

**ANTELOPE VALLEY HOSPITAL
ADMINISTRATIVE POLICY & PROCEDURE MANUAL**

POLICY NUMBER: RI.1.2

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SUBJECT: LANGUAGE SERVICES

REFERENCE(S): American with Disabilities Act Health & Safety Code Section 1259
CLAS Standards and Tittle VI: Department of Health and Human
Services - Office of Civil Rights
The Joint Commission, 2016

PURPOSE: To define the process and procedures for providing appropriate language services in order to ensure that Antelope Valley Hospital protects and promotes patient's rights through effective and competent language services, and to minimize or eliminate barriers to effective communication.

AFFECTED AREAS/DEPARTMENTS: All

POLICY:

Antelope Valley Hospital (AVH) provides competent language and communication services to Limited English Proficiency (LEP), hearing, vision and speech impaired patients, surrogates, decision-makers or anyone requesting the service, in order to ensure the same access to services as all other patients. AVH uses a combination of qualified/ certified onsite, telephonic and video interpreters, as well as, qualified clinical staff for 1:1 (monolingual) communication between LEP and hearing impaired patients, surrogates, decision-makers or anyone requesting the service and medical professionals.

I. LANGUAGE SERVICES AT AVH -

A. INFORMATION ABOUT AVAILABILITY OF LANGUAGE SERVICES

It is the responsibility of all AVH staff members, physicians and volunteers, during all points of contact, to advise LEP and hearing impaired patients, surrogates or decision-makers of their right to have qualified/ certified interpreter services provided within a reasonable time, at no charge to themselves and at any time during their visit.

B. NOTIFICATION OF PATIENTS' RIGHTS TO LANGUAGE SERVICES

Notices in Spanish and English regarding the availability of Language Services are posted in conspicuous locations, e.g. Emergency Department, Patient Registration, etc.

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C. HEALTHCARE INTERPRETER'S ROLE

The role a qualified/ certified healthcare interpreter is to assist medical and non-medical personnel in the conversion of oral information from a source language to a target language, respecting cultural differences; as required in all clinical areas. The interpreter is not a substitute for a medical/nursing staff member and, therefore, may not interpret in the absence of the medical/nursing staff. Qualified/ certified healthcare interpreters shall be used to interpret, included but not limited, during the following encounters:

1. Providing clinic and emergency medical services
2. Obtaining medical histories
3. Explaining any diagnosis and plan for medical treatment
4. Discussing or assessing any mental health issues or concerns
5. Explaining any change in regimen or condition
6. Explaining patient rights and responsibilities
7. Explaining the use of seclusion or restraints
8. Family meetings
9. Obtaining informed consent
10. Providing medication instructions and explanation of potential side effects
11. Explaining discharge plans
12. Discussing issues at patient and family care conferences and/or health education sessions
13. Discussing Advanced Directives
14. Discussing end of life decisions
15. Obtaining financial and insurance information

D. ON-SITE HEALTHCARE INTERPRETERS

AVH provides qualified/ certified on-site interpreter services through employee interpreters and agency interpreters. For instructions on how to request a face to face interpreter see Attachment C of the Language Services policy.

E. OVER-THE-PHONE AND VIDEO REMOTE INTERPRETING

Contracted language assistance services provider for over-the-phone or video remote interpreting shall be used when an On-site Interpreter is not readily available, and when assistance for other languages is needed.

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F. BILINGUAL STAFF MEMBERS' ROLE WITHIN LANGUAGE SERVICES

Bilingual staff members, clinical and non-clinical, can communicate with patients, surrogates or decision-makers without the assistance of an interpreter only for conversational purposes. When the communication consists of medical or crucial information, all staff members should use the assistance of a qualified/ certified interpreter. Bilingual Clinical Staff members shall be assessed to ensure their fluency in the foreign language and on the specialized medical terminology, in order to communicate medical information directly with their patients, patients' surrogates or decision makers. See policy PE.2.4.A entitled CRITERIA FOR AND TESTING OF BILINGUAL NURSING EMPLOYEES, for more information.

G. BILINGUAL STAFF MEMBERS AS QUALIFIED HEALTHCARE INTERPRETERS

Bilingual staff members shall not act as healthcare interpreters, unless it's an emergency and only until the assistance of a qualified/ certified healthcare interpreter arrives. In emergency cases, the assistance of a professional healthcare interpreter should be requested as soon as the emergency arises. In order for Bilingual Staff members to act as Healthcare Interpreters, and become Dual-Role employees, it will be necessary to provide them with training on interpretation skills, techniques, protocols, code of ethics and procedures, with further testing, in order to be deemed as Qualified Healthcare Interpreters.

H. UNQUALIFIED INDIVIDUALS AS INTERPRETERS

Usage of any unqualified individual, including but not limited to, patient's family members, friends, roommates, hospital employees, students, volunteers, etc., as interpreters to communicate medical information, is strongly discouraged. Patient, surrogate or decision-maker, may still choose to use a family member or a friend to act as their interpreter and refuse AVH language services. Employees shall follow procedure explained on Attachment A about how to document refusal of interpreter services and the conditions under which the refusal is acceptable.

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I. MINORS AS INTERPRETERS

The use of underage individuals to act as interpreters is not allowed, even if the patient, surrogate or decision maker prefers to use a minor as an interpreter. When children and teenagers are used as interpreters, emotional burden and enormous responsibility is put upon their shoulders, becoming an ethical issue. The only case when a minor could be used as an interpreter is in an extreme emergency; and only, if there are no other means of communication with a LEP patient, surrogate or decision maker. The assistance of a qualified/certified interpreter should be secured as soon as possible.

J. TRANSLATION SERVICES

Language Services is available to assist on all translation, edition, update and/or proofreading of vital and non-vital documents, as needed, by request, and according to the translators' availability. All requests of translations shall be done to Language Services or through the forms committee. Any translations requests that are sent out to a translation agency shall be proofread and approved by AVH Language Services before printing and/ or distribution. Most vital documents have been translated into Spanish, which is the majority of spoken languages after English in the Antelope Valley. However, for other languages, staff members shall use the assistance on an qualified/ certified healthcare interpreter to convey information to the patient, surrogate or decision maker.

K. AVAILABLE TOOLS FOR COMMUNICATION

1. For the hearing impaired:
 - a. Specialized written materials and charts.
 - b. Telecommunication Device for the Deaf (available in the Emergency Department, Nursing Administration Office and WIP).
 - c. Video interpreting services through contracted provider via Internet.
 - d. Sign language interpreters are available upon request to assist when every other method is deemed inappropriate. Staff member shall follow procedure on Attachment C on the present policy to request the assistance of an American Sign Language interpreter.

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2. For the speech impaired: Writing tools and charts
3. For individuals who are visually and hearing impaired: Skilled deaf-blind interpreters are available upon request to the Nursing Office.

II. DOCUMENTATION

A. PATIENT'S LANGUAGE PREFERENCES

Patient's language preferences for written and oral communication, as well as the need of interpretation services, shall be documented upon admission. Admitting employees shall follow procedure on Attachment B to determine patients' language preferences, LEP and sign language status.

B. PROVISION OF INTERPRETER SERVICES

1. On-site medical interpreters will document the provision of services on the Electronic Medical Record (EMR) assigned Interpreter Services tab, every time their assistance is provided.
2. When electronic documentation is not possible, On-site interpreters will document the provision of services on the On-site Interpretation Encounter Form (Form 01866).
3. In order to request the services of an on-site dedicated interpreter, staff members and physicians shall follow steps on Attachment C.

C. DOCUMENTATION BY AVH STAFF MEMBERS AND PHYSICIANS

Clinical and non-clinical staff members shall document the usage of interpreter services on their notes, EMR or wherever applicable to their scope of practice. If an on-site interpreter is used, hospital employed or agency interpreter, interpreter's name shall be documented, as well as time and reason why the interpreter was called. If an Over-the-phone or video interpreter is used, staff members shall document the interpreter's ID number and/or name, as well as time and reason why interpreter's assistance was requested.

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D. EXTERNAL DOCUMENTATION

Over-the-phone and video remote interpreting companies will document the usage of their services, which is monitored constantly by Language Services at AVH.

E. CONSENTS, DISCHARGE INSTRUCTIONS AND OTHER IMPORTANT MEDICAL DOCUMENTS

Explanation of consents for procedures, discharge instructions and all other medical information or documents shall be given on the patient, surrogate or decision maker's language of preference. For the specific procedure on how to obtain signatures on consents or other important documents, refer to Attachment D of the Language Services Policy.

RESPONSIBILITY FOR REVIEW AND MAINTENANCE OF THIS POLICY IS ASSIGNED TO: Chief Executive Officer or designee

Signature: _____

DATE: _____

REVIEWED AND APPROVED:

Quality Management and Safety Committee

DATE: 02/16/16

Medical Executive Committee

DATE: 04/11/16

REVIEWED AND APPROVED: _____

Chief Executive Officer

Date

EFFECTIVE DATE: 06/01/10

REVISED DATES: 06/21/11; 11/01/11; 04/18/16

REVIEW DATES: 06/11; 11/11; see Policy Manager

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CROSS REFERENCE(S):

Administrative Manual policies –

RI.1 entitled PATIENTS' RIGHTS AND RESPONSIBILITIES

RI.1.3 entitled LANGUAGE ASSISTANCE PLAN

RI.2 entitled NONDISCRIMINATION IN ACCESS TO AND PROVISION
OF CARE

RI.7 entitled REMOVAL OF COMMUNICATION BARRIERS

Emergency Management Manual policy EM.IV.A entitled EMERGENCY
COMMUNICATIONS

Human Resources Manual policy PE.2.4.A entitled CRITERIA FOR AND
TESTING OF BILINGUAL NURSING EMPLOYEES

Patient Care Manual policy PC-PC.5.A entitled PATIENT/FAMILY TEACHING
PLAN

- ATTACHMENT(S):**
- A. Procedure to Document Patient's Refusal of AVH Interpreter Services
 - B. Procedure to Determine Patients' Language Preferences, Limited English Proficiency and Sign Language Status
 - C. Procedure to Request the Services of a Qualified/Certified Interpreter
 - D. Procedure to Obtain Signatures on Consents

NOTE: Supersedes Administrative Manual policy RI.1.2 entitled INTERPRETER SERVICES

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SUBJECT: LANGUAGE SERVICES

REFUSAL OF ANTELOPE VALLEY HOSPITAL INTERPRETER SERVICES

Limited English Proficiency (LEP) and hearing impaired patients, their surrogates or decision makers have the right to receive all medical information on their preferred language, provided with the assistance of a qualified/ certified healthcare interpreter. However, they also have the right to refuse AVH provided Interpreter Services, which, in such case staff members shall follow the following procedure to ensure that refusal of AVH Interpreter services, is documented properly and accurately:

1. Refusal has to be given directly from the patient. If patient is not alert or is not capable to make his/her own decisions, refusal has to be given by his/ her next-of-kin.
2. With the assistance of an interpreter (hospital dedicated, over-the-phone or video interpreter), use script at the bottom of the page to explain to patient why AVH is offering him/her a healthcare interpreter.
3. If patient insists on refusing AVH provided interpreters, complete form 0204, REFUSAL OF INTERPRETER SERVICES and present it to patient and his/her chosen interpreter for both of them to sign. It is important to emphasize that by choosing a friend or relative as interpreters, confidentiality, privacy, accuracy and completeness may be jeopardized.
4. Please be aware that even if form 0204 has been signed, AVH could still be held liable for any miscommunication issues. Best practice is to have an interpreter present, either in person, over-the-phone or video remotely, during the conversation to ensure accuracy and completeness in the communication given through the patient or next-of-kin's chosen interpreter and AVH staff members or physicians.

SCRIPT FOR REFUSAL OF INTERPRETER SERVICES: To ensure you receive appropriate and accurate communication about your medical condition (or the medical condition of your loved one), Antelope Valley Hospital offers the services of professional medical interpreters at no charge to you, because we understand that medical information can be complex and sometimes difficult to understand and communicate. It is your right to choose any individual you trust to interpret for you. Should you prefer not to use the services of a professional medical interpreter, we will note this decision in your chart. We are also required to request your signature on our Refusal of Interpretation Services form. This form acknowledges that I've informed you about the availability of professional medical interpretation services, the possibility of negative outcomes when using individuals who are not professional interpreters and also states your preference regarding interpretation services. We are required to inform you that Antelope Valley Hospital will not be responsible for the information provided to you or to us on your behalf by your chosen interpreter.

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DETERMINATION OF LANGUAGE PREFERENCES

Limited English Proficient (LEP) patients, surrogates or decision makers, are those who **SPEAK** English **LESS THAN VERY WELL** and such patient, surrogate or decision maker requires the assistance of a qualified/ certified medical interpreter, even if they have a bilingual individual accompanying them. LEP patients, surrogates or decision makers could be the following:

- a. An oriented adult who speaks English less than very well.
- b. A minor's parents or guardians who speak English less than very well.
- c. A disoriented/ unconscious patient's surrogate, decision maker or next-of kin who speaks English less than very well.

Staff members shall follow the following procedure to determine and document the language preferences of patients, surrogates or decision makers at Antelope Valley Hospital (AVH):

1. If communication barriers are noticed, admitting personnel or any member of AVH staff shall use the Language Determination Card (LDC) to determine which language the patient, surrogate or decision maker requires.
2. Once patient, surrogate or decision maker's language has been identified, with the assistance of an interpreter, admitting staff member shall inquire about the patient's language preferences for written communication, verbal communication and the need of an interpreter.
3. If patient is an oriented adult, language preferences shall be obtained directly from the patient and documented.
4. If patient is a minor, or a disoriented/ unconscious/ unable to make decisions adult, AVH staff member shall document the parents, guardian, surrogate, decision maker or next-of-kin's language preferences.
5. Language preferences will be documented and will appear on the patient's face sheet.
6. Once language preferences have been documented and if it's determined that patient, or patient's parents, decision maker or next-of kin (in case of minors and adults unable to make their own decision), requires the assistance of an interpreter, admitting staff member will place the cranberry pink Language Determination Wristband (LDW) on patient's wrist. The LDW will contain patient's language of preference. Please be aware that AVH has to document a patient's language preferences even when the patient is not alert, oriented or is unable to make medical decisions.

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DETERMINATION OF LANGUAGE PREFERENCES

7. If patient is admitted, a magnetic interpreter sign shall be placed on patient's room, allowing staff members and physicians to identify the need of an interpreter before entering a room to speak to a patient.
8. Staff members shall follow the same procedure mentioned above to document American Sign Language or braille for deaf and blind patients.
9. If a staff member identifies that a patient might have been registered with the wrong language preferences, the staff member shall take the necessary steps to verify the patient, surrogate or decision maker's language preferences, depending on patient's orientation and alertness, and immediately request Admitting to amend and update patient's information about language preferences.
10. If admitting staff is unable to identify patient's language preferences, such preferences shall be identified as unknown, until language preferences are identified.

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**PROCEDURE TO REQUEST THE SERVICES OF A QUALIFIED/CERTIFIED
HEALTHCARE INTERPRETER**

In order to provide effective interpreter services, staff members and physicians shall follow the procedure indicated below to obtain the assistance of an interpreter:

1. **FOR ONSITE HOSPITAL EMPLOYEE INTERPRETERS:**
 - a. Contact Language Services by calling extensions 5696 or 6439
 - b. If an interpreter is not available immediately and if the matter does not require urgent attention leave a message stating name, extension number, location, date and time the interpreter services will be needed and an interpreter will return your call to confirm availability and gather patient's information.
 - c. When possible, advanced scheduling of interpreter services is strongly encouraged due to the heavy volume of requests.
 - d. Requests by telephone for interpreter services will be attended to on a first come first serve basis. However, life threatening situations, physicians' requests and surgeries will have priority.
 - e. Patients are not to schedule the services of an AVH interpreter on their own, in order to maintain the proper channels of communication. Do not provide patients with the interpreter's contact numbers. If a patient needs an interpreter, follow the steps mentioned on this policy.

2. **AFTER HOURS, HOLIDAYS, OTHER LANGUAGES BESIDES SPANISH, AMERICAN SIGN LANGUAGE, AND WHEN ONSITE INTERPRETERS ARE NOT AVAILABLE:**
 - a. Use over the phone or video remote interpreting: by using double handset, cordless or splitter phones and Video Remote interpreting equipment
 - b. When the interpreter is on the line or on the screen:
 - i. Obtain the Interpreter's identification number
 - ii. Start the encounter
 - iii. Include interpreter's name and number in the patient's medical record

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**PROCEDURE TO REQUEST THE SERVICES OF A QUALIFIED/CERTIFIED
HEALTHCARE INTERPRETER**

- c. Do not withhold necessary emergency care pending the arrival of an interpreter. If it is an urgent matter and an interpreter is not available immediately, provider must use alternate interpretation services, such as the contracted language assistance services for over-the-phone interpretation (aka language line) or inquire about Video Remote Interpreting. The same procedure shall be followed when a patient has been waiting for an interpreter for at least 30 minutes.

3. FACE TO FACE AGENCY INTERPRETERS:

- a. If over the phone or video remote interpreting are not appropriate, for Spanish or any other language, staff members shall call the nursing office and request the presence of a face to face interpreter. The following encounters would require the assistance of a face to face interpreter:
 - i. End of life or code status discussions
 - ii. New diagnosis or update of a critical or terminal disease
 - iii. Family meetings
 - iv. For stroke patients or patients with brain injuries
 - v. Any other case where over the phone or video remote interpreting has been attempted and failed
 - vi. If patient, surrogate, decision maker or next-of-kin requests it
- b. Nursing Office will attempt to locate one of the employee interpreters, if not employee interpreter is available, Nursing Office will request an interpreter from a contracted agency.
- c. If an interpreter from a contracted agency for spoken languages (other languages besides American Sign Language) is requested, please take into consideration the following points:
 - i. Agency interpreters are paid for two hours minimum, even if they only interpret for 10 minutes. Please use the services of the interpreter as much as possible during the lapse of the two hours. Coordinate physicians to speak with patient or his/her family members; ancillary services such as, Physical Therapy,

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**PROCEDURE TO REQUEST THE SERVICES OF A QUALIFIED/CERTIFIED
HEALTHCARE INTERPRETER**

- Occupational Therapy, Speech Therapy, Dietary, etc.; in order to optimize the presence of the interpreter as much as possible.
- ii. Make sure to dismiss the interpreter a few minutes before the two hours are up. Verify with the Nursing Office the interpreter's arrival time.
 - iii. If for any reason, you require the interpreter's services for longer than two hours, please inform Nursing Office as soon as the need is identified.
- d. If an American Sign Language (ASL) Interpreter is requested, it is most possible that an interpreter will stay with the patient during the entire stay. ASL interpreters will work on shifts coordinated through the Nursing Office. Please, make sure to notify Nursing Office if an interpreter doesn't show up or takes breaks longer than minutes or lunch hours longer than one hour.

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PROCEDURE TO OBTAIN SIGNATURES ON CONSENTS

STEPS TO OBTAIN CONSENT FROM SPANISH SPEAKING, LEP (Limited English Proficiency) AND HEARING IMPAIRED PATIENTS

1. FOR SPANISH SPEAKING PATIENTS:

- a. Print consent forms in English and Spanish. The name of the procedure must be written in English only on both forms, unless the name of the procedure in Spanish is already printed on the Spanish form.
- b. Call for an interpreter: On-site interpreter: x5696. Pacific Interpreters: 1-844-230-9637 for after hours or if the In-house interpreter is not available.
- c. Obtain patient's signature with the assistance of the interpreter. Spanish speaking patients must sign English and Spanish consent forms.
- d. Witness the signature of the consent on both forms.
- e. Make a copy of the signed English and Spanish forms and give them to the patient.

2. FOR OTHER LANGUAGES & HEARING IMPAIRED PATIENTS:

- a. Print consent forms in English only.
- b. For other languages, call Pacific Interpreters 1-844-230-9637 to use the services of an over-the-phone interpreter.
- c. For hearing impaired patients, call the Nursing Office to request an ASL interpreter if the patient doesn't already have an interpreter at bedside.
- d. Witness the signature of the consent.
- e. Make a copy of the signed form and give it to the patient.

3. FOR SIGHT IMPAIRED OR BLIND PATIENTS:

- a. English speaking patients:
 - i. RN shall read entire consent to patient and obtain verbal consent.
 - ii. Verbal consent shall be witness by two RNs.
 - iii. Copies of the consent form shall be given to patient after RNs have witness it.
- b. Spanish speaking patients:
 - i. RN shall print the consent forms in English and Spanish. If an on-site interpreter is not available, RN shall use a phone interpreter to interpret for her while she reads the entire consent form to patient.
 - ii. If an on-site interpreter is used, the interpreter will read the entire Spanish consent form to patient in presence of RN.
 - iii. RN will obtain verbal consent with assistance of the interpreter.

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PROCEDURE TO OBTAIN SIGNATURES ON CONSENTS

- iv. Verbal consent shall be witness by two RNs on both forms, English and Spanish.
 - v. Interpreter's name or ID number shall be documented on both forms.
 - vi. Copies of both consent forms shall be given to patient after RNs have witness them.
- c. For patients who speak other languages or are deaf:
- i. RN shall use the assistance of a phone interpreter or assigned ASL interpreter to read the entire consent form to patient.
 - ii. Verbal consent shall be witness by two RNs only on the English forms.
 - iii. Interpreter's name or ID number shall be documented on the consent form.
 - iv. Copies of the consent form shall be given to patient after RNs have witness it.

4. POINTS TO REMEMBER:

- a. Document the usage of interpretation services on the EMR and/or nurse's notes. Include Gloria's or the ASL interpreter's name or if you use an interpreter over the phone, include the interpreter's ID number.
- b. Complete all the information on the consent form before obtaining signatures from patient: Patient's name, name of the procedure without abbreviations, medical provider doing the procedure,
- c. Complete date, time and witness the consent before making copies of the signed consent form and provide the copies to patient.
- d. Place the original consent forms in the patient's chart.
- e. You **MUST** use a qualified/ certified medical interpreter to obtain signature on consents and to provide medical information, even if you speak the same language as the patient or if the patient has a family member or a friend at bedside who states to be bilingual.
- f. The only person signing consents is the patient, unless the patient is disoriented or deemed unable to make his/her own decisions, in which case, consent should be obtained from the patient's next-of-kin or DPOA.
- g. If patient does not know how to write, but is alert an oriented, patient can scribble or put a mark on the signature line.
- h. If the LEP or deaf patient is not physically able to sign, but is alert, oriented and able to communicate, two nurses should witness the verbal consent with the assistance of an interpreter.