

<b>Manual:</b> Patient Care	<b>Number:</b> RI-CHM-057
<b>Section:</b> Patient Rights	<b>Title:</b> Interpreter Services, Including Hearing Impaired

<b>Originator:</b> Clinical Practice Council	<b>Date:</b> 7-16-14	<b>Board of Directors:</b>	<b>Date:</b> 11-20-14
<b>Administration:</b>	<b>Date:</b>	<b>Medical Staff:</b> Medical Staff Executive Committee	<b>Date:</b> 11-10-14
<b>Committee:</b> Ethics	<b>Date:</b> 10-22-14	<b>Effective Date:</b>	
<b>Committee:</b>	<b>Date:</b>	<b>Revised:</b> 11-13, 10-07, 6-03, 6-02, 1-00	<b>Reviewed:</b> 01-10, 7-06, 6-03, 6-02, 12-99

**I. SCOPE:**

All Hospital Personnel

**II. DEFINITIONS:**

A. **Limited English Proficient (LEP) patient:** A patient who is unable to speak, read, write or understand the English Language at a level that permits him/her to interact effectively with health and social service agencies.

B. **Healthcare Interpreter:** A healthcare interpreter is a professional interpreter 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 spoken or verbal communication from one language to another.

Interpreters have been tested for their fluency in the languages in which they interpret.

**Note:** Interpreting refers to the conversion of spoken or verbal communication from one language into a second language

C. **Interpreter Associate:** An employee of Mission Hospital or CCMH:

1. Whose language proficiency has been assessed;
2. Who meets the qualification criteria to assist the healthcare provider in brief interpretations;
3. Who completes fundamentals of interpreter training;
4. Who demonstrates ability to interpret terminology specific to their department and within the essential functions of their job; and
5. Who adheres to interpreter protocols and HIPPA standards.

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<p><b>III. PURPOSE:</b></p> <p>To provide accurate, understandable and timely access to language services to patients and families with Limited English Proficiency (LEP) and hearing or cognitive impairments in a manner that meets the patient/family needs.</p> <p><b>IV. POLICY:</b></p> <p>CHOC Children’s at Mission is committed to provide interpretations services to all patients who request them. The hospital communicates with the patient during the provision of care, treatment and services in a manner that meets the patient’s oral and written communication needs.</p> <p>A. Patients are informed of their right to an interpreter upon admission by the Admitting Counselors and by Interpreter Services postings at key points of entry throughout the hospital. Patients also receive in writing Patient Rights and Responsibilities informing them of their right to an Interpreter.</p> <p>B. <b>Minors (18 years of age and younger) may not be used as interpreters.</b> If the patient, after being informed about the availability of interpreter services, elects to use a family member or friend (over the age of 18) to interpret, such a decision will be recorded in the medical record with an explanation for the decision.</p> <p>C. <b>Patients cannot be asked to bring in their own interpreter for medical encounters.</b></p> <p>D. When interpreting for informed consent the interpreter/interpreter associate will not also serve as the witness.</p> <p>E. CHOC Children’s at Mission provides language interpreting and translation services as follows:</p> <ol style="list-style-type: none"> <li>1. Healthcare Interpreter or Interpreter Associate as defined above.</li> <li>2. Telephone Interpreting Service available 24/7 days a week.</li> <li>3. Video Remote Interpretation (VRI) [includes American Sign Language (ASL)]</li> <li>4. Interpreter Service for hearing impaired) available 24/7days a week.</li> </ol> <p><b>V. PROCEDURE:</b></p> <p>A. HOSPITAL PERSONNEL</p> <ol style="list-style-type: none"> <li>1. Identify the language requiring translation.. Determine the availability of an interpreter or utilize the telephone translation service,, Video Remote Interpretation (VRI) or a physician who speaks the language fluently for all new or significant clinical translation including consents.</li> <li>2. Orient and brief the interpreter by introducing yourself and stating the goal of the encounter.</li> <li>3. Orient the patient and state your name, role and introduce the interpreter.</li> <li>4. When communicating with the patient: Speak directly to the patient in first person (“Where is your pain?”).</li> <li>5. Speak in short sentences and pause at the end of a complete thought.</li> <li>6. Everything you and the patient say will be interpreted without addition, omission or revision.</li> <li>7. At completion of the encounter, utilize the <i>teach back</i> method to check for patient understanding. (e.g. “We covered a lot today about your asthma) medication and I want to make sure I explained everything clearly. Can you tell me how you will take your medication?”)</li> </ol>	
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<p><b>B. ACCESS TO INTERPRETER SERVICES</b></p> <p><b>1. Interpreters:</b></p> <p>In-house designated interpreters who have been trained and assessed for their competency in Spanish can be reached at ext 2600 (Monday through Friday, 8:00 am – 4:30pm).</p> <p><b>2. Telephone Interpretation:</b></p> <p>a) Identify information needed and plan conversation prior to utilizing the telephone translation service. Have the following ready:</p> <ol style="list-style-type: none"> <li>(1) Patient's name/Medical Record &amp; room number/module.</li> <li>(2) Name of nurse participating in conversation.</li> <li>(3) Language and dialect.</li> <li>(4) Anticipated length of time translator/interpreter needed.</li> <li>(5) Reason for interpretation – Conference, medical or nursing history of illness information, minor or low risk teaching information.</li> </ol> <p>b) Give language/dialect request, CHOC at Mission ID number and your name to the Telephone translation service central operator. If language is unknown, state “unknown language”.</p> <p>c) Utilize a speaker phone or a phone with several extensions for a conference call to communicate with interpreter/translator and patient/family.</p> <p>d) Tell the interpreter/translator the exact information needed, and indicate the <u>starting time of the call</u>. Be aware that the Telephone translation service is not a medical translation service; but they do have some minor understanding of medical terminology.</p> <p>e) At conclusion of the service state “End of Call” and state <u>ending time of call</u>.</p> <p>f) Appropriate documentation should occur on the patient's chart.</p> <p><b>3. Video Remote Interpretation (VRI): (includes <b>American Sign Language (ASL) Interpreter Service</b> for hearing impaired)</b></p> <p><b>4. Video Remote Interpretation (VRI) is available 24 hours a day 7 days a week and will be used for access to a Sign Language Interpreter or other languages, in cases when Hospital Interpreters are not available. VRI is a computer based telecommunication application that is used to access a live video remote interpreter to ensure effective communication between the patient and healthcare provider. In addition to the interpreter, the computers include the following applications: videophone and access to a video relay operator. Each clinical care area has a dedicated computer that has the video conferencing application for VRI use. For technical supports please call 1-801-274-6001 .</b></p> <p>a) Have the patient's Medical Record number ready and follow instructions on Video Remote computer, ensuring the camera is facing the person who translation services are being utilized.</p> <p>b) <b>Other Hearing Impaired Resources:</b></p> <ol style="list-style-type: none"> <li>(1) A TDD telephone number for the hearing impaired can be accessed by calling 800.735.2922, TTY Relay: 800.735.2929</li> <li>(2) Dayle McIntosh is a service for the Hearing Impaired and can be used in emergency situations: 800-422-7444</li> <li>(3) Visual aids for patients that cannot read or are hearing impaired are available in the Interpreter Resources Binder, which is obtained by calling Interpreter Services. This</li> </ol>	
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<p style="text-align: center;">is used to assist the patient family member, health care provider and/or the interpreter. These consist of pictures of body parts (to which they can point to and relate a problem) and common patient care needs (raise bed, give a medication, telephone, urinal, or no food allowed today).</p> <p style="text-align: center;">(4) Patients who have their own TDD are welcome to use them during their stay.</p> <p style="text-align: center;">(5) TVs are equipped with close-captioning are to be utilized during stay.</p> <p>C. DOCUMENTATION</p> <ol style="list-style-type: none"> <li>1. Document the patient's primary language in the appropriate area of the medical record.</li> <li>2. When an Interpreter is utilized to interpret, this will be documented in the medical record. The interpreter will document, name, date and time and on any form_(s) that he/she interprets for a patient, i.e. authorization forms.</li> <li>3. Whenever a telephone or video interpreter is used, the staff member must obtain the interpreters ID# and document it on the patient's medical record with the date and time. <b>This includes recording ID # on any translated forms, i.e., COA's, authorizations.</b></li> <li>4. <b>Informed Consents:</b> when an "In Person" Interpreter is used the Interpreter will sign the Consent form where indicated and indicate the date and time. For "telephone or video" Interpreters, record the Interpreter's ID #, and the date and time.</li> <li>5. If the Healthcare provider and the patient share the same preferred language, conversation pertinent to health care provided in preferred language will be documented in the medical record in Shift event or physician's progress notes.</li> </ol> <p>VI. REFERENCES:</p> <ol style="list-style-type: none"> <li>A. California Hospital Association, 2010 Consent Manual, 32<sup>nd</sup> Edition, Chapter 1</li> <li>B. The Joint Commission. (January 2010 New &amp; Revised Hospital Elements of Performance to improve Patient-Provided communication, Vol. 30 (1).</li> <li>D. California Healthcare Interpreters Associates, (2007). California Standards for Healthcare Interpreters (<a href="http://www.chia.ws/standards.html">http://www.chia.ws/standards.html</a>)The Joint Commission: <a href="http://www.jointcommission.org/PatientSafety/HLC/video_improvingpt_provider_comm.htm">http://www.jointcommission.org/PatientSafety/HLC/video_improvingpt_provider_comm.htm</a></li> </ol>	
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