


RIVERSIDE UNIVERSITY HEALTH SYSTEM – MEDICAL CENTER

Administrative

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Title: Access to Language Services for Limited English Proficient, Deaf, and Hearing Impaired Persons	Effective Date:	<input checked="" type="checkbox"/> Hospital-Wide <input type="checkbox"/> Departmental	
Approved By: 	Zareh Sarrafian CEO/ Hospital Director	<input type="checkbox"/> Policy <input checked="" type="checkbox"/> Procedure <input type="checkbox"/> Guideline	

1. DEFINITIONS

- 1.1 Medical/Healthcare Interpreter: An individual who (1) has been trained in healthcare interpreting, (2) adheres to the professional code of ethics and protocols of medical interpreters, (3) is knowledgeable about medical terminology, and (4) can accurately and completely render communication from one language to another. All Medical Interpreters have been tested for fluency in the languages in which they interpret and will, ideally, be accredited by a nationally recognized organization for the certification of medical/healthcare interpreters.
- 1.2 Health Care Interpreter Network (HCIN): A network of hospitals that share their pool of professional healthcare interpreters through remote audio and video technology. The HCIN system is available 24 hours a day, 365 days a year by dialing micro 6-5602.
- 1.3 Interpreting: The immediate oral conveyance of words spoken or signed in one language into comparable meaning in a target language and vice versa for the purpose of facilitating the exchange of communication between two or more persons speaking different languages.
- 1.4 Limited English Proficiency (LEP): Refers to the limited ability or inability of an individual to speak, read, write, or understand the English language at a level that would permit said individual to effectively participate in his/her healthcare.
- 1.5 Preferred Language: Refers to the language identified by the patient and/or patient representative as the language of choice for all communications with providers of primary and ancillary medical care, as well as auxiliary and administrative hospital services.
- 1.6 Reasonable Time: Access to language services is available almost instantly via phone and video through RUHS - Medical Center's remote interpreting services. Should the patient/patient representative decline the use of RUHS - Medical Center's remote interpreting services, or the language required not readily be available through RUHS-Medical Center, the HCIN, or RUHS - Medical Center's contracted third party for remote interpreting services, the timeline for the provision of interpreting services will be as stated in the contract agreement between RUHS-Medical Center and the respective language services agency and dependent upon said agency's ability to locate and assign an interpreter in the required language. For all conditions indicating clinical urgency for the provision of medical services, RUHS-Medical Center will make every effort to acquire interpreting services within a reasonable time or as close to the same time as the provision of medical services.
- 1.7 Simultaneous Interpretation: The speaker's voice is interpreted at the same time he or she is speaking, with minimal delay. Simultaneous interpretation in conference

- and/or large group meeting settings requires interpreters skilled in this mode of interpretation and the use special equipment. Meeting attendees listen to the language of their choice using headsets connected to wireless receivers.
- 1.8 Telecommunications Device for the Deaf (TDD): The TDD is a teleprinting device used in conjunction with an analog telephone line. Much like a typewriter, this device enables deaf patients to type a message on the keyboard, which is then transmitted through the phone line to a compatible receiving device. Written messages may also be converted to voice messages via a relay operator.
- 1.9 Telephone (or Telephonic) Interpretation: A form of remote interpreting that offers the delivery of interpreter services through telephone technology. The interpreter is at a different physical location than the patient/physician encounter. Telephone interpreting involves an audio connection between the patient, physician (or other hospital personnel) and interpreter. Telephone interpreting is best conducted with auxiliary telephone equipment such as a dual headset or speakerphone to allow for the most effective communication among the three parties.
- 1.10 Threshold Languages: The preferred languages of a substantial number of the LEP patient population as defined by existing law. RUHS-Medical Center follows all required local, state, and federal regulations of governing bodies in regards to language needs.
- 1.11 Translation: The process of transferring written words or text from one source language into another target language, also in written form, with attention to accuracy, appropriate literacy level, and cultural sensitivity, while maintaining the same meaning and context as the original document.
- 1.12 Video Interpretation: A form of remote interpreting that offers the delivery of interpreter services through videoconferencing technology. In this format, the interpreter is at a different physical location than the patient/physician encounter. Videoconferencing units show a visual image of the patient and provider to the interpreter and a visual image of the interpreter to the patient and provider, along with an audio connection of their exchange.
- 1.13 Video Relay Service (VRS): A form of Telecommunications Relay Service (TRS) that enables persons with hearing disabilities who use American Sign Language (ASL) to communicate with voice telephone users through video equipment, rather than through typed text. Video equipment links the VRS user with a TRS operator – called a “communications assistant” (CA) – so that the VRS user and the CA can see and communicate with each other in signed conversation (Federal Communications Commission). Deaf or hard of hearing patients may use the VRS device to directly communicate with friends and family who have compatible video devices or computer applications.

2. PROCEDURES

- 2.1 **Informing Patients of Their Right to Interpreting Services**
- a. At no time, shall a provider of service require nor request a patient, family member, or patient representative provide their own interpreter.
 - b. RUHS-Medical Center will develop and post in high traffic patient and visitor locations notices that advise patients and their families of:
 - The availability of language interpretation services at no charge.

- The telephone numbers, including a TDD number for the hearing impaired, where complaints may be filed concerning language access or interpreting issues.
- c. At a minimum, notices will be posted in the following areas:
 - Emergency Department
 - Admitting area
 - Hospital entrances
 - Outpatient areas.
 - Patient guide books
 - Hospital website

2.2 Identification and Documentation of Language Needs

- a. Patients will be asked their preferred language of communication at time of registration and/or admission.
- b. Documentation of language preference and/or need will be made on the Patient Registration Form and filed in the patient's medical record by corresponding admission or registration staff.
- c. If the patient is a minor, is incapacitated, or has a designated representative, the language preference of the parent, guardian, or representative will be documented.

2.3 Use of Appropriate Interpretation Services for LEP, Deaf, or Hearing Impaired Patients or their family members

Appropriate modes of interpreting services will be determined taking into consideration availability of interpreting services for the language required, reasonable timeliness in obtaining interpreting services, a department's technical capacity for phone/video interpretation, and patient preference (See attachment I: *Guidelines for Use of Interpreting Modes*).

Available modes of interpreting services include:

- a. In-person interpreting from a professional medical interpreter or qualified bilingual staff member (See section 3.1 for interpreter qualifications.)
 - In-person interpreter services are available for Spanish, American Sign Language, and other languages as interpreter positions are vacated and/or filled. In-person interpreting services may be obtained by contacting the Language and Cultural Services Department at extension 64320 during office hours.
 - Simultaneous interpretation services for conferences and group events are available from the Language and Cultural Services Department in Spanish, American Sign Language, and possibly other languages. The department relies on the use of special wireless equipment for the provision of this service in up to two (2) non-English languages per event plus direct connect to conference/group speakers for hearing assistance by hearing impaired attendees. This service may be obtained with a minimum of 72 hours' notice by contacting the Language and Cultural Services Department.

- b. Telephonic interpreters via the HealthCare Interpreter Network or RUHS - Medical Center's contracted language service provider.
 - Telephonic interpreters may be reached by dialing extension 65602 from any hospital phone.
 - In the event of technical failure, the commercial language service provider may be reached directly by calling (866) 874-3972. The hospital identification code is 501608; the cost center number/ access code varies per location and is noted on the equipment. Codes may be provided by the unit or department manager and/or by the Language and Cultural Services Department.
- c. Video interpreters via the HealthCare Interpreter Network.
 - Video interpreting units are available on a check-out basis from the Language and Cultural Services Department. The department may be contacted during office hours for delivery and set-up of the units; for after hours, the House Supervisor may be called for assistance. Instructions for use are posted on all video interpreting units and in the Language and Cultural Services portal of RUHS - Medical Center's intranet website.

Note: *With the exception of emergency situations and in cases of exotic languages, RUHS-Medical Center providers will not use family members, friends, or unqualified interpreters in any clinical encounter except as noted in section 2.4. **The use of minor children as interpreters is not allowed** in any clinical situation at RUHS-Medical Center save for emergency situations or when interpreting services in the required language are not available after all viable resources have been exhausted. Necessary emergency care is not to be withheld pending the arrival of interpreter services.*

2.4 Available Interpreting Services Declined: Patient Preference for Personal Interpreter

Should the patient/patient representative insist on having a family member or friend interpret during a clinical encounter, hospital staff shall:

- a. Ensure that the patient understands that interpreting services are legally guaranteed and free of charge;
- b. Document in the patient's chart the offer of interpreting services and the patient's declination;
- c. Obtain the services of a qualified medical interpreter to remain on stand-by/ listening mode in conjunction with the family member or friend in order to ensure accuracy and effective communication during the encounter; and
- d. Document the presence of the stand-by interpreter in the patient's chart.

2.5 Translation Services

Translation requires human expertise. Therefore, to ensure the accuracy, proper linguistic register, and cultural sensitivity of all translated materials at RUHS - Medical Center, all written translations will be performed by the appropriately credentialed Language and Cultural Services staff. The use of automatic machine translation tools or computer applications such as Google Translate is prohibited due to their limitations regarding accuracy and content management.

- a. All patient information material, vital documents, and signage required by State and Federal law will be translated into all threshold languages.
- b. All departments requesting written translations may submit the final and approved English document to the Language and Cultural Services Department for translation and project management. Documents are to be submitted in electronic format whenever possible and appropriate.
- c. All forms to be filed in the patient's medical record must obtain approval from the Medical Records Forms Committee prior to being submitted to the Language and Cultural Services Department for translation.
- d. No written translations from web sites or other institutions will be adopted for RUHS – Medical Center use unless the above standards for the translation process have been utilized and copyright approval has been obtained or if the form in question is from a state or federal agency that does not allow translation of standardized forms due to legal purposes.
- e. Vital Documents may include but are not limited to the following:
 - Informed Consents
 - Advanced Directives
 - Grievance and complaint forms
 - Intake forms with potential for important health consequences
 - Notices pertaining to the denial, reduction, modification, or termination of services and benefits, and the right to file a grievance or appeal
 - Notices advising Limited English Proficient (LEP) persons of free language assistance, or applications to participate in a program or activity or to receive benefits or services.

3. GUIDELINES

3.1 Interpreter Qualifications

Qualified providers of healthcare interpreting services at RUHS – Medical Center include:

- a. RUHS – Medical Center designated employees who are certified as professional medical interpreters and work in the Language and Cultural Services Department.
- b. Bilingual hospital staff members provided they meet the following qualifications:
 - Passed the County of Riverside Bilingual Assessment test with results documented by Human Resources; **AND**
 - Completed the Interpreting Skills Workshop offered by the Language and Cultural Services Department **prior** to providing interpreting services.
- c. Bilingual Physicians

Given their extensive knowledge of specialized terminology, bilingual providers may communicate directly with their patients without the use of an interpreter, and/or may interpret for other providers in the fulfillment of their duties, should they meet either of the following criteria:

- The provider is a native speaker of the LEP patient's native or preferred language of communication.
- The provider is not a native speaker but has received his/her medical training in the same language as the patient's native or preferred language of communication.

3.2 Limitations to Performing Interpreting Services

- a. Self-identification as bilingual is not sufficient to ensure effective communication. Bilingual staff fluent in a language other than English may be able to converse in that language but may not have the ability and/or skills required to accurately transfer messages into another language.
- b. Except as noted in 4.1.c., bilingual staff members who have not completed the Interpreting Skills Workshop should only perform interpreting services in emergency situations when no qualified interpreter is available.
- c. If any bilingual staff member communicating directly with a patient determines that regionalisms or cultural differences pose a barrier to effective communication, a professional interpreter must be called.

3.3 Telecommunication Devices for the Deaf and Hearing Impaired

Telecommunication Devices for the deaf and hearing impaired are available upon request of patients, family members or patient representatives. Available devices include:

- a. Video Relay Service Units available from the Department of Language and Cultural Services at RUHS – Medical Center Moreno Valley Campus and the House Supervisor at Arlington Campus.
- b. TDD devices are available from the Communications Department at RUHS – Medical Center Moreno Valley Campus and in Units B and C at the Arlington Campus.
- c. Instructions for use of telecommunication devices for the deaf are available in the Language and Cultural Services webpage located in RUHS-Medical Center's intranet portal.
- d. For participants of conference/group events that require hearing assistance, special wireless receivers are available by contacting the Language and Cultural Services Department.

4. REFERENCES

1. California Government Code, §§7290-7295, referred to as the Dymally-Alatorre Bilingual Services Act
2. California Health & Safety Code, §1259
3. Centers for Medicaid and Medicare Services Centers, Interpretive Guidelines for 42 CFR §482.13 Condition of Participation: Patient's Rights (Rev. November, 2015). Available at <https://www.cms.gov>
4. Department of Health & Human Services, 45 CFR §80.3(b)(2)
5. Executive Order 13166, "Improving Access to Services for Persons with Limited English Proficiency"
6. Patient Protection and Affordable Care Act, §1557
7. Rehabilitation Act of 1973, §504(F)
8. *Straight Talk: Model Hospital Policies & Procedures for Language Access*. California Health Care Safety Net Institute (2005). Available at <http://www.safetynetinstitute.org>
9. The Joint Commission Comprehensive Accreditation Manual for Hospitals, Update 2, September 2012, Standard RI.01.01.03
10. Titles II and III of the Americans with Disabilities Act, Revised Regulations, 2010
11. Title VI of the Civil Rights Act of 1964
12. U.S Department of Health & Human Services, Office of Minority Health, *National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health Care: A Blueprint for Advancing and Sustaining CLAS Policy and Practice* (April, 2013). Available at www.thinkculturalhealth.hhs.gov

Attachments:

I. Guidelines for Use of Interpreting Modes, Adapted from Rancho Los Amigos National Rehabilitation Center program *LEADing Organizational Change: Advancing Quality through Culturally Responsive Care*, funded by the California Endowment & Partnership between the California Association of Public Hospitals and UC San Francisco."

Document History:

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