



Manual: Administrative and Patient Care

Section: Patient Rights and Organizational Ethics

Number: D420

Policy **Procedure**

Title: Interpreter/Translation Services

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I. PURPOSE:

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.

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

Manual: Administrative and Patient Care	Number: D420
Section: Patient Rights and Organizational Ethics	Title: Interpreter/Translation Services

- 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.

III. POLICY:

- A.** CHOC Children’s 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.
- B.** Admitting will record the patient’s/family’s primary language and/or dialect on the admitting registration form during the admitting procedure. The patient’s/family’s primary language and/or dialect will also be recorded by the nurse as a part of the admission assessment.
- C.** Patients/family oral and written communication needs are identified upon admission including the patient’s preferred language for discussing health care.
- D.** CHOC Children’s provides language interpreting and translation services as follows:
 - 1. **Hospital Interpreter/Translator**
Operational hours located on Interpreter/Translation Department page on PAWS
 - 2. **Telephone Interpreting Service**
 - a. Available 24/7
 - b. Telephone interpreter identification number is to be documented in the patient’s medical record
 - 3. **Bilingual Staff Person** or healthcare provider professional who demonstrates competency and is knowledgeable in the subject matter and its terminology in both source and target language.
 - 4. **American Sign Language (ASL) Interpreter Service** for hearing impaired
 - a. Available 24/7
 - b. Non-emergent: request form located on Interpreter/Translation Department page on PAWS
 - c. Emergency (Dayle McIntosh): 800-422-7444
 - 5. **TTD Unit**
 - a. Available 24/7
 - b. Located & maintained in the Telecommunication Department

Manual: Administrative and Patient Care	Number: D420
Section: Patient Rights and Organizational Ethics	Title: Interpreter/Translation Services

E. Competency of Interpretation/Translation Services:

1. CHOC 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.

F. 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.
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.

G. 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.

H. Notices are posted in the admitting area, the entrance and in outpatient areas that advise patients and families of the availability of Interpreters/Translators. This notice includes the procedure for obtaining an Interpreter/Translator, the TRD number for the hearing impaired, as well as the telephone number where hospital complaints may be filed.

I. 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.

Manual: Administrative and Patient Care	Number: D420
Section: Patient Rights and Organizational Ethics	Title: Interpreter/Translation Services

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.

IV. PROCEDURE:

A. Interpretation Services:

To contact a hospital interpreter

1. Refer to Interpreter/Translation Department Page on PAWS for pager numbers
2. When paging for interpretation services, include room and bed number along with contact person's name and extension, type of encounter, (e.g. conference, update, extension and brief type discharge, etc.),
3. If the paging system is down, or for an emergent situation (i.e. code white) contact the CHOC Children's Operator to overhead page the interpreter. .

B. Translation Service:

1. The Interpreter/Translator Cultural Consultant I or II 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 language resource line 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 and Discharges:

1. Consents and discharge instructions should be in English as well as the primary language of the patient or their legal representative in a manner that the patient and/or caregiver or patient's family member can

Manual: Administrative and Patient Care	Number: D420
Section: Patient Rights and Organizational Ethics	Title: Interpreter/Translation Services

understand, and in order that providers of continuing care will have appropriate direction.

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 position, or, when appropriate, his relationship to the patient or the interpreter ID number if the consent was obtained via telephone language line, e.g. blue phone.
- b. If the patient or his legal representative’s primary language is not one for which a consent form has been prepared, an interpreter should provide Interpretation/Translation for the patient.
- c. If the patient or the legal representative agrees, he 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 interpreter, e.g. blue phone.
- 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:

Manual: Administrative and Patient Care	Number: D420
Section: Patient Rights and Organizational Ethics	Title: Interpreter/Translation Services

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.

V. 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>)
- D.** The Joint Commission:
http://www.jointcommission.org/PatientSafety/HLC/video_improving_pt_provider_comm.htm