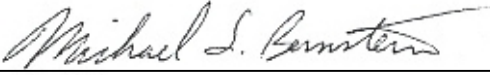


<b>Subject: Interpreter and Translation Services/Hearing Devices (Language Access Plan [LAP] for Limited English Proficiency [LEP] Persons)</b>	
<b>Effective Date:</b> 07/01/16 <b>Supersedes:</b> 08/14/15	<b>Category:</b> Risk Management <b>Number:</b> CA-RM-9014
<b>Southern California Leadership Council Date:</b>	<b>Responsibility for review and maintenance of this policy is assigned to:</b>
<b>Head of Regional Division Submission Date:</b> 06/20/16 <b>Approval Signature:</b>   <b>Title:</b> Regional Chief Medical Officer	<b>Author and/or Designee:</b> Regional Risk Management Group
	<b>Policy Applies to:</b> All Employees

**POLICY**

In keeping with the Mission and Core Values of Providence Health & Services – Southern California (PHS-SC) we support and provide effective communication with patients during the provision of care, treatment, and services.

We provide language assistance services and/or auxiliary aids to patients (or in the case of a patient who lacks capacity, the person with decision-making authority) with Limited English Proficiency (LEP), to patients with sensory loss, and to those with other communication barriers. All interpreters, translation, and other aids needed to provide effective communication are provided at no cost to the patient. This policy applies to the patient’s family members and companions.

In compliance with Health and Safety Code 1259, PHS-SC will post the policy on the ministry internet website along with a notice of the availability of language assistance services available to the public.

**PURPOSE**

To provide those with language or communication barriers equal opportunity to benefit from ministry services and to provide information regarding certified interpreter and translation services, access to TDD devices/amplified telephones, or other accommodation to ensure effective communication.

**DEFINITIONS**

Limited English Proficient (LEP) = The inability of persons to speak, read, write or understand

the English language at a level that permits them to interact effectively with health care providers (*including hearing-impaired persons*).

Certified Interpreter = Person or agency who has contracted with the ministry to provide certified language interpretation including dialects when necessary and/or American Sign Language (ASL) interpretation. "Certified" medical interpreters have received professional instruction in medical concepts and terminology, interpretation skills and process, communication skills, ethics, confidentiality and cultural issues consistent with the *National Standards of Practice for Interpreters in Health Care*.

Qualified Sign Language Interpreter = Someone who is able to sign to the hearing impaired individual what is being spoken by the hearing person and who can then voice to the hearing person what is being signed.

TDD/TTY = Telecommunication devices for the deaf

VRI = Video Remote Interpreter

## **PROCEDURE/GENERAL INSTRUCTIONS**

Providence will promptly identify the language and communication needs of the LEP person and when records are available of past interactions with patients or family members, the language or type of auxiliary aid or service identified for effective communication with the LEP person will be accessed.

1. Certified medical interpreter and translation services will be made available in all patient areas via contracted telephone and remote video interpreter service provider(s).
2. Family members who can accurately and effectively interpret the spoken language or sign for the patient may only be used **after the interpreter services have been offered and declined by the patient**. Employees or licensed independent practitioners who can effectively interpret the spoken language or sign for the patient may be used for routine care or simple communication as may other aids such as communication boards, notes, videotext materials, or other effective communication devices.
3. Minors may **NOT** be used for interpreting/translating of medical information.
4. Hearing impaired patients and/or families may request sign language services for specific instructional services, consents, physician's clinical/diagnostic discussions and other key services or the rendering of care. The ministry is not required to provide continuous services 24/7. For more complex or lengthy exchanges, advanced aids and services may be required. Consider how important the communication is, how many people are involved, the length of the communication anticipated, and the context.
5. The patient's primary or preferred language, and dialect when indicated, for discussing health care matters will be recorded in the patient's medical record by the admitting registrar.
6. Access interpreter or translation services when requested or whenever communication about vital medical information is challenged due to possible language barriers. Vital medical information includes anything that is related or may be important to the patients' health, treatment, or plan of care. Patients may need language assistance in clinical

encounters if they: (1) ask very few questions; (2) simply nod or say “yes” in response to questions or comments; (3) give inappropriate or inconsistent answers to questions. It can be helpful to verify the patient understanding by asking the patient to explain back the communication. Some patients may have a cultural reason for nodding and saying, “yes,” even when they do not agree.

7. Forms may be used to inform, educate and obtain consent for treatment and where indicated, translated or provided in the patient’s preferred language (i.e. Krames on Demand, patient education HealthSheets, Topic Sheets, Discharge Instructions, etc. are accessible on line in multiple languages)
8. Vital documents (Conditions of Admission, procedure consents, discharge instructions, Public Notices) will be available in the language(s) of the group(s) that comprise more than 1000 or 5% or more of the service population of the ministry, or whichever is less. When such a document is not available in the patient’s primary or preferred language, the certified translator will read and translate the English version.
9. Consent forms on paper available only in English but to be signed by patients who require that the information be translated into their primary language, will be designed with a statement available for the interpreter to sign and date or for the interpreter’s ID # to be entered.
10. The patient caregivers will determine the need for interpreter services. The wishes of the patient and family are always considered.
11. The use of chalkboards, note pads, standardized picture sheets, foreign language quick-interpret books, and other effective communicative methods will be encouraged as indicated.
13. The hospital transmits a copy of the updated policy, along with a letter to the California Department of Public Health and to the Office of Statewide Health Planning and Development each January, describing the efforts to ensure effective and speedy communication between patients with language or communication barriers and staff.

### **SPECIAL INSTRUCTIONS**

1. To receive interpreter services - All patient care units have translation phones, VRI, or access to the contracted interpreter services provider telephone number. If a phone or device is not available on the unit, contact the ministry operator or the House Supervisor and ask for the interpreter phone or device. The device, if available, may be picked up from the ministry operator or the Nursing Office and placed in any patient room. If the device is not available or the call needs to be made from an area where access to an analog line is not available, the operator can provide access to the translation provider telephone number.
2. To receive an amplified telephone or the TDD device for the patient’s room - Call the Information Systems Help Desk during the hours of 7:00 a.m. – 3:30 p.m. After hours, contact the ministry operator at the Medical Center.
3. For American Sign Language translation: Use VRI

### **SIGNAGE/NOTIFICATION**

Notices of availability of interpreter services, including American Sign Language, amplified

phones and TTD, are to be posted in public intake areas of the ministry. The notices are to be posted in the languages determined to comprise more than five percent (5%) or more of the ministry's service population. The notice shall instruct patients to direct complaints regarding interpreter services to the state department and shall provide the local complaint address and telephone number.

### **REFERENCE(S)/RELATED POLICIES**

Title 22 Section 70721  
45 CFR Sec.84.52 ( c ) ( d )  
Health and Safety Code Sec. 1259  
The Joint Commission Patient Centered Communication Standards

### **COLLABORATION**

This policy was developed in collaboration with the following involved departments:

Admitting  
Nursing  
Risk Management  
Telecommunications  
Department of Legal Affairs