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Subject:	Interpreter Services: Patients with Special Needs: Hearing Impaired, Sign Language, Visually Impaired, and Language Interpretation	Formulated:	2011
Manual:	Administration	Reviewed:	5/15
Medical Executive Committee Governing Board Approval	Date: 5/15 Date: 5/15	Revised:	5/15

PURPOSE:

The hospital effectively communicates with patients when providing care, treatment, and services.

POLICY:

1. Shasta Regional Medical Center recognizes the special needs and concerns of individuals who are hearing impaired or of linguistic and cultural minority groups who are limited English proficient (LEP), who are deaf, hard-of hearing, or have physical and/or cognitive limitations. The hospital will provide special communication devices to deaf and hard –of – hearing patients along with qualified interpreters and translation services to patients in accordance with applicable State and Federal Laws. Shasta Regional Medical Center understands that LEP and hearing impaired individuals may require interpreter services in clinical and administrative settings to obtain equal access to health care. Interpreter services are available for patients twenty-four hour a day, seven days a week.
2. Signage is posted in all patient care areas and ancillary service areas communicating the availability of interpreter services.
3. Bilingual staff is not required to participate in any interpretation circumstance other than that which is considered a part of common courtesy, i.e., greeting a patient or visitor, providing basic directions around the hospital, etc. Further, they are not required to participate in any interpretation circumstance which they believe to be disruptive to their normal job assignment, contrary to their own beliefs and values, or which may require special/technical understanding beyond their scope of practice.
4. To ensure access to health care information and services for limited-English-speaking or non-English-speaking residents and deaf residents, Shasta Regional Medical Center will
 - 4.1 Adopt and review annually a policy for providing language assistance services to patients with language or communication barriers.
 - 4.2 The policy shall include procedures for providing, to the extent possible as determined by the hospital, the use of an interpreter whenever a language or communication barrier exists, except where the patient, after being informed of the availability of the interpreter service, chooses to use a family member or friend who volunteers to interpret.

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4.3 The hospital shall annually transmit to the state department a copy of the updated policy and shall include a description of its efforts to ensure adequate and speedy communication between patients with language or communication barriers and staff.(California Health and Safety Code Section 1259)

4.4 Develop and post in conspicuous locations, notices that advise patients and their families of the availability of interpreters, the procedure for obtaining an interpreter and the telephone numbers where complaints may be filed concerning interpreter service problems, including, but not limited to, a Telecommunication Device for the Deaf (T.D.D).number for the hearing impaired.

- a. The notices shall be posted, at a minimum, in the emergency room, the admitting area, the entrance, and in outpatient areas.
- b. Notices shall inform patients that interpreter services are available upon request, shall list the languages for which interpreter services are available, shall instruct patients to direct complaints regarding interpreter services to the state department, and shall provide the local address and telephone number of the state department, including, but not limited to, a T.D.D. number for the hearing impaired.

PROCEDURE

1. Notification of Rights to LEP patients/families. Informs LEP patient/family of the following:
 - 1.1 A qualified interpreter at no cost to them for discussion of information necessary for healthcare or financial decisions
 - 1.2 Not to rely on their friends or family members as interpreters.
2. Identification of patients who require interpreter services or assistive devices for physical or cognitive impairments
 - 2.1 When registering a new patient, associates shall ask all patients for their preferred spoken language and preferred written language for healthcare and shall document the need for Interpreter Services
 - 2.2 When completing the patients admission to the hospital, nursing staff shall ask all patient's about the need for assistive devices due to limited English proficiency and/or physical and cognitive impairments. The need for such assistive devices shall be documented in the medical record.

Note: If the patient is a minor, is incapacitated, or has a designated advocate, the communication needs of the parent or legal guardian, surrogate decision-maker, or legally authorized representative is documented in the medical record.

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3. Use of Interpreters
 - 3.1 Interpreters shall be used in any situation where clear and effective communication is necessary.
 - 3.2 All interpreter services provided should be documented in the medical record.
 - 3.3 In emergency situations, treatment will be provided in accordance with standard medical practice. Emergency care will not be delayed pending the arrival of an interpreter. All reasonable efforts will be made promptly to locate an interpreter – this includes the use of over-the-phone interpreter services.
 - 3.4 Minor children are not to be used as interpreters
 - 3.5 Family and friends, with the exception of Activities of Daily Living should not be asked or required to interpret for LEP or deaf/hard-of-hearing patients.
 - a. Even with the refusal of interpreter by a patient or family member is made, the hospital reserves the right to have a qualified medical interpreter present during any encounter
 - b. Document in the medical record that the interpreter or aids were offered and declined by the patient or patient’s family member/surrogate decision maker.
4. Written Translations
 - 4.1 Any foreign language document given to patients and families by or on behalf of HOSPITAL must be organizationally approved. Free auto translation sites (i.e.: Google translate) should not be used.
5. Approval of Interpreters
 - 5.1 Human Resources Department is responsible for the evaluation of a prospective interpreter’s qualifications. Individuals interested in interpreting, including bilingual staff, must be approved by the Human Resources Department as deemed qualified.
6. Staff Training and Resources
 - 6.1 The hospital shall assure that staff, physicians, and other appropriate personnel are trained in the following
 - a. Communication needs of the deaf, hard-of-hearing, and patients with LEP
 - b. When and how to use interpreters
 - c. How to use a TDD, over - the - phone interpreter services, other communication aids or other independent contracted medical interpreters
 - d. All new employees will receive information about interpreter services and communication aids during New Employee Orientation and annually thereafter.
7. For additional assistance, contact the nursing office or social services

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WORKING EFFECTIVELY WITH A MEDICAL INTERPRETER

1. Allow the interpreter to greet you and to provide an interpreter ID number.
2. Write the interpreter ID number in the patient's file or progress notes for documentation.
3. Provide the interpreter with a brief explanation of the call.
4. Allow the interpreter to introduce him/herself to the patient.
5. Speak directly to your patient and make eye contact.
6. Speak in the first person.
7. Use short but complete phrases.
8. Avoid slang, jargon or metaphors.
9. Allow the interpreter to clarify linguistic and cultural issues.
10. Remember that everything is repeated and kept confidential.

Hearing Impaired Patient

1. The hearing impaired person must be able to choose the mode of communication that services his/her needs; sign language through an interpreter, written notes, lip-reading, TDDs/TTYs, or other assistive devices.
2. All aids needed are provided without cost to the person being served.
3. Interpreters are called at the patient's request.
4. Assessment of a patient's hearing impairment is documented in the record to alert all caregivers so that special needs can be addressed when delivering care.
5. All patient care areas and ancillary service areas have signage posted regarding the interpreter services available

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6. Telecaption Decorder

6.1 Closed caption device for the hearing impaired to be able to watch television.
Engineering is to be notified to activate

7. California Relay

7.1 For telephone communication with a hearing impaired person with a telecommunication device, California Relay provides an operator who acts as an interpreter for you and the person you are calling

Visually Impaired Patient

1. The staff or interpreter will read fully, upon request, and provide assistance, if necessary, in completing consent forms, financial responsibility forms, advance directive forms and other documents.
2. The staff will orient the patient to the physical layout of the room (including the location and operation of call light) keeping the environment free of obstacles, bearing in mind the patient's safety at all times.
3. Service Animals: Shasta Regional Medical Center can make the necessary accommodations for a vision impaired/blind patient who uses a service animal. Room assignments will be made as appropriate to allow the service animal to remain with the patient during the hospital stay.

Cyacom Language Services

Accessing a Medical Interpreter

Using Video Remote Interpretation (VRI) Services

1. Go to CyraCom VRI icon on the desktop

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2. Sign in by clicking OK (Username and Password already entered)
3. After you have signed in, select the VRI section
4. Select your language in the drop down menu
5. Click the “start Session” button to begin

Using ClearLink® The Blue Phone™ for Medical Interpretation

1. Plug ClearLink® into an analog (single line) phone jack.
2. Pick up the left handset to get a dial tone.
3. Press the blue button labeled *ACCESS or dial 800-481-3293*.
4. When prompted, press the white button labeled *ACCT/PIN*.
5. Say the language you need.
6. Select if you would like to add an additional person to the call.
7. When the interpreter comes on the line, give the interpreter a brief explanation of the call.
8. Pick up the second handset and pass it to the patient.

To add the additional person at the start of your interpretation session:

1. Press “1” when prompted if you would like to add an additional person to call. Follow the prompts to enter the person’s phone number.
2. When the interpreter greets you, say you are adding an additional person. Give the interpreter the name of the person you are calling and the purpose of the call.
3. Press “1” when you are ready to connect to additional person to the call.

To add additional person when the interpretation session is already in progress:

Press “8” to be prompted to enter the additional person’s phone number, or ask the interpreter to add the additional person to you.

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REFERENCES

Health and Safety Code (CA section 1259)
Americans Disability Act (Title III)
Americans with Disabilities Act (1990)
Civil Rights Act (1964; HHS; Title VI 1964)
Rehabilitation Act (1973)
TJC 2012 Standards HR.01.02.01; PC.02.02.21; RC.02.01.01; RI.01.01.01; RI.01.01.03

Originator: Corporate

Reviewer/Reviser: Chief Nursing Officer