



CHINESE HOSPITAL

845 JACKSON STREET
SAN FRANCISCO, CALIFORNIA 94133

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Page 1 of 7

TITLE: Language Access for Limited English Proficient (LEP) Patients and Families

PURPOSE: To define the process for staff to provide language assistance services to patients and/or surrogate decision-makers with language or communication barriers to ensure quality patient care to the patients.

To ensure that all 00000LEP patients and surrogate decision-makers are able to understand their medical conditions and treatment options.

SUPPORTIVE DATA:

1. Effective communication is important in the provision of patient care services in every area of the hospital. Considerations for determining the appropriate model for the delivery of interpreter services when needed will include the critical nature of the clinical interaction, availability in-person interpreters and of the technology to allow for telephonic interpreters. Other factors such as the shortest wait times for patients and clinicians and the most cost-effective use of personnel and contracted agencies will also be considered.
2. Certain departments/services within Chinese Hospital shall designate required-bilingual positions if the service area serves a large proportion of patients from a single language group other than English.
3. Please see Appendix A for the definition of some common *health care interpreting* terms, including those used in this policy.

POLICY:

1. Chinese Hospital provides language assistance services to patients/surrogate decision-makers, who are *Limited English Proficient* (LEP), in their primary language or have interpreter services available to them within a reasonable time, at no cost to patients, during the delivery of all significant healthcare services.
2. Mechanisms for the provision of interpreter services and language access support at Chinese Hospital are available to all clinical areas of hospital inpatient and outpatient services during the hours of operation.
 - Meaningful support for LEP patients/surrogate decision-makers include access to information, signage, appointments, financial services, and ancillary services.
 - Chinese Hospital provides these services through the most effective utilization of bilingual hospital personnel and access to interpreter services.

3. Chinese Hospital prioritizes the most careful attention to effective communication in the provision of medical, nursing and ancillary services, where patient safety, medical error, and ability to understand treatment options are affected. The following types of encounters and procedures which are performed by providers who do not speak the primary language spoken by the patient/surrogate decision-maker, and which require the use of healthcare interpreter services, include, but are not limited to:
 - Providing clinic and emergency medical services;
 - Obtaining medical histories;
 - Explaining any diagnosis and plan for medical treatment;
 - Discussing any mental health issues or concerns;
 - Explaining any change in regimen or condition;
 - Explaining any medical procedures, tests or surgical interventions;
 - Explaining patient rights and responsibilities;
 - Explaining the use of restraints;
 - Obtaining informed consent;
 - Providing medication instructions and explanation of potential side effects;
 - Explaining discharge plans;
 - Discussing issues at patient and family care conferences and/or health education sessions;
 - Discussing Advanced Directives;
 - Discussing end of life decisions; and,
 - Obtaining financial and insurance information.

4. The policy of Chinese Hospital is to provide all patients and surrogate decision-makers requiring language assistance with medical care or healthcare services in their primary language spoken. Qualified providers of healthcare interpreting at Chinese Hospital include:
 - a. Chinese Hospital's *bilingual providers* whose bilingual qualifications will be documented by Chinese Hospital Human Resources department;
 - b. Chinese Hospital healthcare interpreters who meet the hospital's qualifications for the provision of healthcare interpreting;
 - c. Contracted interpreter services that have met the qualifications of healthcare interpreting determined by Chinese Hospital.

5. If interpreters are not available at Chinese Hospital, an interpreter service will be utilized.
 - Access codes for the direct contact of contracted interpreter services are with the Nursing Supervisor and with the Director of Human Resources.

6. When an interpreter, hearing or visual assistive device is needed, the hospital staff will call the Nursing Supervisor/Human Resources. He/she will provide assistance in locating an interpreter, accessing the language service line, or obtaining hearing or visual assistive devices.
 - The TDD device is located in the Nursing Supervisors' office on the third floor.
 - If an interpreter for sign language is needed, Bay Area Communication Access (BACA) will be called at (415) 356-0405 for the on-call availability of personnel trained in sign language.

7. LEP patients/surrogate decision-makers shall be advised of their right to have interpreter services provided within a reasonable time, at no charge.
 - If patients/patient representatives insist upon the use of a friend or family member to provide them with interpreting service, Chinese Hospital personnel shall additionally retain a healthcare interpreter to participate in the exchange to ensure that it represents an accurate portrayal of the information to hospital staff and patients.
8. Acceptable *modes* or methods for the provision of interpreter services include, but are not limited to the following:
 - a. In-person interpreting
 - b. Telephone-based interpreting
9. Necessary emergency care will not be withheld pending the arrival of interpreter services.
10. Chinese Hospital shall translate and make available all *Vital Documents* in Threshold Languages (*Frequently Encountered Languages*). The translation of other hospital written materials in other languages shall be at the discretion of the issuing staff.
 - Vital Documents that are not produced in a written translation shall be verbally translated to the patient or surrogate decision-maker.
 - The provision of *oral translation* of all Vital Documents to patients shall be documented and documentation shall become a part of the medical record.

PROCEDURE:

A. Procedure for the Determination of LEP Status:

- A.1. The first access point in which a patient acquires medical services at Chinese Hospital (i.e., Treatment Center, nursing unit, etc.) shall incorporate the determination of language needs into first intake procedures.
- A.2. The patient or surrogate decision-maker shall be asked the following questions during the course of the interactive process:
 - A.2.1. Do you speak a language other than English at home? If the answer to this question is yes, the language will be noted and documented in patient records.
 - A.2.2. In what language do you prefer to receive your medical services?
 - A.2.3. In what language do you prefer to receive written materials?

B. Procedure for the Inclusion of Patient Primary Language and Documentation of the Provision of Interpreter Services in Patient Medical Records:

- B.1. Each medical record shall show the primary language spoken by the patient/surrogate decision-maker.
- B.2. The patient need for interpreter services shall be included in the nursing assessment for inpatient admissions.

- B.3. Documentation of the provision of interpreter service, if needed, will be in the patient medical record during the provision of medical and nursing procedures requiring interpreting.

C. Procedure to Inform Patients of their Right to Have Interpreter Services

- C.1. During the interview as the patient first acquires medical services at Chinese Hospital, LEP patients shall be informed verbally or in the written form of the patient's primary language (when it is clear the patient will not be able to understand English or the translated *frequently utilized languages* at Chinese Hospital) of their right to have a healthcare interpreter in their language, free of charge, within a reasonable time.
- C.2. Chinese Hospital shall develop, and post in conspicuous locations, notices in English and Chinese (*frequently utilized language* at Chinese Hospital) that advise patients and their families of the availability of interpreters, the procedure for obtaining an interpreter and the telephone numbers where complaints may be filed concerning interpreter service problems, including, but not limited to, a T.D.D. number for the hearing impaired.
- C.2.1. The notices shall be posted, at a minimum, in the Treatment Center, the admitting area, the entrance, and in outpatient areas.
- C.2.2. Notices shall inform patients that interpreter services are available upon request, shall instruct patients to direct complaints regarding interpreter services to the state department, and shall provide the local address and telephone number of the state department, including, but not limited to, a T.D.D. number for the hearing impaired.

D. Procedure for the Identification and Implementation of Required Bilingual Position

- D.1. Specific recruitment criteria for Chinese Hospital shall be designed for units where patient populations reach over 25% from any language other than English, the departmental manager will submit to the Human Resources department proposals to designate *Required-Bilingual Positions* in their unit. Where there are multiple positions (such as hospital operators, financial counselors, social workers, etc.), an appropriate proportion of positions shall be required to be bilingual designated.

E. Procedure for Language Accessible Hospital Signage

- E.1. Hospital signage shall be designed to ensure access to LEP populations most frequently using Chinese Hospital facilities. When the patient populations of Chinese Hospital reach a proportion of 25% from a primary language group other than English, all hospital signage, including state and federal statutes, regulations and licensing requirements, shall be designed in both English and that language.
- E.2. Additional languages for the translation and way-finding signage shall be added at the discretion of hospital management. These requirements for translation of hospital signage shall be implemented during the creation of any new signage.

F. Procedure for Adjustment of Hospital Equipment Requirements to Assure Language Access

- F.1. Clinical areas shall be equipped with devices necessary for the routine delivery of remote interpreter services through telephone. Service areas requiring devices for the delivery of remote interpreter services include (but are not limited to) the following:
 - F.1.1. All stations of patient registration, financial counseling, and admission;
 - F.1.2. All nursing stations.
- F.2. Devices to allow effective access to remote interpreter services may include the following:
 - F.2.1. Dual handset and/or headset telephones
 - F.2.2. Speakerphones
 - F.2.3. Telephones equipped with three-way call capability for telephone-based services
- F.3. Current standards shall be applied to all new outfitting activities involving hospital telecommunication services, including renovations and new facilities construction.
 - F.3.1. New equipment purchases and redesign of existing facilities to meet these standards shall be incorporated into the ongoing hospital capital acquisition processes.
 - F.3.2. Equipment purchases in medical settings that most greatly affect quality of care, patient safety, and improved patient outcomes will be designated for immediate remediation.

Appendix A: Definitions

Limited English Proficient (LEP) – A limited ability or inability to speak, read, write, or understand the English language at a level that permits the person to interact effectively with health care providers or social service agencies. (California draft Senate Bill AB2739).

Frequently Encountered Languages of Chinese Hospital - patient population group of Chinese Hospital whose primary language, other than English, has reached a proportion of 25%. The Frequently Encountered Languages at this time are Chinese and English. The governing body shall, at its discretion, add or remove languages from the designation of Frequently Encountered Languages based on the changing demographics of the hospital system's patients and service area.

Healthcare Interpreter - A healthcare interpreter is one who has 1) been trained in healthcare interpreting, 2) adheres to the professional code of ethics and protocols of healthcare interpreters, 3) is knowledgeable about medical terminology, and 4) can accurately and completely render communication from one language to another. A healthcare interpreter may include a bilingual or multilingual provider or medical staff. Minor children lack the training, skills and competencies, as well as being ethically inappropriate, to be a healthcare interpreter.

Bilingual Provider - A healthcare professional with proficiency in more than one language, enabling the person to provide services directly to limited-English proficient patients in their non-English language (NCIHC).

Ad Hoc Interpreter - An untrained person who is called upon to interpret, such as a family member interpreting for her parents, a bilingual staff member pulled away from other duties to interpret, or a self declared bilingual in a hospital waiting-room who volunteers to interpret. Also called a *chance interpreter* or *lay interpreter* (NCIHC).

Bilingual Worker/ Employee An employee, with proficiency in more than one language, who is often called upon to interpret for limited-English proficient patients, but who is usually not trained as a professional interpreter (NCIHC).

Qualified Bilingual Designated Employee – A Chinese Hospital employee who is licensed and/or certified to provide medical, nursing or medical social services and has completed the necessary requirements verifying bilingual status by Human Resources department.

Interpreting –The process of understanding and analyzing a spoken or signed message and re-expressing that message faithfully, accurately and objectively in another language, taking the cultural and social context into account [American Society of Testing and Materials (ASTM) 2000]. The purpose of interpreting is to enable communication between two or more individuals who do not speak each other's languages.

Summarizing (Summary interpreting) - A limited interpretation focusing only on the principal points of the interpreted speech that excludes all or most details— Not a full interpretation. Summarizing speech is not considered acceptable in healthcare interpreting.

Reasonable Time - Defined to include an outside limit of 30 minutes for the provision of interpreter services for LEP patients/patient representatives who require language

assistance. This time shall be marked from the time a clinician is available to see a patient until the acquisition of interpreter services. For all conditions indicating clinical urgency for the provision of medical services, Chinese Hospital shall acquire interpreter services on a STAT basis with the same timeline as the provision of medical services.

Required Bilingual Position – A position that within its job description includes the requirement of being bilingual in a language other than English.

Vital Documents –Vital Documents shall include, but are not limited to, documents that contain information for accessing Chinese Hospital services and or benefits. The following types of documents are examples of Vital Documents: 1) Informed Consent; 2) Advanced Directives; 3) consent and complaint forms; 4) “notices pertaining to the denial, reduction, modification or termination of services and benefits, and the right to file a grievance or appeal.

REFERENCES:

Title VI of the 1964 U.S. Civil Rights Act, 42 U.S.C. § 2000d.

Office of Civil Rights, U.S. Department of Health and Human Services, *Guidance to Federal Financial Assistance Recipients Regarding Title VI Prohibition Against National Origin Discrimination Affecting Limited English Proficient Persons*, 68 Fed. Reg 47311 (Aug. 8, 2003).

California Government Code §§ 11135 and 7290 et seq.

California Health and Safety Code § 1259

Office of Minority Health, U.S. Department of Health and Human Services, *National Standards on Culturally and Linguistically Appropriate Services (CLAS) in Health Care*, 65 Fed. Reg. 80865 (Dec. 22, 2000).

California Standards for Healthcare Interpreters: Ethical Principles, Protocols, and Guidance on Roles and Intervention. California Healthcare Interpreting Association (2002): 69.