

CASA COLINA HOSPITAL AND CENTERS FOR HEALTHCARE ADMINISTRATION

TITLE: Language Interpreters (Foreign Language)

Formulated: 5/88

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3/21, 12/21

Casa Colina Hospital and Centers for Healthcare services a culturally diverse population. Limited English Proficient (LEP) patients and their families must be ensured that they can effectively provide hospital staff with a clear statement of their medical condition and history and understand the provider's assessment of their medical condition and treatment options. This is essential to the provision of quality patient care.

POLICY

Patients/surrogate decision makers at Casa Colina Hospital and Centers for Healthcare who are Limited English Proficient (LEP) will have services provided to them in their primary language or have interpreter services provided to them during the delivery of significant healthcare services. Interpreter services will be available within a reasonable time at no cost to the patient. It is the policy of this organization that communication between healthcare personnel and patients occur in a culturally competent and effective manner.

PURPOSE

To establish, develop, and implement a plan for the provision of culturally competent and effective communication for patients¹. To ensure that LEP patients and surrogate decision-makers are able to understand the patient's medical conditions and treatment options, and to ensure that Casa Colina Hospital and Centers for Healthcare are providing available resources for effective communication.

SCOPE & APPLICABILITY

This is an organization-wide policy. It applies to all care settings.

DEFINITION

Effective Communication is defined as the successful joint establishment of meaning wherein patients and health care providers exchange information, enabling patients to participate actively in their care from admission through discharge, and ensuring that the responsibilities of both patients and providers are understood.

Cultural Competence is defined as the ability of health care providers and health care organizations to understand and respond effectively to the cultural and language needs brought by the patient to the health care encounter.

¹ The term patient refers to the person receiving care and, when appropriate, the patient's family and/or authorized decision-maker.

Interpretation is defined as the conversion of a message spoken in a source language into an equivalent message in the target language

Translation is defined as the conversion of written text from one language into another.

IDENTIFYING THE CULTURAL PROFILE OF THE COMMUNITY

As part of the process for planning the provision of care, treatment, and service, the organization utilizes statistical data from the US Census Bureau as well as current city demographic profiles to identify the significant ethnic and cultural markers of its primary demographic service area. These markers factor into the design and delivery of care, treatment, and service.

IDENTIFYING CULTURAL & COMMUNICATION NEEDS OF THE PATIENT

Upon admission and/or initial presentation for care, the organization will collect the following information on each patient and document it in the patient's medical record:

1. Race and ethnicity
2. Primary language, barriers to communication, preferred method of communication, oral and written communication needs including the patient's preferred language for discussing healthcare
3. The presence of any significant vision, hearing, speech, or cognitive impairment
4. Assessment of the patient's cognitive status

PRESENCE OF SUPPORT INDIVIDUALS FOR THE PATIENT

The organization allows for the presence of a support individual of the patient's choice, unless the individual's presence infringes on others' rights, safety, or is medically or therapeutically contraindicated. The individual may or may not be the patient's surrogate decision-maker or legally authorized representative.

EDUCATING STAFF ON CULTURE & COMMUNICATION

Staff are educated regarding issues related to culturally competent and effective communication. Such education is provided upon hire (within established probationary periods). Key components of this education include:

1. The impact of language barriers on patient care;
2. When and how to call for an interpreter;
3. Use of on-site and telephone interpreters;
4. Use of friends and family members as interpreters;
5. Accessing services for the vision and hearing impaired
6. Cultural issues in health and communication.

IDENTIFYING THE NEED FOR TRANSLATION OR INTERPRETIVE SERVICES

Upon admission or entry into care, the organization identifies whether or not the patient is in need of translation or interpretive services. This is accomplished by determining the patient's primary language and whether or not there is any language barrier to effective communication. Upon admission the presence of a language barrier is documented in the patient's medical record. The Nursing Assessment form will be utilized to record the patient's preferred language. other than

English spoken, inability to read English, communication deficits, cognitive limitations, hearing and visual impairments and preferred learning methods.

PROVISION OF TRANSLATION SERVICES

If necessary, translation services will be provided to meet the significant care needs of the patient. Patients/families are alerted to the availability of interpretation service via postings and notices in the patient care areas (minimum, in the admitting area, the entrance, and outpatient areas), as well as by clinical staff. Notification will also be provided through one or more of the following: outreach documents, telephone voice mail menus, brochures, marketing materials, and/or community-based organizations.

Written information such as consent forms and discharge instructions will be provided to the patient in their primary language if there is documented evidence in the medical record that the patient and/or patient representative is unable to adequately comprehend such information written in the English language.

The organization's "Language Interpreters" policy is available in English and Spanish on the Casa Colina internet website, along with a Notice of the Availability of Language Assistance Services.

Pre-Determined Translated Documents

The organization recognizes that there are critical documents that must be available to patients who cannot read these documents in the written English language. These documents are:

1. Conditions of Admission and Consent to Treatment
2. Informed consent
3. Patient's Rights
4. Notice of Patient's Privacy
5. Notice of Interpreter Services
6. "Speak Up" informational

These documents are provided in written form for those languages that comprise more than 5% of the organization's primary geographic service area as determined by government statistics. Translation of vital documents will be translated into additional languages over time.

As Needed Translation Services

Organization staff may provide translation services provided they meet the following qualifications:

1. Possess formal education in the target language (with demonstrated ability to read and write),
2. Ability to read and write in the English language,
3. Knowledge and experience with the culture of the intended audience
4. Relevant health background.

PROVISION OF INTERPRETIVE SERVICES

Casa Colina Hospital and Centers for Healthcare, when using interpreter services, use and disclose protected health information (PHI) regarding an individual without an individual's authorization as a healthcare operation, in accordance with the Privacy Rule, in the following ways:

1. When the interpreter is a member of the organization workforce (i.e., bilingual employee, contract interpreter on staff, volunteer) as defined at 45 CFR 160.103.
2. When the services of a person or entity, who is not a workforce member, has been engaged to perform interpreter services on the organization's behalf, as a business associate, as defined at 45 CFR 160.103. Business associates would include:
 - Private commercial companies
 - Community-based organizations
 - Telephone interpreter service lines
 - Service arrangements with interpreter services comply with the Privacy Rule business associate agreement requirements.
3. When an interpreter is a patient's family member, close friend or any other person identified by the patient as his/her interpreter while hospitalized, Casa Colina Hospital and Centers for Healthcare may, without the patient's authorization, use or disclose PHI.
 - As with other disclosures to family members, friends or other persons identified by the patient as involved in his or her care, when the patient is present, the organization may obtain the patient's agreement or reasonably infer, based on the exercise of professional judgment, that the patient does not object to the disclosure of PHI to the interpreter. 45 CFR 164.510(b)(2).

Use of Family and Friends as Interpreters

The use of family members and/or friends to provide interpretive services for medically related care needs is strongly discouraged due to issues of competency of interpretation, confidentiality, privacy, and conflict of interest. Family may be used for non-medical related interpretive services (e.g. explaining visiting hours, orientation to the room environment, etc.).

Casa Colina will rely on an adult accompanying the patient with limited English proficiency to interpret or facilitate communication, 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 individual with limited English proficiency immediately available.

Children will not be used to interpret, in order to ensure confidentiality of information and accurate communication.

Casa Colina Hospital and Centers for Healthcare is contracted with **Language Line** for professional interpretive services. If necessary, interpretive services will be provided to meet the significant care needs of the patient. There is no cost to the patient for medically necessary interpretive services. The following governs the provision of interpretive services: **Language Line – 866-874-3972**

Use of Staff as Interpreters

Organization staff may be used to provide interpretive services for medically related information provided that they have been trained and deemed competent to do so. Staff who provides such interpretive services will meet the following:

Core Training:

1. The impact of language barriers on patient care;
2. When and how to call for an interpreter;
3. How to work with on-site and telephone interpreters;
4. Using friends and family members as interpreters;
5. The dynamics of the triadic relationship (patient – interpreter – staff/provider);
6. Ethical and legal issues; and
7. Negotiation of cultural issues in health and communication.

Competency Validation:

1. Proficiency in English and the languages to be used for interpreting.
2. Proficiency in the use of basic medical terminology
3. Capability to interpret from and into each language pair that is being interpreted.
4. Ability to interpret a message uttered in a source language into an equivalent message in the target language so that the recipient responds to it as if s/he had heard it in the original language; key measures of such interpretation are accuracy and completeness.
5. Understanding of “untranslatable words”, which represent source language concepts for which a comparable referent does not exist in the society of the target language.
6. Capacity to manage the flow of communication between patient and staff/provider. (This includes attention to interpersonal dynamics between patient and staff/provider, as well as managing the triadic relationship so that the patient and staff/provider relate primarily to each other.)

Documentation of Interpretive Services

The use of an interpreter for the provision of medically related information is documented in the patient’s medical record. Documentation includes the identity of the individual or service who provided the interpretation.

NOTICE OF AVAILABILITY OF COMMUNICATION SERVICES FOR THE VISION & HEARING IMPAIRED

Casa Colina will undertake all reasonable steps to provide effective communication for those patients who have significant visual and/or hearing impairments for significant medically related needs at no additional cost. These services include, but not necessarily be limited to:

1. Provision of written materials in large font
2. Use of sign-language services

Monitoring Language Needs and Implementation

On an ongoing basis, Casa Colina will assess changes in demographics, types of services or other needs that may require reevaluation of this policy and its procedures. In addition, Casa Colina will regularly 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, feedback from patients and community organizations, etc.

REFERENCES

Section 1557 of the Affordable Care Act (ACA)

H&S Code, Section 1259

Joint Commission Standards – HR.01.02.01 EP1, RI.01.01.03 EP1-3, PC.02.01.21,RC.01.01.01

CA Title 22 Article 721 70721 (b)

HIPAA Section 164.510 (b)(2)

US Department of Health and Human Services, [hhs.gov](http://www.hhs.gov), HIPAA Frequent Questions: *Must a covered healthcare provider obtain an individual's authorization to use or disclose protected health information to an interpreter?*, last updated 7/26/2013

http://www.hhs.gov/ocr/privacy/hipaa/faq/business_associates/760.html

ATTACHMENT(S):

Using Your Uniphone 1140 (Reviewed 11/6/18, 3/30/21)

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