

TITLE: PROVISION OF CULTURALLY COMPETENT & EFFECTIVE COMMUNICATION TO PATIENTS	NUMBER: 1:0700 BOT Approval: 10/15						
STANDARD: <p style="text-align: center;">#1 Assessment, Care and Education of Patients</p> <p>Key Words: Interpreter; Translation; Limited English proficient (LEP)</p>	<table border="0"> <tr> <td><u>Approvals</u></td><td><u>Date</u></td></tr> <tr> <td>Functional Team</td><td>8/15</td></tr> <tr> <td>MEC Approval</td><td>9/15</td></tr> </table> <p>Responsible: Medical Interpreter Coordinator</p>	<u>Approvals</u>	<u>Date</u>	Functional Team	8/15	MEC Approval	9/15
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PURPOSE

To establish, develop, and implement a plan for the provision of culturally competent and effective communication for patients.

To provide for the communication needs of patients and their families who have limited English proficiency (LEP), who are deaf or hard-of-hearing; to ensure that patients or the Patient's Authorized Representative are able to provide hospital staff with a clear statement of their medical condition(s) and history and to understand their medical condition(s) and treatment options in order for Natividad Medical Center staff to provide quality patient care to their patients

DEFINITION

"Certified Interpreter" is defined as a person who is certified by an entity such as The Certification Commission for Healthcare Interpreters (CCHI), the National Board of Certification for Medical Interpreters, the State Personnel Board of California Certification Program and other comparable State accredited programs. A Certified Sign Language Interpreter is one who possesses a National Interpreter Certification (NIC) issued from the Registry of Interpreters for the Deaf (RID).

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.

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.

"Qualified Interpreter" is defined as a person who meets the qualifications of "Bilingual Staff" and 1) has been trained in the 40 hours Bridging The Gap Healthcare Interpreting Training, 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 communication from one language to another. A person may also become a Qualified Interpreter through assessment for interpreter competency by a Language vendor such as CyraCom, Language Line or other comparable language vendor.

“Bilingual Staff” is defined as a person who is capable of 1) accurately speaking in English and a second language 2) has in-depth understanding of the medical field and medical terminology and 3) has passed the appropriate County of Monterey bilingual exam or Language vendor exam such as Cyracom, Language Line or other comparable language vendor.

“Interpreter” for purposes of this policy, the word interpreter shall mean the highest level of communication assistance available in accordance with this policy.

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

“Limited English Proficiency” patients are those patients whose native language is other than English and who “cannot speak, read, write, or understand the English language at a level that permits them to interact effectively with health care providers.

Cyracom- is a service that provides 24-hour foreign language interpretation services via telephone.

Health Care Interpreter Network (HCIN) - is a service that provides 24-hour foreign language interpretation services via video/telephone.

“Patient’s Authorized Representative” is the person authorized by law or hospital policy to act on behalf of a patient who lacks decision-making capacity.

Translation- written translation is the rendering of a written text in one language (source language) in a comparable written text in another language (target language).

POLICY

It is the policy of this organization that communication between healthcare personnel and patients shall occur in a culturally competent and effective manner.

IDENTIFYING THE CULTURAL PROFILE OF THE COMMUNITY

As part of the process for planning the provision of care, treatment, and service, the organization shall identify the significant ethnic and cultural markers of its primary demographic service area. These markers shall 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:

- Race and ethnicity
- Oral and written communication needs including the patient's preferred language for discussing healthcare issues
- The presence of any significant vision, hearing, speech, or cognitive impairment

EDUCATING STAFF ON CULTURE & COMMUNICATION

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

- The impact of communication barriers on patient care;
- When and how to call for an interpreter;
- Use of on-site and telephone interpreters;
- Use of friends and family members as interpreters;
- Availability of translation services
- Accessing services for the vision, hearing, and cognitively impaired
- Cultural issues affecting health care and communication.

I. **PROVISION OF MEDICAL SERVICES TO PATIENT/PATIENT REPRESENTATIVE or SURROGATE DECISION MAKERS NEEDING LANGUAGE ASSISTANCE**

- A. It is the policy of Natividad Medical Center to provide equal access to and equal participation in health care activities for persons who are deaf or hard-of-hearing, and for persons with limited English proficiency. NMC provides communication aids and services within a reasonable time at no cost to the patient during the course of care as well as during health education programs that are open to the public. It is the policy of NMC to use qualified interpreters for situations of medical decision-making. Certified or qualified interpreters shall be the preferred method of oral communication, as practicable, when clinical treatments in care are under discussion.
- B. Interpreters shall be used in medical decision-making situations where clear and effective communication is necessary. Situations in which the presence of an interpreter for deaf, hard-of-hearing or limited English speaking patients is necessary to ensure thorough and accurate communication include, but are not limited to:
 - Obtaining a medical history
 - Obtaining Informed consent
 - Explaining a diagnosis and plan for medical treatment
 - Explaining any change in regimen, environment, or condition
 - Explaining any medical procedure, tests or surgical interventions
 - Medication instructions and explanation of possible side effects
 - Discharge planning
 - Legal issues (advance directives, guardianship, etc.)
 - Providing clinic and emergency medical services
 - Explaining patient rights and responsibilities
 - Discussing any mental health issues or concerns
 - Explaining the use of seclusion or restraints
 - Discussing issues at patient and family care conferences and/or health education sessions
 - Discussing end of life decisions, and
 - Obtaining financial and insurance information
- C. Acceptable methods for the provision of interpreter services include, but are not limited to the following:

1. In-person interpreting with a Certified or Qualified Interpreter
 2. Videoconferencing interpreting using HCIN
 3. Telephone-based interpreting using Cyracom
- D. Mechanisms for the provision of interpreter services and language access support at Natividad Medical Center will be available to all clinical areas of hospital inpatient and outpatient services during all of their hours of operation.
- E. Natividad Medical Center shall support the development of industry-wide standards for the training and qualification of medical interpreter services. Natividad Medical Center will review annually the standards of healthcare interpreting to incorporate improvements in the evolving standards of healthcare interpreter certification and of testing to address the need for quality, accuracy and consistency in the provision of healthcare interpreter services.
- F. Considerations for determining the appropriate model for the delivery of interpreter services will include the critical nature of the clinical interaction, availability of trained in-person interpreters and of the technology to allow for telephonic or videoconference interpreters. Additional considerations such as the shortest wait times for patients and clinicians and the most cost-effective use of personnel and contracted agencies also will be considered.
- G. Natividad Medical Center shall provide meaningful access for LEP patients/patients Authorized Representative decision makers to all patient services, including access to information, signage, appointments, financial services, and ancillary services. Natividad Medical Center shall provide these services through the most effective utilization of bilingual hospital personnel and access to interpreter services.
- H. Natividad Medical Center will translate and make available all Vital Documents in Threshold Languages, languages that comprise more than 5% of the organization's primary geographic service area as determined by government statistics. The organization recognizes that there are vital documents that must be available to patients who cannot read these documents in the written English language. These documents shall be 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. The translation of other hospital written materials in Frequently Encountered or other languages shall be at the discretion of the issuing staff. Vital Documents that are not produced in a written translation shall be verbally translated to the patient or patient authorized representative. The provision of oral translation (sight translation) of all Vital Documents to patients shall be documented and documentation shall become a part of the medical record.

PROCEDURE:

I. DETERMINATION OF LEP STATUS

- A. At the time of registration, or as soon as possible, or at the time of treatment in outpatient areas, patients will be asked to state their preferred means of communication, such as the language/dialect they speak, or specify in some manner that they are hearing impaired. This information will be recorded in the medical record by registration staff. At that time, patients shall be advised of their right to have interpreter services provided within a reasonable time, at no charge to them.
- B. The first access point in which a patient acquires services at **Natividad Medical Center** (emergency room registration, admissions, etc.) shall

incorporate the determination of Race, Ethnicity and language data into the intake procedures. The patient or Patient's Authorized Representative shall be asked the following questions during the course of their first intake process:

- a. Which category best describes your race?
- b. Do you consider yourself Hispanic or Latino?
- c. What is your ethnic background or origin of ancestry?
- d. How well do you speak English?
 1. Very well
 2. Well
 3. Not well
 4. Not at all
- e. In what language do you prefer to receive your medical services?
- f. In what language do you prefer to receive written materials?

If the patient or patient authorized representative decision-maker answers anything other than "very well" (number 1) in question "d," or with a language other than English on question "e" they shall be designated as LEP (limited English proficient) which shall be recorded in patient records. Patient will self-report and may refuse to report information.

All areas of first patient contact shall be equipped with Language Determination Cards to assist patients in identifying the patient primary language if communication barriers prevent hospital staff from effectively determining the language of the patient/patient authorized representative decision-maker. The Language Determination Card will visually show all languages hospital staff can reasonably project they will encounter. Patients will be offered the card to allow them to point to their language on the card to allow hospital staff to request interpreter services in the appropriate language. The Language Access department, ext. 1612, should be called if the patient is unable to use the Language Determination Card, and hospital staff cannot determine the appropriate language to request.

II. **TRACKING OF LEP PATIENTS IN HOSPITAL DATA SET**

- A. The language needs of patients and patient authorized representative decision-makers will be recorded and tracked. This critical information will be captured and recorded in Natividad Medical Center information systems. It shall be stored in the area containing other critical patient information (such as address, phone number, birth date, etc.). Data pertaining to the language needs of the patient/patient authorized representative decision-maker shall be presented on all subsets of patient data, which contain these fields of critical patient information, such as the face sheet and placed in the patient medical chart.
- B. The data shall be recorded with the following two fields:
 - 1. Primary Language**
 - 2. Language for Written Materials**
- C. Both fields must be completed to finish any patient registration process.

III. DOCUMENTATION OF PATIENT PRIMARY LANGUAGE AND THE PROVISION OF INTERPRETER SERVICES IN PATIENT MEDICAL RECORD

- A. Each medical record shall show the primary language spoken by the patient/patient authorized representative decision-maker.
- B. The patient need for interpreter services shall be included in the following areas of documentation:
 - a. The nursing assessment for inpatient admissions
 - b. The patient record of outpatient encounters
- C. The documentation of the provision of interpreter service will be recorded in the patient medical record during the provision of medical and nursing procedures requiring interpreting.

IV. PROCEDURE FOR ACQUIRING OF INTERPRETER SERVICES

SIGN LANGUAGE INTERPRETER

For patients that require a sign language interpreter the following services will be available:

1. The use of the HCIN Video unit if available in department/unit
2. Contact Language Access Services to request a ASL interpreter (796-1612)
3. Or call the HAN at ext. 4199 (they may use the vendor list below to request interpreter)
4. After hours call LAS pager or HAN (they may use vendor list to request interpreter)
5. The HAN/staff will contact Central Coast Sign Language or the Monterey Language Services to arrange for an interpreter:

Day time local number Central Coast Sign Language number	831-297-4321
Day time Regional number: Monterey Language services	831-655-3460
After hours/immediate need: Interpreter pager	831-373-9021

COMMUNICATION DEVICES/ADAPTIVE EQUIPMENT

The Telecommunications Department will provide a Telecommunication Device for the Deaf (TDD) for inpatients who are deaf or hard-of-hearing.

SPOKEN LANGUAGE INTERPRETERS

All hospital personnel seeking the utilization of interpreter services for patients or patient representatives requiring language assistance shall utilize the following procedures:

- Use a Qualified Interpreter in your unit if available,
- Use the HCIN Video Interpreting unit if available, ext. 6394
- Use the interpreter telephone unit, ext. 6394 if needs are not met then
- For Indigenous Interpreters dial ext. 2691 from any NMC telephone or 831-783-2691

- Contact LAS to request an interpreter (796-1612)
- After hours call LAS 831-796-1612 or HAN (they may use vendor list to request interpreter)

USE OF INTERPRETERS

- In emergency situations, treatment will be provided in accordance with standard medical practice. Interpreters will be sought promptly, but treatment will not be delayed pending the arrival of an interpreter.
- Interpreters will accompany patients to medical procedures, to the OR Holding Room, OR if indicated, and to the Post-Anesthesia Care Unit.
- Children or youth should not be used to interpret. Unless approved by the Nursing Supervisor or Charge Nurse, family and friends of the patient should not be used to interpret in a medical setting as it may result in omissions, substitutions, and semantic errors that distort care. Generally, the use of family and friends as interpreters will not be approved because it may breach confidentiality may upset familial relationships and hierarchies that are deeply rooted in culture, may be particularly problematic when dealing with sensitive issues, such as reproductive health, sexually transmitted diseases and mental health. If the patient feels strongly that a family member or friend interpret for their appointment, a NMC approved interpreter will generally also be present to ensure that information is conveyed accurately unless otherwise approved by the LAS. If a qualified medical interpreter is not available, HCIN or CyraCom Services should be used.

DOCUMENTATION OF INTERPRETER

Staff should document in the patient's medical record the name or I.D. of the interpreter, whether in-person, CyraCom or HCIN interpreter was used, for each major encounter (i.e., informed consent, discharge planning, etc.)

V. WRITTEN TRANSLATION

Natividad Medical Center will translate and make available all Vital Documents in Threshold Languages as required by law. Some patient education materials have been translated into Spanish and, in some instances, other languages. Additional written translations can be prepared in certain cases, such as discharge instructions, in cases of chronic illness, or for training of family members to use home medical equipment. Staff should contact the Nursing Administration and the Nursing Education Department to determine the availability of translated patient education materials. All translations must be coordinated by the Language Access Department and Nursing Administration in order to ensure the accuracy of the translation.

VI. APPROVAL OF BILINGUAL STAFF AND INTERPRETERS

- Language Access Services (LAS) is responsible for evaluating prospective “Bilingual Staff” and for administering the County of Monterey bilingual exam. When a staff member receives a passing score LAS will provide documentation to Human Resources who will keep files on all bilingual staff.
- Department managers are responsible for recommending qualified staff member for language assessments. When a staff member receives a passing score LAS will inform Human Resources to make arrangements for the bilingual differential to be paid to the staff member. Human Resources will also make a new badge for the staff member with the “Hablo Español” red stripe on it. LAS will inform the department manager of the results of the language assessment.
- The Language Access Services is responsible for the evaluation of prospective interpreter’s qualifications. Language Access Services will provide a drop down “Qualified Interpreter” identification badge to all who have completed the 40 hour Bridging the Gap interpreter course or equivalent. Individuals interested in interpreting training must be recommended by their Department Manager and Administration. Competency will be verified by LAS and communicated to Human Resources. A list of approved interpreters is maintained in the Language Access Department, Human Resource Department and provided to the HAN.
- Language Access Services will approve any internship with the direction of administration. Interns will be assessed for language/interpreting competency and must work under the direct supervision of Language Access Services. Patients should be informed that they are being assisted by an approved intern. Interns must be in an active language/interpreting program at a qualifying college or university.

THE APPROVED INTERPRETER WILL:

- a. Perform his/her interpreting accurately, completely, and clearly with the greatest fidelity to the spirit and letter of the original communication taking into account the cultural context.
- b. Keep all private health information learned during the performance of interpretation confidential and will not disclose without the consent of the patient or his/her legal guardian except to the health care provider who requested the interpretation and has a need to know.
- c. Not accept any assignment where personal or professional ties may affect impartiality except in an emergency.
- d. Adopt a caring attitude while maintaining discretion and impartiality.
- e. Assure that the principle of informed consent is implemented through complete translation of all written and verbal information so that the patient is able to assert the right of free choice.
- f. Make every effort to assure that the patient has understood questions, instructions, and other information transmitted by the health care provider.
- g. Not add his/her own personal comments of the patient’s statement, but will simply repeat/restate the patient’s words in English to the caregiver.
- h. Promote conditions that encourage respect of the diversity of cultures.
- i. Not permit minors to act as interpreters in medical situations unless no other alternative exists.

VII. POSTED NOTICES AND SIGNAGE

Notices regarding availability of interpreter services for patients will be posted in the following areas:

- a. Admitting
- b. Emergency Department
- c. Financial Counseling areas
- d. Hospital entrances
- e. Outpatient Service areas
- f. Registration areas
- g. Labor and Delivery

NOTICES WILL CONTAIN:

- a. Address and phone number of the California State Department of Health
- b. Telephone number for Telecommunications Device for the Deaf and services for the hearing impaired.
- c. Languages available on the premises and access thereof
- d. Address and telephone numbers where complaints may be filed concerning interpreter service problems – including the State Department of Health.

LANGUAGE ACCESSIBLE HOSPITAL SIGNAGE

Hospital signage at **Natividad Medical Center** shall be designed to ensure access to LEP populations most frequently using **Natividad Medical Center** facilities. Should the patient population of **Natividad Medical Center** reach a proportion of 25% from a language group other than English, all hospital signage shall be designed in both English and that language. All signage required by state and federal statutes, regulations and licensing requirements will be translated into all languages other than English when a proportion of 5% of the patient population of **Natividad Medical Center** has that language as their primary language.¹ Additional languages for the translation and way finding signage shall be added at the discretion of hospital management. These requirements for translation of hospital signage shall be implemented during the creation of any new signage of **Natividad Medical Center**.

VIII. AUDITS AND REGULAR REVIEW OF LANGUAGE ACCESS NEEDS

It shall be the policy of **Natividad Medical Center** to conduct an annual review of Language Access Needs of the patient population of **Natividad Medical Center**. This may include a statistical survey of the language needs of the users of **Natividad Medical Center** and its service areas. The review shall annually update the list of Threshold Language and Frequently Utilized Languages of **Natividad Medical Center**. Quality Assurance processes of **Natividad Medical Center** may include audits of the timeliness of the provision of interpreter services and the charting of patient primary language and provision of interpreter services in medical chart review. Other elements to be included in this annual review may be the requirements of training and certification of healthcare interpreters to incorporate improvements in industry standards; the quality of data collection of LEP designation and primary language determination; and the accuracy of the tracking of primary language in data collection. The position responsible for conducting the Annual Review of Language Access Needs shall be the Medical Interpreter Coordinator with the aid of NMC Administration.

¹ Such requirements include the Emergency Medical Treatment and Active Labor Act, Title VI of the 1964 Civil Rights Act and the Kopp Act [Cal. Health & Safety Code §1259].

REFERENCES:

1. Title III of the Americans with Disabilities Act (ADA)
2. Title VI of the Civil Rights Act of 1964
3. Section 504 of the Rehabilitation Act of 1973
4. Office for Civil Rights, HHS: Title VI of the Civil Rights Act of 1964; Policy Guidance on the Prohibition Against National Origin Discrimination As It Affects Persons with Limited English Proficiency (August 30, 2000)
5. California Government Code §§ 11135 and 7290 et seq.
6. California Health and Safety Code § 1259
7. Office of Minority Health, U.S. Department of Health and Human Services, *National Standards on Culturally and Linguistically Appropriate Services (CLAS) in Health Care*, 65 Fed. Reg. 80865 (Dec. 22, 2000).
8. Straight Talk Model Hospital Policies and Procedures on Language Access, California Health Care Safety Net Institute, 2005.
9. 2015 Joint Commission Standards – HR.01.02.01, RI.01.01.03, PC.02.01.21, et.al.
10. “Advancing Effective Communication, Cultural Competence, and Patient- and Family-Centered Care” – The Joint Commission 2010
11. “Best Practice Recommendations for Hospital-Based Interpreter Services” - Executive Office of Health & Human Services, Massachusetts Department of Public Health