

**DIGNITY HEALTH  
ADMINISTRATIVE POLICY AND PROCEDURE**

**FROM:** Dignity Health Human Resources

**SUBJECT:** Language Access for Limited English Proficient (LEP) Patients and  
Surrogate Decision Makers

**EFFECTIVE DATE:** June 16, 2016

**REVISED:** January 17, 2012; July 9, 2008; January 25, 2008

**ORIGINAL EFFECTIVE DATE:** January 25, 2008

**REVIEWED WITH NO CHANGES:** April 5, 2013

**REPLACES:**

|                    |                          |                   |
|--------------------|--------------------------|-------------------|
| <b>APPLIES TO:</b> | System Offices:          | <u>          </u> |
|                    | Acute Care Entities:     | <u>    X    </u>  |
|                    | Non-acute Care Entities: | <u>    X    </u>  |

**I. POLICY:**

It is the policy of Dignity Health that patients or surrogate decision-makers (hereafter patients) who are Limited English Proficient (LEP), shall have services provided to them in their primary language during the delivery of all significant healthcare services. Interpreter services shall be available within a reasonable time during all hours of operation, at no cost to patients.

Each patient must be treated as a unique person of incomparable worth, with the same right to life and to adequate health care as all other persons.

**II. PURPOSE:**

The purpose of this policy is to promote quality patient care through accurate communication. Patients will be able to more effectively provide staff with a clear statement of their medical condition and history, as well as understand the provider's assessment of their medical condition and treatment options. LEP persons shall have a meaningful opportunity to apply for, receive or participate in, and benefit from the services offered.

Dignity Health facilities will provide patients effective, understandable, and respectful care that is delivered in a manner compatible with their cultural health beliefs, practices and preferred language.

### III. DEFINITIONS

**Interpreting** is the oral rendering of one language into a second language and vice versa to facilitate the exchange of communication between two or more persons speaking different languages.

**Limited English Proficient** is the limited ability or inability to speak, read, write, or understand the English language at a level that permits the person to interact effectively with health care providers or social service agencies.

**Oral Translation** is the verbal reading of a document written in one language into another language.

**Threshold Language** is any language spoken by at least 5% of the population living in the geographic area served by the hospital or by 5% of the actual patient population.

**Vital Documents** shall include, but are not limited to, documents that contain information for accessing hospital services and/or benefits. The following types of documents are examples of Vital Documents: 1) Informed Consent; 2) Advanced Directives; 3) consent and complaint forms; 4) patient education materials; 5) intake forms with potential for important health consequences; 6) notices pertaining to the denial, reduction, modification or termination of services and benefits, and the right to file a grievance or appeal; and 7) other hearings, notices advising LEP persons of free language assistance, or applications to participate in a program or activity or to receive benefits or services.

**Written Translation** is the conversion of a written text into a written text in a second language corresponding to and equivalent in meaning to the text in the first language.

### IV. PRINCIPALLY AFFECTED DEPARTMENTS:

All entities including, but not limited to, hospitals, ambulatory surgery centers, home health agencies and Dignity Health-affiliated clinics.

**V. GUIDELINES: These guidelines are intended to provide an overview of applicable law and are in no way intended to supersede or modify applicable law**

**Informing Patients of their Right to Have Interpreter Services**

Notices shall inform patients that interpreter services are free of charge and 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 Telecommunications Device for the Deaf (TDD) number for the hearing impaired. These notices will be translated into all Threshold Languages and shall be posted, at a minimum, in the emergency room, the admitting area, the entrance, and in outpatient areas.

Interpreter services will be provided for any patient upon their request or when a staff member or physician determines that the patient's LEP status affects their ability to understand or make decisions regarding the medical care they are receiving. The following types of encounters and procedures that require the use of interpreter services, include, but are not limited to:

| <b>Types of interactions</b> | <b>Examples - including but not limited to:</b>  |
|------------------------------|--|
| Assessments                  | History and physical, medical admission assessment, clinical assessments   |
| Consents                     | Treatment options, surgery consent, procedural consent, medical tests, Advanced Directives                         |
| Patient Education            | Medications (including possible side effects), Patient Rights, pain scale, use of restraints, financial assistance |
| Discharge Instructions       | Discharge plans, End-of-Life discussions   |

Meaningful access shall be provided for all patient services, including access to information, signage, appointments, financial services, and ancillary services.

**Determination of LEP Status**

The first access point in which a patient acquires services (emergency department registration, admissions, etc.) shall incorporate the determination of language needs into intake procedures. The patient shall be asked what their preferred language is, which shall then be recorded in the patient record.

All areas of first patient contact shall be equipped with language identification cards to assist patients in identifying their primary language if communication barriers prevent hospital staff from effectively determining the language. This will allow patients to point to their language on the card to assist hospital staff in

requesting interpreter services in the appropriate language. The telephonic interpreter service vendor should be called if the patient is unable to use the language identification card and hospital staff cannot determine the appropriate language to request.

The LEP patient shall be identified while receiving healthcare services. It is recommended that the identification be on the patient, such as a colored armband with the patients preferred language written on it. If the identification is removed for any reason, it must be replaced.

Services shall be provided through the most effective utilization of interpreter services. Considerations for determining the appropriate model for the delivery of interpreter services will include the critical nature of the clinical interaction, availability of qualified in-person interpreters and of the technology to allow for telephonic or video-conferenced 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.

After being informed of the availability of interpreter services, should patients insist upon the use of a friend or family member for medical interpretations, staff must additionally retain a qualified medical interpreter to participate in the exchange to ensure that it represents an accurate portrayal of the information to hospital staff and patients.

Cultures have different values and beliefs related to the provision of healthcare. Staff shall provide culturally and linguistically appropriate care. A pocket guide entitled *Culture and Nursing Care* has been distributed to all hospitals as a reference.

### **Acquisition of Interpreter Services**

Any employee requesting interpreter services for patients requiring language assistance shall use a Dignity Health Qualified Medical Interpreter, a Dignity Health approved interpreter service vendor, or telecom or videoconference services.

New employees will be trained during their orientation period in the procedure for accessing interpreter services. Training for current staff will be incorporated into ongoing educational opportunities such as diversity trainings, customer service in-services, updates on new regulatory requirements, etc.

### **Documentation of Services**

The documentation of the provision of interpreter services will be recorded in the patient medical record and shall include the following: name of requestor; date and time of interpretation; name of Dignity Health Qualified Medical Interpreter,

vendor company name and interpreter name, or telephonic interpreter ID number; and a brief description of content interpreted.

### **Qualification of Medical Interpreters**

Current Dignity Health Employees interested in becoming Dignity Health Qualified Medical Interpreters must complete this three-step process as a minimum standard:

- Verbal testing in both languages including vocabulary, pronunciation, fluency, sentence mastery, medical terminology and basic medical interview skills.
- Written testing in both languages including medical terminology, body parts, procedures, symptoms, diseases and sentence mastery.
- Interpreter training course that include ethics, laws and regulations, Dignity Health policies and procedures, translation vs. interpretation, medical terminology review, how to perform a medical interview, cultural sensitivities, and their role in interpreting between cultures.

A program that meets this standard has been developed and is available through the Dignity Health Patient Care Services.

Dignity Health Qualified Medical Interpreters shall be reassessed every two years to validate their language competency and thus provide healthcare services that are comprehensive and accurate.

Any Dignity Health Qualified Medical Interpreter shall be compensated according to facility policy, wage and hour law, and any applicable collective bargaining agreement.

Each facility and its service area must prepare and maintain a list of qualified medical interpreters.

Qualified medical interpreters include:

- a. Bilingual staff who are tested, trained and meet Dignity Health qualifications for medical interpreting
- b. Telephonic interpreter service vendors (see Addendum)
- c. Dignity Health-approved contracted interpreter services

### **Language Accessible Vital Documents**

All vital documents shall be printed in the threshold languages. Only a qualified translation company that certifies the accuracy of its documents shall be used for written translation for any document that affects a patient's health care.

Vital documents that are not produced in a written translation shall be verbally translated to the patient. The provision of oral translation of all vital documents to patients shall be documented in the medical record.

### **Communication Aides**

During basic activities of daily living (ADL) or at times when a Medical Interpreter is not required, it is recommended that tools such as picture communication boards be provided to allow patients to express their needs.

### **Language Accessible Signage**

Signage, including way finding, shall be designed to ensure access to LEP populations and be posted in all threshold languages.

### **Audit and Regular Review of Language Access Needs**

Each facility and its service area will regularly monitor their language needs and update their list of threshold languages. Accuracy of collection and documentation of primary languages and the provision of interpreter services shall be included in this process. It is recommended that these reviews also include timeliness of the provision of interpreters.

## **VI. STATUTORY/REGULATORY AUTHORITIES**

- Title VI of the 1964 U.S. Civil Rights Act, 42 U.S.C. § 2000d.
- Title VI Office of Civil Rights Guidance, the definition of Vital Documents
- Office of Civil Rights, U.S. Department of Health and Human Services, *Guidance to Federal Financial Assistance Recipients Regarding Title VI Prohibition Against National Origin Discrimination Affecting Limited English Proficient Persons*, (Aug. 8, 2003)
- Dymally-Alatorre Bilingual Services Act – California Government Code 7290
- California Government Code 11135
- Kopp Act - California Health and Safety Code 1259
- California Health and Safety Code 1367.04
- Office of Minority Health, U.S. Department of Health and Human Services, *National Standards on Culturally and Linguistically Appropriate Services (CLAS) in Health Care*, (Dec. 22, 2000)

- *Office of Minority Health National Culturally and Linguistically Appropriate Services (CLAS) Standards Crosswalked to Joint Commission 2006 Standards for Hospitals, Ambulatory, Behavioral Health, Long Term Care and Home Care*
- *California Standards for Medical interpreters: Ethical Principles, Protocols, and Guidance on Roles and Intervention.* California Healthcare Interpreting Association (2002).

## **ADDENDUM**

### Telephonic Interpreter Service Vendors

There is currently a Dignity Health system-wide contract for telephonic interpreter services with CyraCom International, Inc.

This non-exclusive contract is one example of available services for interpretation during the delivery of patient care. This service involves the use of blue, dual-handset phones. These phones expedite accessing an interpreter since the use of the phone automatically connects directly to the vendor. These phones have been distributed to each facility and training provided for staff who provide direct patient care.