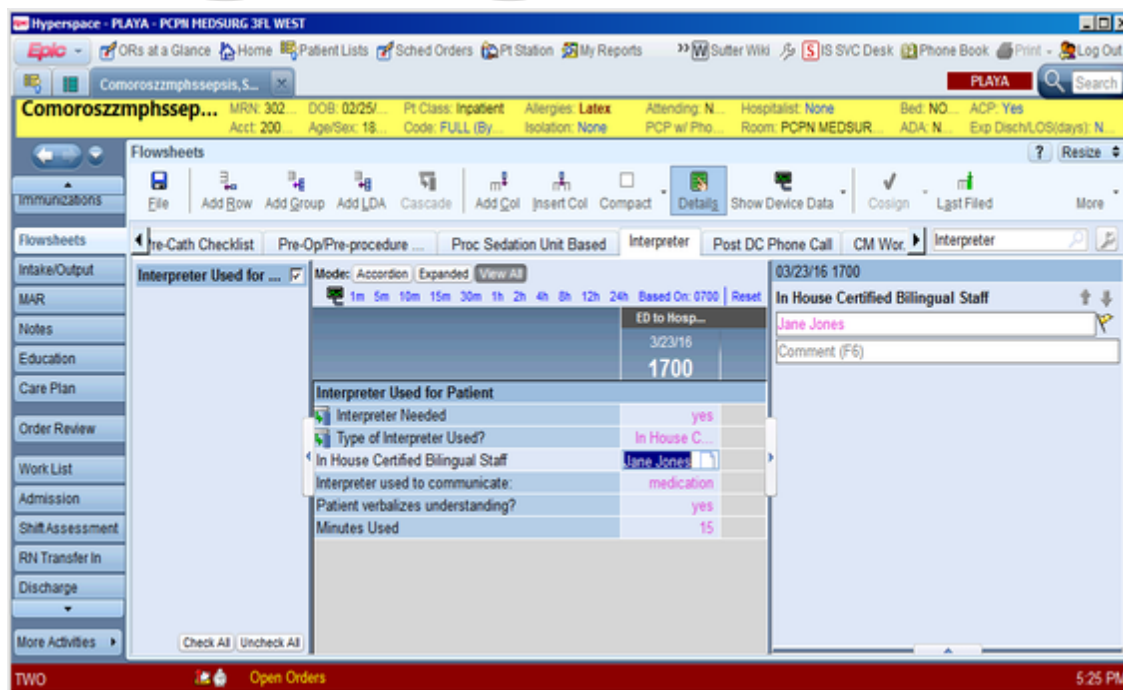**Figure 2 – Documentation using phone system**

Figure 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 areas without access to the Admission Navigator

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.

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.

    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.

Reporting to the California Department of Public Health

Sutter Maternity & Surgery Center 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

Admitting department documents, via eHR 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 the eHR annually.

4. Report is sent to the California Department of Public Health by the Quality Department.

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

4. Executive Order 13166

5. Policy guidance from the office of Civil Rights regarding compliance with Title VI, 2004

6. Title III of the Americans with Disabilities Act, 1990

7. The American Medical Association Office Guide to the Limited English Proficiency (LEP) Patient Care

All Revision Dates
10/21/2021, 12/17/2020, 11/21/2019, 6/20/2019, 7/24/2017, 6/16/2016

Attachments

Patients-Visitors with Disabilities- Communication Assistance.pdf

VRI instructions

Approval Signatures

Step Description	Approver	Date

Medical Affairs Committee (Sutter Health Bay Area Division)	Anita Richie: Administrative Assistant II Step	11/17/2022
Medical Executive Committee	Terri Sterrett: Manager, Medical Staff	9/27/2022
Policy & Procedure Committee	Anita Richie: Administrative Assistant II Step	9/1/2022
	Lynne Drummond: Director, Quality & Patient Safety (Acute)	8/31/2022

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