



Entity(s): Adventist Health Glendale

Network: Southern California

System-Wide Corporate Policy

Corporate Policy No.

Standard Policy

Model Policy

Entity(s) Policy No. 8610.815.03

Department: Administrative - Hospital-wide

Manual: Patient Relations Policies

**POLICY: LANGUAGE ASSISTANCE PROGRAM: INTERPRETATION & HEARING IMPAIRED**

**POLICY SUMMARY/INTENT:**

Glendale Adventist Medical Center recognizes that access to basic health care services is the right of every resident of the State, and that access to information regarding basic health care services is an essential element of that right.

**DEFINITIONS:**

- A. Glendale Adventist Medical Center is committed to provide interpreter services to all patients in need. Such patient may include but not limited to the following:
1. Language or communication barriers with respect to spoken language, barriers which are experienced by individuals who are limited English speaking or non-English speaking individuals who speak the same primary language and who comprise at least 5 % of the population of the geographical area served by the hospital or of the actual patient population of the hospital.
  2. Language or communication barriers with respect to sign language, barriers which are experienced by individuals who are deaf and whose primary language is sign language.
- B. To address the needs of interpretation services, the service shall be continuously available, either on premises or by video/audio device or telephone, when circumstances permits.
1. If language or communication barriers exist between hospitals staff and a significant number of patients, arrangements must be made for interpreters or for the use of other mechanisms to insure adequate communications between patients and personnel.
- C. "Interpreter" means someone fluent in English and in the necessary second language, who can accurately speak, read, and readily interpret the necessary second language, or a person who can accurately sign and read sign language. Interpreters must have the ability to translate the names of body parts and to describe competently symptoms and injuries in both languages.
1. Interpreters may include but are not limited to members of the medical or professional staff.

**AFFECTED DEPARTMENTS/SERVICES:**

All departments/services of the Medical Center are affected by this policy.

## **POLICY: COMPLIANCE - KEY ELEMENTS**

- A. Required notices of availability of interpreters and related information will be available in each department/unit. Updated lists will be distributed quarterly.
- B. Interpreters will be
  - 1. Fluent in both English and the second language or sign language.
  - 2. Able to translate the names of commonly known body parts and to describe the symptoms/injuries in both languages.
  - 3. Before being placed on list, Human Resources assess the translator's competence.
  - 4. Interpreters should be provided timely without unnecessary delay.
- C. The Medical Center will reimburse interpreters for time spent providing translation services away from their unit/department. Additionally, employees will be recognized by
  - 1. their choice of gift certificates for cafeteria or gift shop , for translation services rendered during regular work hours;
- D. Initial assessment of communication needs will be made during the admission process, inpatient, outpatient and emergency services.
- E. Video/audio interpretation service is available 24-hours a day, 7 days a week. Translation units on mobile stands are available throughout patient care areas of the facility. In case of video/audio downtime, access the telephone backup service by dialing "0" from the telephone you are going to use and tell the hospital operator you need the telephone backup translation service and they will connect you.
- F. Headsets for video/audio units are available for deaf and hearing impaired. TDD/TTY and telephone amplifiers are available from the Telecommunications Department upon request.
- G. A television with closed caption [cc] capability can be provided by the Clinical Engineering Department upon request.
- H. Medical Center clinical personnel will request an interpreter, as necessary, to communicate information relative to treatment /procedure except in instances when the patient requests to have their significant other interpret who is present and agrees.
- I. English/Armenian and English/Spanish translated forms will be used in clinical care areas and admitting areas to assist in communicating with Armenian and Hispanic patients.
- J. In Occupational Medicine Services, for Workers' Compensation patient's, a translator will be requested from the insurance carrier.

### **K. PROCEDURES**

#### **Person Accountable**

1. Admitting Staff

#### **Action /Responsibility**

1a. Assess translation needs including video/audio headsets, TDD/TTY or telephone amplifier. (Inpatient, Outpatient)

1b. Obtain translation assistance using a video/audio unit or qualified staff.

1c.

If necessary, refer to Directory of Interpreters; make request for interpreter to department manager or designee.

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| 2. Clinical Personnel  | <p>2a. Obtain interpreter assistance from qualified department co-workers, if needed. The primary translation method will be via video/audio portable units available throughout the hospital. Telephone service will be used during video/audio downtime as a backup. In-person American Sign Language interpreter service may be appropriate in unusual cases.</p> <p>2b. For onsite in-person interpretation, refer to Directory of Interpreters as provided by HR and make necessary request and arrangements.</p> <p>2c. Documentation of each patient's oral and written communication needs, including the patient's preferred language for discussing health care, and a learning assessment shall be documented in the medical record. Documentation shall indicate that the mode of interpretation to be used is accepted by the patient, is appropriate to the patient's needs, and the aid is functioning appropriately.</p> <p>2d. When a consent is required for a patient who requires interpretation services, informed consent is provided in the patient's preferred language or the method used to provide interpretive services shall be documented. Consent interpretation must be provided by the certified staff interpreter or via the interpretation method available.</p> |
| 3. Certified Staff Interpreter   | <p>3a. Upon request of department manager/designee, report to requesting department/nursing unit for interpreter Services.</p> <p>3b. Obtain documentation of translation time on a Time &amp; Attendance form signed by Department Manager/charge nurse and submit it to Risk Management Department for reimbursement.</p> <p>3c. Documentation to include name of patient, date, time spent and room number or department where interpretation was provided.</p>  |
| 4. Department Manager/<br>Nurse<br>Manager/Supervisor<br>(for staff interpreter) | <p>4a. Verifies and signs Time &amp; Attendance form (documentation of employee interpretation time).</p> <p>4b. Document on patient chart the method used and name of staff interpreter, and purpose of interpretation service (i.e., "History &amp; Physical", "Informed Consent").</p>   |

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| 5. Nursing Staff   | <p>5a. Communicate the patient's preferred language and identified communication barriers via the hand off communication process.</p> <p>5b. Document on patient chart ID number of video/audio interpreter and purpose of interpretation service.</p> <p>5c. If patient requests family translate in lieu of certified translation service, verify and document patient consent to vary from preferred method. Assess and document family's ability to properly fulfill this function. If not, and patient refuses to use certified method, notify supervisor for assistance.</p> |
| 6. Human Resources | 6. Prepare, update and distribute Directory of certified Interpreters to all departments and nursing units.  |
| 7. Risk management | <p>7a. Monitor and manage contracts and performance of contracted interpretive service providers.</p> <p>7b. Analyze quality and cost of service. Approve invoices and problem-solve if performance issues are identified.</p>   |

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<b>REFERENCES:</b>	<b>Also refer to Policy #8631.190 "COMMUNICATION FOR DEAF AND HEARING IMPAIRED PATIENTS"</b>
<b>CALIFORNIA:</b>	
<b>HAWAII:</b>	<b>Not applicable</b>
<b>OREGON:</b>	<b>Not applicable</b>
<b>WASHINGTON:</b>	<b>Not applicable</b>
<b>CORPORATE AUTHOR:</b>	<b>Not applicable</b>
<b>SITE SPECIFIC POLICY OWNER:</b>	<b>Regulatory Associate</b>
<b>COLLABORATION:</b>	<b>DirRiskMgmtAccred</b>
<b>APPROVED_BY:</b>	
<b>CORPORATE:</b>	<b>Not applicable</b>
<b>HOSPITAL:</b>	<b>( 12/29/2017 ) Governing Board By Proxy ,</b>
<b>INDIVIDUAL:</b>	<b>( 12/26/2017 09:12AM PST ) Yu-Wen Zoe Chen, DirRiskMgmtAccred</b>
<b>REVIEW DATE:</b>	<b>11/07/2012,</b>
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<b>NEXT REVIEW DATE:</b>	<b>12/29/2018</b>
<b>ATTACHMENTS:</b>	<b>COMMUNICATION FOR DEAF AND HEARING IMPAIRED PATIENTS</b>
<b>(REFERENCED BY THIS DOCUMENT)</b>	
<b>OTHER DOCUMENTS:</b>	
<b>(WHICH REFERENCE THIS DOCUMENT)</b>	
<b>DISTRIBUTED TO:</b>	<b>Refer to AFFECTED DEPARTMENTS/SERVICES above</b>

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