

II. AFFECTED DEPARTMENTS

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

III. MANDATORY REQUIREMENTS

- A. Facility Compliance Professional/504 Coordinator (“Facility Compliance Professional”)
 - 1. The Facility Compliance Professional shall be responsible for coordinating the Facility’s efforts to comply with and carry out its responsibilities under Section 1557 of the Affordable Care Act and its accompanying regulations, including the investigation of any grievance communicated to it by patients or visitors alleging discrimination based on limited English proficiency or failure to provide interpreter services to persons with limited English proficiency in accordance with Dignity Health Administrative Policy and Procedure No. 100.8.022, *Patient and Visitor Grievances*.
- B. Notice of Accessibility
 - 1. Each Facility shall post a notice informing limited English proficient persons that the Facility does not discriminate on the basis of race, color, national origin, sex, age or disability in its health programs and activities and that interpreter services are available and free of charge upon request. Notices shall inform patients that interpreter services are free of charge and available upon request and shall list the languages for which interpreter services are available; shall contain the procedure for obtaining such services; shall contain the telephone numbers where complaints may be filed concerning interpreter service problems, including, but not limited to, a Telecommunications Device for the Deaf (TDD) number for the hearing impaired. Notices for Dignity Health facilities in California shall instruct patients to direct complaints regarding interpreter services to the state department and provide the local address and telephone number of the state department, including, but not limited to, a 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.
- C. Facility Staff Questions
 - 1. If Facility Staff have questions regarding the implementation of this Policy, Facility Staff shall contact a supervisor, the Facility Compliance Professional, or the Language Access Designee.

IV. GUIDELINES

A. Providing Interpreter Services for Meaningful Access

1. 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. Interpreter services, including a Qualified Medical Interpreter when needed to provide meaningful, equitable access to the Facility's services, are required for patient assessment, consent, education and discharge, including but not limited to the following circumstances:
 - a. Determining a patient's history or description of ailment or injury;
 - b. Obtaining informed consent or permission for treatment;
 - c. Providing patient's rights;
 - d. Explaining living wills or powers of attorney (or their availability);
 - e. Explaining diagnosis or prognosis of ailments or injuries;
 - f. Explaining procedures, tests, treatment, treatment options or surgery;
 - g. Explaining the administration and side effects of medications, including side effects and food or drug interactions;
 - h. Providing discharge instructions or discussing plans;
 - i. Explaining and discussing advance directives;
 - j. Explaining blood donations or apheresis;
 - k. Explaining follow-up treatment, test results, or recovery;
 - l. Discussing billing and insurance issues;
 - m. Providing educational presentations, such as classes concerning birthing, nutrition, CPR and weight management;
 - n. Filing administrative complaints or grievances against a Dignity Health Facility or Facility Staff; and
 - o. Any other circumstance in which a Qualified Sign Language Interpreter is necessary to ensure a patient's rights provided by law.
2. **NOTE:** The foregoing list of circumstances is not exhaustive and does not imply that there are no other circumstances when it may be necessary to provide interpreter services, including Qualified Medical Interpreters as appropriate, for meaningful access. For example, such services may be necessary for other patient services, including access to information, appointments, financial services, and ancillary services.

B. Determination of LEP Status

1. 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's medical record along with the patient's LEP status.
2. 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.
3. The LEP patient shall be identified while receiving healthcare services. If the identification is removed for any reason, it must be replaced.
4. 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 patient's preferences, the critical nature of the clinical interaction, the availability of qualified in-person interpreters and the availability 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.
5. After being informed of the availability of interpreter services, should patients insist upon the use of a friend or family member for medical interpretations and that individual agrees to interpret for the patient, 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. This information shall be documented in the patient's medical chart and, if possible, Facility Staff shall obtain the patient's acknowledgement of his/her waiver of interpreter services by using the Written Waiver contained either in the Electronic Health Record or as available in print.
6. 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.

C. Acquisition of Interpreter Services

1. Any employee requesting live 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.
2. 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.

D. Documentation of Services

1. 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.

E. Qualification of Medical Interpreters

1. Current Dignity Health employees interested in becoming Dignity Health Qualified Medical Interpreters for persons with Limited English Proficiency must be designated by Dignity Health to provide oral language assistance as part of the employee's current, assigned job responsibilities and must complete this three-step process as a minimum standard:
 - a. Verbal testing in both languages including any necessary specialized vocabulary, terminology and phraseology, pronunciation, fluency, sentence mastery, medical terminology and basic medical interview skills.
 - b. Written testing in both languages including medical terminology, body parts, procedures, symptoms, diseases and sentence mastery.
 - c. 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, impartiality and their role in interpreting between cultures.
2. A program that meets this standard has been developed and is available through Dignity Health Patient Care Services.
3. 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.

4. Any Dignity Health Qualified Medical Interpreter shall be compensated according to facility policy, wage and hour law, and any applicable collective bargaining agreement.
5. Each facility and its service area must prepare and maintain a list of Qualified Medical Interpreters.
6. 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
7. For requirements related to providing Qualified Sign Language Interpreters for Persons with Sensory or Communications Disabilities, including persons who are Deaf or Hearing-Impaired, please refer to Dignity Health Administrative Policy and Procedure No. 100.8.021, *Auxiliary Aids and Services for Effective Communication with Persons with Disabilities*.

F. Language Accessible Vital Documents

1. 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.
2. 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.

G. Communication Aides

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

H. Audit and Regular Review of Language Access Needs

1. 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.

V. COMPLAINTS

- A. Patients, family members, and visitors can make complaints about the improper treatment of individuals with LEP status or violations of this Policy by calling the Dignity Health Hotline at 1-800-938-0031, notifying Facility Staff, reporting a complaint as provided in Dignity Health Administrative Policy and Procedure No. 100.8.022, Patient and Visitor Grievances, or as otherwise may be designated and made available by the Facility. The Facility shall promptly investigate and respond to all complaints in accordance with Dignity Health Administrative Policy and Procedure No. 100.8.022, *Patient and Visitor Grievances*.

VI. FACILITY STAFF TRAINING/EDUCATION

- A. Dignity Health shall instruct all medical personnel and Facility Staff, including security personnel, on the provisions of this Policy through its normal channels of communicating information to employees, including but not limited to its Intranet site, and at employee orientation. Each Facility shall also conduct periodic employee training to ensure its employees are familiar with this Policy. Each Facility shall also train Facility Staff who have direct contact with patients and their Companions on appropriate measures to access available interpreter services, including the use of Qualified Medical Interpreters.

VII. DEFINITIONS

- A. **Companion** is family member, friend, or associate of the patient who, along with the patient, is an appropriate person with whom facility staff should communicate regarding the care and treatment of the patient and who meets one of the following requirements:
 - 1. A person whom the patient authorizes to: (1) communicate with staff about the patient; (2) participate in any treatment decision; (3) communicate the patient's needs, condition, history, or symptoms to staff; or (4) help the patient act on the information, advice, or instructions provided by staff; or
 - 2. A person legally authorized to make health care decisions on behalf of the patient; or
 - 3. Such other person with whom staff would ordinarily and regularly communicate concerning the patient's medical condition subject to applicable privacy law requirements.
- B. **Facility or Facilities** are all Dignity Health owned or operated sites where care and treatment are provided to patients, including, but not limited to,

hospitals, ambulatory surgery centers, home health agencies and Dignity Health-affiliated clinics.

- C. **Facility Compliance Professional** is the person designated by the Facility to support the Hospital President and the Hospital Management team in their efforts to implement the Dignity Health Integrity Program elements in accordance with Dignity Health Board Directives and the Facility Compliance Professional Position Description contained in Dignity Health's Facility Compliance Professional Orientation Manual and Resource Guide. Each Facility is required to designate a staff member as its Facility Compliance Professional.
- D. **Facility Staff** is all employees and independent contractors who have contracts to work on a full-time, part-time, or per diem basis for a Dignity Health Facility, including clinical, non-clinical, and volunteers, who will have direct contact with patients or Companions.
- E. **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.
- F. **Language Access Designee** is the person designated by the Facility as responsible for language access and services at the Facility.
- G. **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.
- H. **Oral Translation is the verbal reading of a document written in one language** into another language.
- I. **Persons with Sensory or Communication Disabilities** are persons who are Deaf or Hearing-Impaired, are blind or vision impaired, or have difficulties with speech or manual/mobility skills.
- J. **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.
- K. **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) Advance 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.

- L. **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.
- M. **Written Waiver** is the Interpreter Services Documentation form contained in the Electronic Health Record for patients or available in print for Companions, which shall be used to document any refusal by a patient or Companion to accept a Facility's offer of interpreter services.

VIII. REFERENCES

- A. Dignity Health Administrative Policy and Procedure No. 100.8.021, *Auxiliary Aids and Services for Effective Communication with Persons with Disabilities*
- B. Dignity Health Administrative Policy and Procedure No. 100.8.023, *Nondiscrimination under ADA, Section 504, Title VI, Title IX, Age Discrimination Act and Section 1557*
- C. Dignity Health Administrative Policy and Procedure No. 100.8.024, *Section 504 Notice of Program Accessibility*
- D. Dignity Health Administrative Policy and Procedure No. 100.8.022, *Patient and Visitor Grievances*
- E. Dignity Health Facility Compliance Professional Orientation Manual and Resource Guide

IX. STATUTORY/REGULATORY AUTHORITIES

- A. Title VI of the 1964 U.S. Civil Rights Act, 42 U.S.C. § 2000d.
- B. Title VI Office of Civil Rights Guidance, the definition of Vital Documents
- C. 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)
- D. Section 1557 of the Patient Protection and Affordable Care Act (ACA) (42 CFR pt. 92)
- E. Nondiscrimination in Health Programs and Activities; Final Rule (42 CFR pt. 92)
- F. Dymally-Alatorre Bilingual Services Act – California Government Code § 7290
- G. California Government Code § 11135
- H. Kopp Act - California Health & Safety Code § 1259
- I. California Health & Safety Code § 1367.04

- J. 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)
- K. 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
- L. California Standards for Medical Interpreters: Ethical Principles, Protocols, and Guidance on Roles and Intervention. California Healthcare Interpreting Association (2002)

ADDENDUM

Telephonic and Video Remote Interpreter Service Vendors

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

This non-exclusive contract is one example of available services for interpretation during the delivery of patient care. The telephonic 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.

{End of policy.}