



Manual: Administrative

Section: Patient Rights and Organizational Ethics

Number: D420

Policy **Procedure**

Title: Interpreter/Translation Services

<p>Current Content Expert: Darice Hudman</p> <p>Department Head: Katie Leyva, Service Line Director Acute Care</p>	<table border="1"> <thead> <tr> <th>Committee Approval(s)</th> <th>Date(s)</th> </tr> </thead> <tbody> <tr> <td>P&P Coordinating Committee</td> <td>08/01/17</td> </tr> <tr> <td>Department of Medicine Committee</td> <td>11/01/17</td> </tr> </tbody> </table>	Committee Approval(s)	Date(s)	P&P Coordinating Committee	08/01/17	Department of Medicine Committee	11/01/17
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I. PURPOSE:

- A.** To facilitate linguistic and cultural communication and understanding between providers of CHOC Children's Hospital of Orange County (CHOC Children's) and the patients and their families via face-to-face, video, telephonic interpretations and written translations. Because CHOC Children's is focused on family-centered care and the remarkable patient experience, it is committed to providing quality interpreter services and related communication equipment and services to our deaf and Limited English Proficiency (LEP) patients through our interpretation and translation services in an attempt to communicate effectively with patients and in a manner that meets the patient/family needs.
- B. Eligibility:** Interpreting/Translation Services is available to anyone present or visiting CHOC be they Associate, patient or family member as it relates to the provision of care and treatment.

II. DEFINITIONS:

- A. Limited English Proficiency (LEP):** A legal concept referring to a level of English proficiency that is insufficient to ensure equal access to public services without an interpreter. The inability to speak read, write, or understand English at a level that permits an individual to interact effectively with health care providers or social service agencies.
- B. Language Services:** Refers to the mechanism used to facilitate communication with individuals who do not speak English. These services can include in-person interpretation using a qualified interpreter, bilingual staff, or the use of remote interpreting systems such as telephone or video interpreting. Language services also refer to processes in place to provide translation of written materials or signage.
- C. Interpreter:** A person fluent in English and in the necessary second language, who can demonstrate competency in speaking, reading, and

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readily interpret the necessary second language, or a person who can demonstrate competency in signing and reading sign language.

- D. **Bilingual staff person:** An individual providing interpreter services for the hospital in addition to their primary position.
- E. **Translator:** An individual able to convert written text from one language into text in another language with equivalent meaning.
- F. **Sight translation:** The translation of a written document into spoken/signed language. An interpreter reads a document written in one language and simultaneously interprets it into a second language.
- G. **Telephone interpreting:** Interpreting carried out remotely via telephone line. This process is considered remote interpretation since the interpreter is not in the room with the patient. Telephone interpretation can be provided by a company that is contracted by the hospital. Telephone interpretation can be provided using a regular phone, a speaker phone, or a special telephone or headset. Some special telephones may have dual handsets or dual headsets to ease use with the interpreter connected by telephone to the principal parties. In health care settings, the principal parties (e.g. doctor and patient/family/caregiver) are normally in the same room, but telephone interpreting can be used to serve individuals who are also connected to each other only by telephone.
- H. **Auxiliary Aids and Services:** includes, but is not limited to, qualified interpreters on-site or through video remote interpreting (VRI) services; oral interpreters; note-takers; written materials; exchange of written notes; telephone handset, assistive listening devices and systems; voice, text and video-based telecommunications products and systems; or other effective methods of making orally delivered information available to individuals who are deaf or hard of hearing.
- I. High-risk communications: are those communications that require a meaningful participation and a degree of certainty on the part of the patient/family to assure full understanding of the information being communicated and the opportunity to ask questions of providers in order to ensure equal and effective services are being provided. Only qualified interpreters with documented competencies will be utilized. The following are illustrative examples, but not an inclusive list, of high-risk
 - 1. Communications: taking medical histories;
 - 2. Providing information about advance medical directives;
 - 3. Explaining the treatment program, or schedule of changes in the treatment program;
 - 4. Explaining the effects of not following the treatment program;
 - 5. Discussing any patient concerns or barriers to following the recommended treatment program;
 - 6. Psychiatric evaluation and treatment;
 - 7. Explaining medications and possible side effects;
 - 8. Notifying patients of their rights when placed in restraints;

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- 9. Obtaining informed consent or permission for treatment of surgery; and,
- 10. Planning for discharge and related health education.

- J. Common communications:** are those basic and simple commands or gestures used to accomplish activities of daily living which may include, but are not limited to, bathing, elimination, food selection, positioning the patient, comfort needs, etc. If it is acceptable to the patient, the patient's family or a bi-lingual member of the CHOC Children's patient care team in the area may facilitate common communication.
- K. Family Caregiver:** A person designated by an inpatient to receive discharge and/or transfer to another facility information in order to assist in post-hospital care.

III. POLICY:

- A.** All medical services and medically related instructions must be explained to patients who are deaf or hard of hearing, LEP or non-English speaking so that these individuals are afforded meaningful participation in their health care and decision making processes equal to their hearing and English speaking counterparts. Section 504 of the Rehabilitation Act of 1973, the Americans with Disabilities Act (ADA) and the Civil Rights Act, Title VI, and similar State laws, prohibit discrimination or denial of equal services "solely on the basis of national origin, race, color or handicap."
- B.** All non-English speaking, LEP, deaf and hard of hearing patients/families will be offered free of charge and provided interpreting services and communication tools, within a reasonable time, to facilitate effective communication with care providers, twenty-four hours a day, seven days a week. Any Associate who perceives there may be a problem communicating due to a language barrier or is requested to provide an interpreter, will endeavor to access an interpreter and inform the patient/family that one will be provided at no charge. To ensure complete, accurate, impartial and confidential communication, the patient's family or friends will not be requested or required to provide interpretation services for the patient. CHOC will support the patient's/family's decision to utilize these individuals as limited for common communication situations.
- C.** CHOC Children's is committed to provide interpretations services to all patients who request and need them. The hospital communicates with the patient during the provision of care, treatment and services in a manner that effectively meets the patient's oral and written needs.
- D.** CHOC Children's will use reasonable discretion in determining when a language interpreter or sign language interpreter is necessary. Routine out-patient visits, for example, getting a blood test, may not require extensive communication and auxiliary aids and services may suffice. However, it is recognized that there are situations when an interpreter must be used to assure thorough and accurate communication. If possible a period of time may be specified during which to complete physician and

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nursing consultation with the patient requiring sign language interpretation or language interpreters.

- E.** Communication with hearing-impaired and non-English speaking patients may be facilitated by a variety of actions and/or devices. It is the responsibility of the hospital department/division/program providing services to assess the hearing-impaired patient's needs and to take action to promote effective communication with such patients. CHOC Children's will comply with the requirements of Title III of the ADA in providing hearing-impaired individuals with equal access to hospital services.
- F.** Admitting will record the patient's/family's primary language and/or dialect on the admitting registration form during the admitting procedure including the patient's preferred language for discussing healthcare. The patient's/family's primary language and/or dialect will also be recorded by the nurse as a part of the admission assessment.
- G.** Patients and family members should be encouraged to bring augmentative communication devices or communication supports already developed that may assist with meaningful communication.
- H.** Bilingual staff should not be used as language interpreters for high-risk communications. Bilingual staff in the area or department/division can be used for common communication situations
- I.** CHOC Children's provides language interpreting/translation services within a reasonable time and at no cost to the patient or family as follows:
 - 1. **Hospital Interpreter/Translator**
Available 24 hours a day, seven days a week
 - 2. **Telephone Interpreting Service**
Available 24 hours a day, seven days a week
 - 3. **Bilingual Staff Person:**
Available 24 hours a day, seven days a week
 - 4. **American Sign Language (ASL) Interpreter Service** for hearing impaired
Available 24 hours a day, seven days a week
 - 5. **VRI/MARTII**
Available 24 hours a day, seven days a week
- J. Competency of Interpretation/Translation Services:**
 - 1. CHOC Children's interpreter/translation Associates demonstrate competency prior to employment by attaining a score of greater or equal to 80% on a written and oral exam process.
 - 2. External interpreter/translation services maintain validation or competency for their staff.
- K. Role of the Interpreter/Translator:**
 - 1. The interpreter/Translator's role is to assist medical and non-medical personnel, patients and their family members in interpreting or translating information as required.

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2. In the clinical areas, the Interpreter/Translator is not a substitute for a medical/nursing staff member and, therefore, may not translate clinical information in the absence of the medical/nursing staff.
 3. The interpreter/translator may act as a message clarifier if the interpreter/translator is seeing signs of confusions, is unfamiliar with a concept or if the patient or family member is unfamiliar with a concept/term used by the healthcare provider.
 4. The interpreter may act as a cultural clarifier when there are cultural words or concepts that will impact effective communication and lead to possible misunderstandings and in a way such as to make sure the provider/patient/family member understand the purpose for the clarification when communicating.
- L.** The Interpreter/Translation Department will keep a list of external language resources. These lists will be updated on an annual basis. These agencies take responsibility for validating the competency of their staff. The Interpreter/Translation office is responsible to facilitate their use by contacting the external agency.
- M.** Healthcare providers cannot require a LEP and/or hearing impaired patient to use a family member, friend or companion as an interpreter. Family members, friends or companions used as the mode for interpreting is not a recommended practice as:
1. The family member may not be proficient in medical terminology,
 2. The family member may not possess the necessary skills to interpret,
 3. They may unintentionally or intentionally omit or alter important information
 4. Raises privacy issues protected by the Health Insurance Portability and Accountability Act (HIPAA) of 1996, and
 5. In the case of children, they may not be emotionally mature enough to handle the information being conveyed.
 6. If the patient/family refuses the use of an interpreter in the identified preferred language, the provider should document in the patient's medical record.
- N.** CHOC Children's will post on its Internet Website this Interpreter/ Translation Services Policy and update the same annually as needed.

IV. PROCEDURE:

A. Interpretation Services:

1. To contact a hospital interpreter call or page assigned Department/Unit interpreter's phone.
2. If the paging system or ascom phone system is down or inoperable, or for an emergent situation (i.e. code white) contact the CHOC Children's Operator to overhead page the interpreter. .

B. Translation Service:

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1. The Interpreter/Translator Cultural provides written translation of CHOC Children's forms into Spanish.
2. Written forms, waivers, documents, and information materials available to patients upon admission are evaluated to determine which to translate into languages other than English.
3. Routine hospital documents as well as routine educational materials for patient and families are translated into Spanish. When documents are not translated, an Interpreter/Translator or other qualified resource may do sight translation. A sight translation is a verbal rendering of a written document in the target language. Sight translations will be limited to brief texts that cannot be translated for practical or time considerations. Extensive or highly technical sight translations will not be done, as those cases require formal and careful translation and revision process with reference materials at hand.

C. Prioritization of Services: Requests for interpreter/translator services will be prioritized according to need/urgency. Requests may be referred to telephone interpreting service or VRI when appropriate.

D. Use of Interpreters:

1. The staff member requesting interpreting services shall conduct himself/herself as if he/she were working with any English-speaking patient, performing all the functions normally done for such patients.
2. The staff member must be present to answer any questions that patients or families may have.
3. Staff may not delegate admissions, teachings, instructions, or any other part of his/her job to the Interpreter.
4. Contact the translator's office for other language agencies.

E. Consents, Discharges and Transfers:

1. For all languages other than English consents, discharges and transfer instructions to another facility for post-hospital continuous care will be provided in a reasonable and culturally competent manner in a language that is comprehensible and designed to promote effective communication to the patient and family caregiver via in person, telephone interpreting system, computer translating system, and/or VRI.
2. Process for Securing Consents:
 - a. When interpreters are used, documentation should be placed in the patient's record indicating the name of the person who acted as the interpreter and his/her position, or, when appropriate, his/her relationship to the patient or the interpreter ID number if the consent was obtained via telephone interpreting system or VRI.
 - b. If the patient or his/her legal representative's primary language is not one for which a consent form has been

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prepared, an interpreter should provide Interpretation/Translation for the patient via telephone interpreting system or VRI.

- c. If the patient or his/her legal representative agrees to the intended procedure or surgery, he/she should be asked by the interpreter to sign the English and Spanish consent forms, and in the Interpreter/Translator statement section “I have accurately and completely read the foregoing document to (insert the patient’s or his/her legal representative’s name) in (identify language), the patient’s or legal representative’s primary language. He/she understands all of the terms and conditions and acknowledges his/her agreement thereto by signing the document in my presence”. This statement should be completed, signed and dated by the interpreter.
- d. If a telephone consent or verification of consent is obtained via interpreter or via telephone language line, it must be documented as telephone consent or verification of consent and the patient/legal representative must be informed that a hospital employee and the interpreter will be listening to the discussion. Hospital staff member should sign and date the English consent form in addition to documenting the name and/or ID number of the telephone language line interpreting system or vRI.
- e. Conference calling is available in order to obtain telephone consent. Refer to instructions outlined in the CHOC Children’s Telecommunications Department page found on PAWS.

- F. Required Documentation:** When it is necessary to utilize an Interpreter / Translator, required documentation on the patient’s medical records is to include: the name of the person who acted as the Interpreter/Translator and, when appropriate, his relationship to the patient, and refusal of the offer for interpreter services when appropriate.
- G. General Orientation:** Upon hire, during general orientation, employees will be informed of CHOC Children’s commitment to provide interpretation/translation services for patients/families in their primary language when communicating in English is not possible or advisable, and the procedures necessary to achieve this.
- H. Debriefing Services** are available to interpreters following highly emotional and traumatic events. After such an event the Associate may need to engage in relaxing or calming time before entering into another assignment. If additional support is required:
 - 1. During business hours, the interpreters are encouraged to contact their immediate supervisor or the Employee Assistance Program.
 - 2. After-hours, the nursing supervisor may be contacted.

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V. CODE OF ETHICS:

- A. Governing Principle:** An interpreter will use available knowledge, skills and techniques to provide an accurate and understandable interpretation of all communication between the provider of medical services, the patient, family and other individual involved in the care and treatment of the patient.
- B. Accuracy:** The commitment to interpreting the exact meaning of what is being said without editing, adding or deleting anything and with awareness of the educational, cultural and regional variations; the commitment to explaining cultural differences or practices to health care providers and patients and their family when appropriate.
- C. Unbiasedness:** The commitment to recognizing and subsequently eliminating one's own opinions and values from the interpreting interaction.
- D. Impartiality:** The commitment to remain a neutral third party in an interaction, not siding with any parties or individuals involved; the commitment to refrain from interpreting for patients in instances where family, close personal, or professional relationships may affect impartiality.
- E. Education:** The commitment to improving and expanding one's knowledge of medical terminology and vocabulary in the two languages.
- F. Discretion:** The commitment to making sound judgments in all situations so that no individual is put in jeopardy nor is the professional appropriateness of the interpreter questioned.
- G. Professionalism:** The commitment to behaving and presenting oneself in a professional manner at all times regardless of the familiarity or unfamiliarity with individuals involved; the commitment to asking questions to clarify unfamiliar medical terms or idioms of speech without embarrassment; the commitment to admitting when you are uncertain about something and finding out its meaning.
- H. Confidentiality:** The solemn promise to maintain all information and knowledge of individuals private from others not present in the immediate situation or relevant to the patient's care.
- I. Humanitarian:** The commitment to upholding humane and unprejudiced treatment between individuals; the commitment to communicating any special needs of the patient to the provider.

VI. EVIDENCE BASED REFERENCES/BIBLIOGRAPHY:

- A.** California Hospital Association, 2010 Consent Manual, 32nd Edition, Chapter 1
- B.** The Joint Commission. (January 2010) New & Revised Hospital Elements of Performance to improve Patient-Provider communication, Vol. 30 (1).
- C.** California Healthcare Interpreters Associates, (2007). California Standards for Healthcare Interpreters (<http://www.chia.ws/standards.htm>)

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- D.** The Joint Commission:
http://www.jointcommission.org/PatientSafety/HLC/video_improving_pt_provider_comm.htm
- E.** Section 504 of the Rehabilitation Act of 1973, the Americans with Disabilities Act of 1990 and the Civil Rights Act, Title VI, and similar State laws such as the California Unruh Civil Rights Act and the California Disabled Persons Act
- F.** California Health and Safety code Sections 1259 and 1262.5
- G.** State of California Assembly Bill 389 – Language Assistance Services
- H.** State of California Senate Bill 675- Hospitals: family caregivers