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Owner: Cheryl Steensma:
Interdisciplinary P & P Coord
Policy Area: Administrative
References:
Applicability: Sutter Tracy Community
Hospital

Communication with Persons with Limited English Proficiency, ADM-10-45-00

PURPOSE:

- A. To ensure meaningful communication with Limited English Proficient (LEP) patients and their authorized representatives involving their medical conditions and treatment offered by Sutter Tracy Community Hospital (STCH).
- B. To provide for communication of information contained in vital documents, including but not limited to, waivers of rights, consent to treatment forms, complaint forms, financial and insurance benefit forms.
- C. To provide language assistance at a time and a place that avoids the effective denial of the service, benefit or right at issue or the imposition of an undue burden on or delay in important [rights](#), benefits or services to the LEP person.
- D. To meet State and Federal requirements for the provision of language assistance to all LEP persons as necessary for effective treatment, including HIPAA compliance.

POLICY:

- A. STCH will take reasonable steps to ensure that persons with Limited English Proficiency (LEP) have meaningful access and an equal opportunity to participate in our services, activities, programs and other benefits, regardless of language abilities.
- B. Language assistance will be provided through use of telephone interpretations services or other technology, contracts or formal arrangements with local organizations providing interpretation or translation services or qualified bilingual staff interpreters.
- C. STCH will provide, at no cost to the patient, family member or representative, language assistance to LEP persons as necessary for effective communication in connection with the treatment rendered.
- D. The interpreter providing language assistance will adhere to generally accepted interpreter ethics principles, including patient confidentiality.
- E. Verification of patient identity by comparing patient name and date of birth on [identification band](#) with same identifiers on applicable health information documents will occur prior to initiating this procedure.

SCOPE:

- A. All interpreters, translators, hospital staff or physicians that may have direct contact with LEP individuals, patients, families, and significant others.

DEFINITIONS:

- A. **Translation:** Conversion of written text from one language to another.
- B. **Interpretation:** Conversion of words and meanings between spoken languages or between a spoken language and a sign language.
- C. **Limited English Proficiency (LEP):** Individuals who are "Limited English Proficient" do not speak English as their primary language and have a limited ability to read, write, speak or understand the English language at a level that permits them to effectively communicate with health care professionals.
- D. **Language barriers:** Spoken language barriers that 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 percent of the population of the geographical area served by the hospital or of the actual patient population of the hospital. In cases of dispute, the state department shall determine, based on objective data, whether the 5 percent population standard applies to a given hospital.
- E. **Bilingual employees:** Employees who speak a language in addition to English.
- F. **Interpreter:** Person 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 shall have the ability to translate the names of body parts and to describe competently symptoms and injuries in both languages. Interpreters may include members of the medical or professional staff.
- G. **Patient-appointed interpreter:** An individual designated by the patient or family (when the patient lacks capacity to consent) to provide for language interpretation needs.
- H. **Frequently encountered languages:** Generally refers to LEP language group that constitutes 5 percent of 1,000 (whichever is less) of the population of persons eligible to be served or likely to be encountered. Translation of other documents other than vital documents, if needed, can be provided orally.
- I. **HIPAA:** The Health Insurance Portability and Accountability Act of 1996, which regulates the use and disclosure of Protected Health Information (PHI) held by covered entities.

PROCEDURES:

This procedure is designed to maximize efficient use of interpreters and minimize delays in providing interpreters to patients; steps necessary to accomplish this policy are as follows:

- A. Providing Notice to Limited English Proficiency (LEP) Persons
 1. STCH will inform LEP persons of the availability of language assistance, free of charge, by providing written notice in understood languages.
 2. At a minimum, notices and signs are posted in intake areas and other points of entry including, but not limited to, the Emergency Department, Admitting areas, and in outpatient areas regarding availability of the interpreter services described in this document. The signs will indicate that interpreter services are available upon request, list the languages for which interpreter services are available, instruct patient to direct [complaints](#) regarding interpreter services to the State Department.

3. Notification will also be provided through one or more of the following:
 - a. Outreach documents,
 - b. Telephone voice mail menus,
 - c. Media i.e. local newspapers, radio and television stations, and/or community-based organizations.

B. Identifying LEP persons and their language

1. STCH will promptly identify the language and communication needs of the LEP person. If necessary, staff will use a "Language Identification Chart" or "I speak cards" available online at www.lep.gov or posters to determine the language. These may also be referred to as "taglines", which are short statements written in non-English languages that indicate the availability of language assistance service free of charge.
2. In addition, when records are kept of past interactions with patients or family members, the language used to communicate with the LEP person will be included as part of the eHR.

C. Obtaining a Qualified Interpreter

1. The interpreter's responsibilities will include translating the information regarding the recommended medical treatment that the patient or the patient's legal representative needs to receive before deciding whether to give consent, as well as instructions regarding medical care.
 - a. An interpreter should be someone fluent in English and in the necessary second language, who can accurately speak, read, and readily interpret the necessary second language.
 - b. Interpreters must have the ability to translate the names of body parts and to describe competently symptoms and injuries in both languages.
 - c. Interpreters may include members of the medical or professional staff who have passed a proficiency test given by Sutter Health..
2. A patient, after being informed of the availability of the interpreter service, may choose to use a family member or friend instead. (Refer to C-6)
3. The *Cyacom* service provides qualified interpreter services and is available twenty-four (24) hours per day, seven (7) days per week. The agency's telephone number is: **1-800-481-3293**
 - a. Dual hand-set phones for the *Cyacom* service are available in each patient room throughout the facility.
 - b. In cases where a portable phone would better facilitate the needs of the patient and/or the care provider, there is a cordless dual hand-set phone at each of the nurses' stations and at the switchboard.
4. Video capable technology is also provided through a system-wide vendor, *Language Line Solutions*, via iPad. The carts are available in Admitting, Radiology (including STIC), Rehab Services, and each of the nursing services (ED, ICU, OB, Surgery, and MedSurg/Telemetry (2)). Details related to using the iPad are attached to the cart.
5. If the interpreter service is not used for any reason, the following person(s) are responsible for obtaining a qualified interpreter:
 - a. A list is maintained on the Hospital Share drive, showing the name, language, phone number, and hours of availability of bilingual staff.

- b. The Patient Care Shift Supervisor, Department manager or designee is responsible for contacting the appropriate qualified bilingual staff member to interpret.
6. The LEP person has the right to request to use a family member or friend to interpret for him/her.
 - a. A family member or friend will not be used as an interpreter unless specifically requested by the patient and **after** the LEP person has understood that an offer of an interpreter at no charge has been made by the facility.
 - i. The use of a minor should be avoided whenever possible, except in an emergency involving an imminent threat to the safety or welfare of an individual or the public where there is no qualified interpreter for the LEP individual available.
 - ii. Extra caution should be exercised when the LEP person chooses a minor as an interpreter. (Consent Manual 1.22)
 - b. Such an offer and the response will be documented in the person's eHR. If the LEP person chooses to use a family member or friend as an interpreter, issues of confidentiality, privacy, competency of interpretation, and conflict of interest will be considered.
 - i. If the family member or friend is not competent or appropriate for any of these reasons, qualified services will be provided (Refer to C-2, C-3).
 - ii. Other patients and/or their family members will not be used to interpret, in order to ensure confidentiality of information and accurate communication
7. Providing Written Translations
 - a. Vital documents, including consent forms, presented by hospital staff to a patient must be written in a language that the patient can understand or translated into such a language. (Consent Manual 1.24)
 - b. When translation of vital documents is needed, each unit will submit documents for translation into frequently encountered languages. The original documents being submitted for translation will be in final, approved form with updated and accurate legal and medical information.
 - c. Certain documents are also available in frequently encountered languages within the eHR.
8. STCH will provide written notice of the availability of translation for other written materials, free of charge, for LEP persons.

D. Documentation

1. STCH will conduct a nursing admission assessment of the communication needs of each patient served and record the patient's needs in the medical record, using eHR functionality: Admission Navigator → Admit Info → Interpreter Used for Pt. The only exception would be during eHR downtime (refer to **Appendix A**). The assessment will include:
 - a. Primary language or dialect or preferred language
 - b. Need for interpreter services
2. If a limited English speaking patient chooses not to have an interpreter, the hospital should document the offer to provide an interpreter and the patient's decision.

E. Monitoring Language Needs and Implementation

1. This procedure will be reviewed/revised as per STCH Policy and Procedure guidelines, and as necessary, to assure that language assistance services are provided to all patients with language or

communication barriers.

2. STCH will periodically assess changes in demographics and types of services or other needs that may require reevaluation of this policy and/or its procedures.
3. In addition, STCH may assess the efficacy of these procedures including, but not limited to, mechanisms for securing interpreter services, equipment used for the delivery of language assistance, complaints filed by LEP persons, and/or feedback from patients and community organizations.

F. For information related to effective communication between STCH employees, health care providers, and persons with communication barriers, particularly those who are deaf, hard-of-hearing, blind or visually, cognitively or speech impaired, refer to policy, [Patients/Visitors with Disabilities: Communication Assistance](#).

REFERENCES:

A. Sources

1. Joint Commission E-dition (2018): Hospital Accreditation Standard. Rights and Responsibilities; Provision of Care, Treatment and Services
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3. Office of Civil Rights, Department of Justice. California Health and Safety Code, §1259. Last retrieved 09/01/17 (Refer to Source #11 for amendment)
4. ADA Amendments Act of 2008. Last retrieved 08/17/18 from: <https://www.eeoc.gov/laws/statutes/adaaa.cfm>
5. OCR Title VI [45 CFR § 84.52(d)]. Last retrieved 08/17/18 from: <http://www.hhs.gov/>
6. Title 22, CCR, § 70721 "Employees". Last retrieved 08/17/18 from: <https://govt.westlaw.com/>
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10. Executive Order 13166, August 11, 2000. Last retrieved 08/17/18 from <http://www.lep.gov/13166/eolep.html>
11. State of California, AB 389: Language Assistance Services (9/28/15) to amend Health and Safety Code, Section 1259. Last retrieved 08/17/18 from: <https://leginfo.legislature.ca.gov/>
12. State of California, Department of Social Services. "I Speak Cards". Last retrieved 08/17/18 from: <http://www.cdss.ca.gov/inforesources/Forms-Brochures/Translated-Forms-and-Publications/I-Speak-Cards>

B. Author: Unknown

1. Revised by: Brandye Diaz de la Cuesta, HR Director 2/2015
2. Revised by: Translation Services Requirements task force 4/2015; 3/2016

3. Reviewed by Quality and Risk Management and Admitting 6/2015; 4/2016; 10/2017; 8/2018; 01/2019; 10/2019; 11/2019

C. Related Policies and Procedures:

1. [Patient Identification Wristband with Color-coded Alert Snaps](#), PCS.1000.30.00
2. [Patients/Visitors with Disabilities: Communication Assistance](#), ADM.10.73.00
3. [Patient and Family Complaints/Grievances](#), ADM.72.55.00
4. [Patients' Rights and Responsibilities](#) [Adult and Pediatric], ADM.10.05.00

D. Resources

1. **Cyracom 1-800-481-3293 (Interpreter service)** → when prompted, enter your 9-digit # **501022983**; upon 2nd prompt → enter your 4-digit PIN # **4099**
2. **Language Line Solutions Technical support** → **1-844-378-1951** (email address: www.LanguageLine.com)

ATTACHMENT

- A. Appendix A - Language Log for Downtime Use
- B. Appendix B - Training Information Sheet (Cyracom)

All revision dates:

11/9/2020, 12/9/2019, 12/11/2018, 11/14/2017, 11/29/2016, 3/23/2016, 7/14/2015

Attachments

- [Appendix A - Language Log for Downtime Use](#)
- [Appendix B - Training Information Sheet](#)
- [b64_12ab3ffb-58dc-43ff-87ae-11fea1211289](#)
- [b64_22c2718e-67e3-4b0b-8779-db1784255b00](#)
- [b64_7a61d26d-9e58-44ea-b32b-b407f6c66951](#)
- [b64_9d92b734-88ae-4ffc-85bb-80113da13937](#)
- [b64_c531f1af-4c3b-42dc-b6d7-5ffc7b4c108a](#)
- [b64_fe61ed7c-ba9d-4ff1-9c11-63655092c1b5](#)

Approval Signatures

Step Description	Approver	Date
Medical Executive Committee	Cheryl Steensma: Interdisciplinary P & P Coord	11/9/2020
Policy & Procedure Committee	Cheryl Steensma: Interdisciplinary P & P Coord	11/7/2020
Quality Assurance	David McConnell: Dir, Quality & Safety	11/6/2020
First Approver	Susan Ganley: Affiliate Risk Specialist II-V	9/29/2020