

**RIVERSIDE UNIVERSITY HEALTH SYSTEM –
Medical Center and Hospital Based Clinics**

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Title: Access to Language Services	Effective Date: 12/30/2020	<input type="checkbox"/> RUHS – Behavioral Health <input type="checkbox"/> RUHS – Community Health Centers <input checked="" type="checkbox"/> RUHS – Hospital Based Clinics <input checked="" type="checkbox"/> RUHS – Medical Center <input type="checkbox"/> RUHS – Public Health <input type="checkbox"/> Departmental
Approved By:  Jennifer Cruikshank CEO/ Hospital Director		<input checked="" type="checkbox"/> Policy <input type="checkbox"/> Procedure <input type="checkbox"/> Guideline

1. DEFINITIONS

- 1.1 **Dominant/Primary Language:** The language with which a bilingual or multilingual speaker has greatest fluency and proficiency. Generally, the speaker will most often communicate in this language.
- 1.2 **Healthcare/Medical Interpreter:** An individual who (1) has been trained in healthcare interpreting, (2) adheres to the professional code of ethics and protocols for healthcare/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 healthcare/medical interpreters.
- 1.3 **HealthCare Interpreter Network (HCIN):** A nationwide network of public 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 extension 65602 from the Medical Center or Arlington Campuses
- 1.4 **Heritage Speaker:** Refers to speakers of a language learned informally or at home. A “heritage” speaker is not the equivalent of a “native” speaker. Heritage speakers possess neither formal education in that language nor the bicultural experience from having lived in a country where the language is spoken. Heritage speakers may have the ability to converse in this non-dominant language at the grade-school level of a native speaker.
- 1.5 **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.
- 1.6 **Licensed Independent Practitioner:** Defined as a physician, licensed physician resident, physician assistant, and/or advanced practice nurse, acting within the scope of their license.
- 1.7 **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 the individual to effectively participate in his/her healthcare.
- 1.8 **Native or Near-Native Speaker:** Refers to speakers of a language spoken with a highly educated level of fluency and proficiency. Said language is typically the

dominant language of the speaker. Speakers of a language with native or near-native fluency have received formal education in that language and/or have experienced the full cultural experience of living in a country where said language is spoken. Individuals with native or near-native language fluency have the ability to comprehensibly converse at a college-level in said language.

- 1.9 **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.
- 1.10 **Simultaneous Interpretation**: Mode of interpretation in which the speaker's voice is interpreted at the same time he or she is speaking. Simultaneous interpretation requires the interpreter be skilled in this mode of interpreting. In conference and/or group meetings, special simultaneous interpreting equipment is used by the interpreter. Speaking into a microphone connected to a wireless transmitter, the interpreter conveys the speaker's message into another language. Meeting or conference attendees listen to the interpreter's rendition of the speaker's message in their preferred language through the use of headsets connected to wireless receivers.
- 1.11 **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.
- 1.12 **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.
- 1.13 **Threshold Languages**: Threshold Languages are those which are spoken at a high proportional rate within a geographic region. In California, a threshold language is defined as one that has been identified as the primary language, as indicated on the Medi-Cal Enrollment Data System (MEDS), of 3,000 beneficiaries or five percent of the beneficiary population, whichever is lower, within an identified geographic area. Per the Dymally-Alatorre Bilingual Services Act of 1973, state and local agencies must employ a sufficient number of bilingual staff, speakers of identified threshold languages, in addition to provide documents translated into said languages.
- 1.14 **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.
- 1.15 **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.

- 1.16 **Video Relay Service (VRS):** A form of Telecommunications Relay Service (TRS) that enables persons with hearing disabilities who communicate in American Sign Language (ASL) to connect 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 request, require, or demand 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:
 - i. The availability of language interpretation services at no charge.
 - ii. The telephone numbers, including a TDD number for the hearing impaired, where complaints may be filed concerning language access or interpreting issues.
- c. At minimum, notices will be posted in the following areas:
 - i. Emergency Department
 - ii. Admitting area
 - iii. Patient entrances to Medical Center and corresponding Medical Office Building, and Arlington Campus
 - iv. Patient guide books
 - v. RUHS website

2.2 Identification and Documentation of Language Needs

- a. Patients will be asked their preferred language of communication during appointment scheduling and at time of registration or admission.
- b. Documentation of language preference and/or need will be noted in the patient’s medical record by the corresponding appointment scheduler, admission clerk, 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 Access to Language Services

- a. With the exception of emergency situations and/or as noted in sections 3.5 and 4.2.b., RUHS – Medical Center providers will not use family members, friends, or unqualified interpreters in any clinical encounter. The use of minor children as interpreters is not allowed in any clinical situation at RUHS – Medical Center or Arlington Campus save for emergency situations or when

interpreting services in the required language are not available after all viable resources have been exhausted.

- b. Necessary emergency care is not to be withheld pending the arrival of interpreter services. The appropriate mode for the rendering of interpreting services will be determined upon consideration of the type of interpreting service available for the language required, reasonable timeliness in obtaining the service, a department's technical capacity for phone/video interpretation, and patient preference. (See Attachment: Guidelines in Delivery Methods of Interpreting Services.)

2.4 Modes of Interpreting Services Available

a. In-person Interpreting Service

- i. In-person interpreting provided by professional interpreters who are RUHS – Medical Center employees and assigned to the Department of Language & Cultural Services. Staff interpreters are available for Spanish, American Sign Language, Mandarin, and Arabic and may become available in other languages as interpreter positions are vacated and/or filled. Medical Center and Arlington Campus staff may request in-person interpreting services by contacting the Department of Language & Cultural Services at extension 64320 during office hours.
- ii. In-person interpreting provided by professional interpreters contracted through a language services agency. Arrangement for agency interpreters are coordinated through the Department of Language & Cultural Services.
- iii. In-person interpreting provided by bilingual staff members (See section 4.1 for bilingual status competency requirements.)

b. Simultaneous Interpreting Service

- i. For conferences, meetings, and group events, simultaneous interpreting services are available from the Department of Language & Cultural Services in Spanish, American Sign Language, Mandarin, and Arabic and possibly other languages. Staff interpreters use 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 arranged through the Department of Language & Cultural Services with a minimum notice of 72 hours prior to the event.

c. Telephonic Interpreting Service

- i. Telephonic interpreting is available via the HealthCare Interpreter Network or RUHS – Medical Center's contracted language service provider.
- ii. Telephonic interpreters may be reached by dialing extension 65602 from any hospital phone in the Medical Center or Arlington Campus.
- iii. In the event of technical failure, the contracted provider of telephonic interpreting services, Language Line, may be reached directly by calling (866) 874-3972. The Client ID for RUHS is 501608; the cost

center access code varies per location and is posted either on or near phones and videophones. Access codes may be provided by the unit or department manager and/or by the Department of Language & Cultural Services at extension 64320.

d. Video Interpreting Service

- i. Videophone interpreting services are available via the HealthCare Interpreter Network. Videophone Interpreting Monitors (VIMs) are available for use in nearly all areas of patient care throughout the hospital and Arlington Campus.
- ii. In ambulatory and ancillary care areas of high patient volume or 24-hour operations, videophones have been either wall mounted or mounted on movable carts for ease of mobility.
- iii. For all other areas, VIMs are available through check-out from the Department of Language & Cultural Services during business hours. After office hours, the House Supervisor may be called to retrieve and check-out a VIM for the requesting department.
- iv. Usage of wall-mounted units is simple and self-explanatory; however, clinic/unit or department managers may request and schedule additional training as considered necessary.
- v. Instructions for operation and usage are attached to cart-mounted units.

2.5 **Interpreting Services Declined:** Patient Preference for Personal Interpreter should the patient or 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. In order to ensure accuracy and effective communication during the encounter, it is highly recommended the healthcare provider proceed as follows:
 - i. Obtain the services of a qualified medical interpreter (preferably via phone or video) to remain on stand-by/ listening mode while the family member or friend interprets; and
 - ii. Document the presence of the stand-by interpreter in the patient's chart.

2.6 **Document Translation Services.** Document translation requires human expertise; therefore, in order to ensure accuracy, proper linguistic register, appropriate register, and cultural sensitivity of all translated materials at RUHS – Medical Center, all written translations in the Spanish-English language pair will be performed by appropriately credentialed translators from the Department of Language & Cultural Services. For the translation of documents involving another language pair, the Department of Language & Cultural Services will arrange for translation through a contracted language service provider. **The use of web-based**

translation tools or computer applications (for example, Google Translate) are prohibited due to their lack of accuracy and content management.

- a. Patient information material, vital documents, and signage required by State and Federal law will be translated into current threshold languages at RUHS – Medical Center.
- b. All departments requesting written translations may submit the final and approved English document to the Department of Language & Cultural Services for translation and project management. Documents are to be submitted in electronic format whenever possible and appropriate to **Translations@RUHealth.org**.
- c. Any preprinted form to be filed in the patient's medical record must obtain approval from the Medical Records Forms Committee prior to submission to the Department of Language & Cultural Services 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.
- e. Documents and forms pertaining to other public sector agencies or private enterprises shall not be submitted for translation without first having obtained the appropriate copyright permissions from the authoring entity.
- f. Vital Documents may include but are not limited to the following:
 - i. Informed Consents
 - ii. Advanced Directives
 - iii. Grievance and complaint forms
 - iv. Intake forms with potential for important health consequences
 - v. Notices pertaining to the denial, reduction, modification, or termination of services and benefits, and the right to file a grievance or appeal
 - vi. Notices advising Limited English Proficient (LEP) persons of free language assistance
 - vii. Applications to participate in a program or activity or to receive benefits or services.

3. GUIDELINES

3.1 Interpreter Qualifications and Bilingual Staff Competency. Qualified providers of language assistance services at RUHS – Medical Center and Arlington Campus include:

- a. RUHS – Medical Center employees designated to the Department of Language & Cultural Services and classified and credentialed as Medical Interpreters or Medical Interpreter/Translators.
- b. RUHS – Medical Center employees identified as bilingual staff members. Bilingual staff must have successfully passed the County of Riverside Bilingual Assessment in order to qualify for bilingual-status recognition.
- c. Bilingual Physicians and/or Licensed Independent Practitioners with **native or near-native fluency** in the patient's preferred language. These providers

of healthcare services may communicate directly with their patients without the use of an interpreter should they meet the following applicable criteria:

- i. The provider is a native or near-native speaker of the LEP patient's dominant or preferred language of communication.
- ii. 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 and can converse fluently in said language.

Note: *Physicians and Licensed Independent Practitioners using their own bilingual skills are personally responsible for the effectiveness of their communication with their patients. This includes (but is not limited to) high-risk situations such as medical reconciliation, discharge instructions, informed consent, ED visits, and surgical care. Physicians and Licensed Independent Practitioners should always ensure that they both understand and are understood by the patient or caregiver.*

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 successfully passed the County of Riverside Bilingual Assessment will only perform interpreting services in emergency situations when no qualified interpreter in the required language is available.
- c. If any bilingual provider of care or other staff member attempts to communicate directly with, or interpret for, a patient and determines that regionalisms, cultural differences, or lack of appropriate terminology pose a barrier to effective communication, said provider of care or staff member will cease to use their bilingual abilities and 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 (VRS) monitors may be checked out from the Department of Language & Cultural Services during office hours. The House Supervisor may sign out and retrieve the VRS monitors after office hours.
- b. TDD devices are available from the Communications Department at RUHS – Medical Center, Moreno Valley Campus.
- c. TDD devices are available in Units B and C at the Arlington Campus.
- d. Instructions for use of telecommunication devices for the deaf are available in the Language & Cultural Services webpage located in RUHS – Medical Center's intranet portal.

3.4 Reasonable Time

- a. Access to language interpreting services is available almost instantly via phone and video.

- b. 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 the Department of Language & Cultural Services, HCIN, or RUHS – Medical Center’s other contracted vendors of remote interpreting services, the timeline for the provision of in-person 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.
- c. 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.

4. REFERENCES

- 4.1 California Government Code, §§7290-7295, referred to as the Dymally-Alatorre Bilingual Services Act
- 4.2 California Health & Safety Code, §1259
- 4.3 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>
- 4.4 Department of Health & Human Services, 45 CFR §80.3(b)(2)
- 4.5 Executive Order 13166, “Improving Access to Services for Persons with Limited English Proficiency”
- 4.6 Patient Protection and Affordable Care Act, §1557
- 4.7 Rehabilitation Act of 1973, §504(F)
- 4.8 Titles II and III of the Americans with Disabilities Act, Revised Regulations, 2010
- 4.9 Title VI of the Civil Rights Act of 1964
- 4.10 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

5. ATTACHMENTS

- 5.1 Guidelines in Delivery Methods of Interpreting Services

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RUHS – MEDICAL CENTER

Guidelines in Delivery Methods of Interpreting Services

If your patient requires language interpreting services, by law it is our obligation to provide a qualified interpreter free of charge (see RUHS Policy No. 142 for criteria regarding interpreter qualifications). Please refer to the table below to determine the most appropriate method of interpreting service delivery. The delivery method should be determined based on consideration of the type of interpreting service available for the language required, reasonable timeliness in obtaining the service; a department’s technical capacity for phone/video interpretation; clinical surroundings; any visual, speech, or hearing impairment the patient or family member may have; and, of course, patient or family member inclination. For reasons of efficiency and cost, preference should be given to the use of HCIN phone interpreting or video interpreting whenever possible.

	Guidelines for Appropriate Selection of Delivery Method		
	Telephonic (Devices must have speaker capability)	Video	In-person Interpreter Language & Cultural Services Staff
Devices	<ul style="list-style-type: none"> Desk phones Panasonic or Uniden Interpreter phones Cisco Handsets (use a splicer for dual handsets) Polycom Triangle Conference Phone Apple iPad Devices 	<ul style="list-style-type: none"> Cisco DX-70 (First choice for deaf individuals who communicate with American Sign Language) Cisco 8865 (Wall mounted in hospital clinics) Sorenson Video Relay Service (For patient use only – not an interpreting device for staff) Apple iPad Devices 	<ul style="list-style-type: none"> Professional in-person interpreters are currently obtainable in Spanish, Arabic, Mandarin, and ASL. In-person language availability may vary per recruitment in response to RUHS patient population. <p><i>Note: Not all bilingual hospital staff members are qualified to interpret in clinical encounters (refer to RUHS Policy No. 142), or they may not have the necessary proficiency and vocabulary to interpret complicated matters. In situations involving consent or potential legal implications, ensure the use of a professional interpreter, either via phone, video, or in-person.</i></p>
Patient	<ul style="list-style-type: none"> Patient alert and oriented Patient is able to hear and speak clearly <p><i>Note: Telephonic interpreting cannot be used with deaf patients.</i></p>	<ul style="list-style-type: none"> Patient or family member is deaf or hearing impaired – must use ASL Requires visual: communication with gestures, visual cues, pointing to objects, etc. 	<ul style="list-style-type: none"> Patient exhibits discomfort with technology Patient is deaf or hearing impaired <i>and</i> refuses to use video interpreting Patient exhibits impaired cognition Patient exhibits a heightened emotional state Psychiatric concerns Victim of abuse or trauma Requires visual: communication with gestures, visual cues, pointing to objects, etc.
Setting	<ul style="list-style-type: none"> Interaction is mostly stationary (in one location) Administrative/office setting Uncomplicated or routine assessments/discharges/administrative matters Small, private, enclosed settings External phone calls made to non-English speaking patients via 3-way calling (desk phones only) 	<ul style="list-style-type: none"> Confined to an enclosed setting Interaction is stationary (in one location) Complex encounters Limited group settings such as family conferences <p><i>Note: For in-patients requiring American Sign Language interpreting, DX-70 video units may be set up and remain in patient room until discharge.</i></p>	<ul style="list-style-type: none"> Requires mobility of interpreter Group or conference settings Complex encounters and family conferences Educational presentations in which one or more attendees require interpreting services Community based activities Encounters involving: <ul style="list-style-type: none"> Complicated medical procedures Poor prognosis Death Abuse Reporting Legal matters Noisy location Lack of connectivity for phone or video
Access	<p style="text-align: center;">Call the HCIN</p> <p>From Moreno Valley and Arlington ITF: 951-486-5602 or ext. 65602</p> <p>Have Client ID and Access Code ready</p>	<p>Contact the Department of Language & Cultural Services (x.64320) for DX-70 video interpreting set-up and retrieval, or for assistance with obtaining an in-person interpreter</p> <p>After business hours, contact the House Supervisor for assistance</p>	