

GOOD SAMARITAN HOSPITAL
OPERATING POLICIES

MANUAL:	ADMINISTRATIVE	POLICY #:			
SUBJECT:	INTERPRETER SERVICES: COMMUNICATION WITH NON- ENGLISH SPEAKING AND HEARING IMPAIRED	ORIGINAL DATE APPROVED:	02/15		
		LAST BOARD APPROVAL DATE:	01/16		
PERSONNEL COVERED:	All hospital personnel	PAGE:	1	OF	4

PURPOSE

To establish, develop, and implement a plan for the provision of culturally competent and effective communication for patients.

DEFINITION

Effective Communication is defined as the successful joint establishment of meaning wherein patients and health care providers exchange information, enabling patients to participate actively in their care from admission through discharge, and ensuring that the responsibilities of both patients and providers are understood.

Cultural Competence is defined as the ability of health care providers and health care organizations to understand and respond effectively to the cultural and language needs brought by the patient to the health care encounter.

Interpretation is defined as the conversion of a message spoken in a source language into an equivalent message in the target language.

Translation is defined as the conversion of written text from one language into another.

POLICY

1. It is the policy of this organization that communication between healthcare personnel and patients shall occur in a culturally competent and effective manner.
 - a. Identify the cultural profile of the community. As part of the process for planning the provision of care, treatment, and service, the organization shall identify the significant ethnic and cultural markers of its primary demographic service area. These markers shall factor into the design and delivery of care, treatment, and service.

2. Identify Cultural and Communication needs of the patient
 - a. Upon admission and/or initial presentation for care, the organization will collect the following information on each patient and document it in the patient's medical record.
 - i. Race and Ethnicity
 - ii. Oral and written communication needs including the patient's preferred language for discussing healthcare issues
 - iii. The presence of any significant vision, hearing, speech, or cognitive impairment.

3. Education Staff on Culture and communication
 - a. Staff will be educated on issues related to culturally competent and effective communication. Such education shall be provided upon hire (within established probationary periods). Key components of this education include:
 - i. The impact of communication barriers on patient care
 - ii. When and how to call for an interpreter
 - iii. Use of on-site and telephone interpreters
 - iv. Use of friends and family members as interpreters
 - v. Availability of translation services

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- vi. Accessing services for the vision, hearing and cognitively impaired
- vii. Cultural issues affecting health care and communication

4. Identifying the Need for Translations or Interpretive Services

- a. Upon admission or entry into care, the organization shall identify whether or not the patient is in need of translation or interpretive services.
- b. This is accomplished by determining the patient's primary language and whether or not there is any language barrier to effective communication. The presence of a language barrier shall be documented in the patient's medical record.

5. Provision of Translation Services

- a. If necessary, translation services will be provided to meet the significant care needs of the patient. Written information such as consent forms and discharge instructions will be provided to the patient in their primary language if there is documented evidence in the medical record that the patient is unable to adequately comprehend such information written in the English language.
- b. Pre-Determined translated documents: The organization recognizes that there are critical documents that must be available to patients who cannot read these documents in the written English language. These documents shall be provided in written form for those languages that comprise more than 5% of the organization's primary geographic service area as determined by government statistics.
- c. If translation services are required for other languages, the organization shall make a good faith effort at securing translation services from an outside source. Such sources may include:
 - i. Private translation services
 - ii. Government translation services
 - iii. Web based translation services
 - iv. Translation software

6. Provision of Interpretive Services: If necessary, interpretive services will be provided to meet the significant care needs of the patient. There shall be no cost to the patient for medically necessary interpretive services. The following shall govern the provision of interpretive services:

- a. Use of family and friends as interpreters: the use of family members and/or friends to provide interpretive services for medically related care needs is prohibited unless there is an emergent need for interpretation and professional/staff services are unavailable. Use of family for such interpretation shall be documented in the patient's medical record – including documentation of the emergent need and the non-availability of other interpretive services. Family and/or friends may be used for non-medical related interpretive services (e.g. explaining visiting hours, orientation to the room environment).
- b. Use of Professional interpretive services: the use of professional services is encouraged for the provision of medically related interpretive care needs. In order for professional service to be utilized, the following criteria must be met.
 - i. The organization shall have a formal agreement with the interpretive service that outlines the expectations of the service.

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- ii. Metrics shall be developed to determine whether or not the service is meeting the expectations defined in the agreement. Evaluation of the quality of services provided shall be incorporated in to the organizations quality improvement program.

7. Use of staff as interpreters: Organization staff may be used to provide interpretive services for medically related information provided that have been trained and deemed competent to do so. Staff that provide such interpretive services shall meet the following:

a. Core Training

- i. The impact of language barriers on patient care
- ii. When and how to call for an interpreter
- iii. How to work with on site and telephone interpreters
- iv. Using friends and family members as interpreters
- v. The dynamics of the triadic relationship (patient-interpreter-staff/provider)
- vi. Ethical and legal issues; and
- vii. Negotiation of cultural issues in health and communication

b. Competency Validation

- i. Proficiency in the use of basic medical terminology
- ii. Capability to interpret from and into each language pair that is being interpreted
- iii. Ability to interpret a message uttered in a source language into an equivalent message in the target language so that the recipient responds to it as if she/he had heard it the original language.
- iv. Understanding of “untranslatable words”, which represent source language concepts for which a comparable reference does not exist in the society of the target language.
- v. Capacity to manage the flow of communication between patient and staff/provider. (This includes attention to interpersonal dynamics between patient and staff/provider, as well as managing the triadic relationship so that the patient and staff/provider relate primarily to each other.)

8. Documentation of interpreter: The use of an interpreter for the provision of medically related information shall be documented in the patient’s medical record. Documentation shall include the identity of the individuals or service who provided the interpretation.

9. Provision of communication services for the vision & hearing impaired: The organization shall undertake all reasonable steps to provide effective communication for those patients who have significant visual and hearing impairments for significant medically related needs. These services shall include, but not necessarily be limited to:

- a. Provision of written materials in large font
- b. Provision of written material in braille – if necessary
- c. Use of sign-language services
- d. Use of telephone access devices for hearing impaired communication

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10. Resources for Staff

- a. Interpreter phone: The Blue CyraCom phones located in each patient room and procedural areas; or by calling direct to: 800-481-3293 and providing account number: 501012963; and pin number: 0526.
- b. Phone for the deaf or hard hearing: Call "Life Signs" at 323-550-4210.
- c. Language and Picture Board located in the Nursing Supervisor's office.

REFERENCES

1. The Joint Commission Standards, 2014 – HR.01.02.01, RI.01.01.03, PC.02.01.21
2. "Advancing Effective Communication, Cultural Competence, and Patient-and-Family-Centered Care" A Road Map for Hospital, The Joint Commission 2014.
3. AB389 Language Assistance Services

AUTHOR

Compliance Officer