



- Entity(s): Feather River Hospital
- Network:
- System-Wide Corporate Policy
- Corporate Policy No.
- Standard Policy
- Model Policy

Entity(s) Facility Policy and Procedure No. Frhwps08s459

Department:

Manual:

Risk Management

Admitting

Education & Training

Human Resources

Medical Staff

Risk Management

Staff Hospital-wide

FACILITY POLICY AND PROCEDURE: INTERPRETER SERVICES AND ASSISTANCE FOR THE HEARING IMPAIRED

POLICY SUMMARY/INTENT:

Feather River Hospital (FRH) respects the right of every patient to understand and be informed about their healthcare needs in a manner tailored to his/her age, language and ability to understand. FRH realizes that communication barriers may exist between patients and hospital staff members due to language barriers, hearing impairment or other disabilities. FRH recognizes that Federal law requires that hospitals, as recipients of federal funds, must provide interpreters and other aids for persons with hearing, vision, or speech impairments as a means of affording such persons an equal opportunity to use the hospital's services [45 CFR Section 84.52(d)]. FRH has an established procedure for effective communication with hearing-impaired persons for the purpose of providing emergency healthcare [45 CFR Section 84.52(c)]. FRH recognizes that Title VI of the Civil Rights Act of 1964 prohibits discrimination and requires that recipients of federal funds "take reasonable steps to ensure meaningful access by limited English proficiency (LEP) persons." It is the intent of FRH to have procedures for addressing language and communication barriers that are designed to maximize efficient use of interpreters and minimize delays in providing services to patients.

DEFINITIONS:

- A. **Interpreter:** An individual certified to be fluent in English and in the necessary second language, who can accurately speak, read, and readily interpret the necessary second language, or a person who can accurately sign and read sign language. Interpreters must have the ability to translate the names of body parts and to describe competently symptoms and injuries in both languages.
- B. **Interpretation:** Refers to spoken language.
- C. **Translation:** Refers to written language.
- D. **TTY:** Text telephone yoke for the deaf. (A TTY is sometimes also called a TDD or telecommunication device for the deaf. TTY is the more widely accepted term, however, as many people use TTYs, not just people who are deaf.) Looking much like a typewriter keyboard with a text screen, a TTY allows persons with hearing and/or speech loss to make or receive telephone calls by typing their conversations via two-way text. The conversation is read on a lighted display screen and/or a paper printout in the TTY.
- E. **Language Access Network® (LAN) :** Contracted telephone interpreter service.

F. **MARTTI - My Accessible Real-Time Trusted Interpreter:** LAN video interpreter service.

G. **Limited English Proficiency (LEP):** Individuals who do not speak English as their preferred language and who have a limited ability to read, write, speak or understand English.

H. **LES:** Limited English speaker.

I. **California Telephone Access Program (CTAP):** A state-mandated program that provides specialized telephone equipment to any qualifying California resident who has a disability that makes using the telephone difficult.

J. **Spouse:** An individual who is married to another individual as a result of marriage lawful where it was entered into, including a lawful same-sex marriage, regardless of whether the jurisdiction where the hospital is located, or in which the spouse lives, permits such marriages to occur or recognizes such marriages.

K. **Family:** includes, but is not limited to, an individual's "spouse" (see above).

AFFECTED DEPARTMENTS/SERVICES:

Risk Management

All departments/services accessed by the public

Education and Training

Human Resources

Medical Staff

POLICY: COMPLIANCE - KEY ELEMENTS:

A. Special Considerations:

1. The House Supervisor may be contacted to assist with accessing Language Access Network[®], NorCal Center on Deafness or the Text Telephone Yoke for the deaf (TTY).
2. Interpreter services will be used for patients with limited English proficiency. Spouses/family members/adult companions should not be used unless the patient declines interpretation services, specifically requests such or consents to such.
Exception: *Federal law prohibits the use of a minor under the age of 18 as an interpreter, except in an emergency involving an imminent threat to the safety or welfare of an individual or the public where there is no interpreter available.*
3. Feather River Hospital employees who have a limited familiarity with sign language or other languages should interpret only in emergency situations for a brief time until a qualified interpreter can be present. Healthcare related exchange of information will be provided through Language Access Network[®].

Exception: *Employees may provide limited, non-healthcare exchange in a second language for the purpose of providing information such as directions, orientation to a patient's room and orientation to time, place, environment or equipment.*

4. Interpreter services are available 24 hours/day; 365 days/year; at no cost to the patient.
5. Refer to, "[Tips for Working Effectively with an Interpreter.](#)"
6. Refer to, "[LAN Language List.](#)"
7. Refer to, "[NorCal Services for Deaf & Hard of Hearing FAQs.](#)"

B. Signage

1. The following notice(s) will be posted, in the Emergency Department, Admitting areas, main entrance to the hospital and outpatient areas:
 - a. Signs that list the languages for which interpreter services are available.
 - b. Signs that advise patients and their families of the availability of interpreters, procedure for obtaining an interpreter, and address and telephone number for the local office of the California Department of Public Health (CDPH), where complaints about interpreter service may be filed (including a TDD number for the hearing-impaired).

C. Friends and Family as Interpreters

1. A hospital may not require an individual with a disability to bring another individual to interpret for him or her.
2. A hospital may not rely on an adult accompanying an individual with a disability to interpret or facilitate communication, unless the accompanying adult agrees to provide such assistance, and reliance on that adult for such assistance is appropriate under the circumstances.
3. The reason for these rules is that friends and family members may be unable to interpret accurately due to an inadequate knowledge of anatomy or physiology, or due to the emotional situation that may exist surrounding the patient's illness or injury.

D. Situations where a qualified sign language interpreter or other interpreter may be required for effective communication:

1. Explaining and describing medical conditions, tests, treatment options, medications, surgery and other procedures;
2. Providing a diagnosis, prognosis, and recommendation for treatment;
3. Communicating with a patient during treatment, testing procedures, and during physician's rounds;
4. Providing instructions for medications, post-treatment activities, and follow-up treatments;
5. Providing mental health services, including group or individual therapy, or counseling for patients and family members;
6. Providing information about blood or organ donation;
7. Explaining advance health care directives and Physician Orders for Life-Sustaining treatment (POLST) forms;

8. Discussing complex billing or insurance matters; and
9. Making educational presentations, such as birthing and new parent classes, nutrition and weight management counseling, and CPR and first aid training.

E. Consents

1. If the patient or the patient's representative's primary language is not one for which a consent form has been prepared, an interpreter who is fluent in that language should prepare a written translation of the form that the patient can be given.
2. If time does not permit this, the interpreter should orally translate the form for the patient, and ask the patient to sign the English form if the patient agrees to the terms and conditions that the interpreter orally stated.
3. If the patient or the legal representative agrees, the interpreter should complete the Interpreter's Statement section of the consent form. *(Staff may fill in this section if telephonic or video interpretation services are used).*

F. Procedure

1. Language Access Network[®]

Note: *It is important to plan ahead and anticipate communication needs when using the language line as each telephone call is charged by the minute.*

a. Telephone communication.

1. Each department should predetermine the use of the telephones and provide three-way communication between:
 - a. Individual answering the telephone.
 - b. Customer/patient.
 - c. Interpreter.
2. Consider the following:
 - a. Privacy.
 - b. Confidentiality.
 - c. Safety.
 - d. Security.
 - e. In some circumstances, verbatim translation may not accurately or appropriately convey the message. Clarification and/or elaboration are sometimes needed to explain concepts that do not have an equivalent in other languages or cultures.
3. Call: 1-844-512-8700
 - a. Provide Access Code:

- a. Feather River Hospital: 2160083
- b. Feather River Clinics: 2160084
- b. Tell the Operator:
 - a. Language needed.
 - b. Your name and location.

2. MARTTI®

a. Video communication.

1. Device locations:

- a. CIS Office
- b. Emergency Department
- c. Feather River Health Center

2. Device management:

- a. Keep MARTTI plugged in to keep battery charged.
- b. Press Power Button located on the top left corner of MARTTI.
- c. Allow about 5 minutes for system to boot; MARTTI will connect to wireless and launch software that will be used to connect to an interpreter. When main screen appears, MARTTI is ready to connect to an interpreter.
- d. Before connecting, make sure to check the strength of the wireless connection on the top of the screen. The more bars, the better the connection. If no bars appear, contact the Hospital Help Desk.

3. Call an interpreter:

- a. Press on a language on the screen's language list to call the language directly (e.g., Spanish, Sign Language). If another language is needed, press Other.
- b. The screen will turn gray, and the "Connecting-Please Stand By" message will appear, but no ringing will be heard.
- c. If the "Other" button is pressed, the operator will request the language.
 - a. The approximate wait time for a video interpreter will appear on the right hand column.
 - b. If approximate wait time is too long, press "Transfer to Audio" to be connected to an audio interpreter.
- d. Tell the interpreter:

- a. Your name, department, location.
 - b. Patient name and medical record number.
 - c. If information is not available, continue with interpretation and provide information before disconnecting the call.
 - d. Brief the interpreter about the type of encounter or any factors that could affect communication with the patient.
 - e. Allow time for interpreter introduction
 - a. They will greet you, and introduce themselves to you. Focus the camera on the patient and the provider if space allows, if not, focus on the patient.
 - b. If working with the deaf or Hard of Hearing, focus camera on the patient and signing space.
 - a. The signing space is the space between the belt line and the top of the head.
 - e. Special considerations:
 - a. Turn off all devices that may impede the interpretation (e.g., cell phones).
 - b. Look and speak directly to the patient. Don't say "Ask if she has pain," instead say "are you having pain?"
 - c. Pause often and speak in complete sentences or phrases.
 - f. Adjusting the MARTTI screen:
 - a. "+" = Increases the volume.
 - b. "-" = Decreases the volume.
 - c. "Pause Video" = Press for video privacy.
 - d. "Resume Video" = To turn the camera/video function back on.
 - e. "End Call" = Press to end the translation service/end the call.
4. Device cleaning (per manufacturer's instructions):
- a. Turn off the system.
 - b. Wipe the unit using a lint-free cloth dampened with hospital-approved, non-bleach disinfectant. (Although it may be used occasionally, the regular use of bleach products is discouraged due to the possibility of corroding the acrylic in the screen, making the touch screen less responsive).
 - c. Dry immediately to prevent streaking.

3. Interpreter Services for the Deaf

- a. Sign language interpreters are available through the NorCal Center on Deafness
 - 1. Telephone 1-916-349-7525 (Monday–Friday 0800–1630)
 - 2. Telephone 1-916-962-6055 (Daily after 1700 and on weekends)
- b. Information and referral specialist
 - 1. Telephone 1-916-349-7500

4. Assistance for the Deaf and Hearing-Impaired

- a. TTY for the deaf.
 - 1. A TTD is available in the Emergency Department.
- b. California Telephone Access Program allows an individual with a speech or hearing impairment to call into the hospital via the hospital operator or the TTY located in the Emergency Department.
- c. Telephones located in patient rooms are equipped with adjustable volume controls and are hearing aid–compatible.
- d. Admission of a deaf or hearing-impaired patient.
 - 1. Patients are advised of the availability of TTDs for the deaf, TTY and the availability of telephones with adjustable volume controls.
 - 2. Communications with the hearing-impaired
 - a. Points to remember when communicating with the hearing-impaired:
 - a. The responsibility for understanding does not rest entirely with the hearing-impaired person.
 - b. Listen actively and intently to increase your understanding of the person.
 - c. Utilize all resources available to assure the patient or customer is satisfied with the communication exchange.
 - d. Face the individual; make sure your face is well lighted.
 - e. Gain the individual's attention through gentle touching before speaking.
 - f. Know which side is most affected by the hearing loss and speak toward the less-affected side.
 - g. Speak slowly and articulate clearly but not in an "artificial" manner.
 - h. Lower the pitch of your voice and use a normal or only slightly louder tone—do not shout.
 - i. Give the individual plenty of time to respond.

- j. Watch for feedback, both verbal and non-verbal.
- k. Coordinate your body language to reinforce your verbalizations.
 - l. Use gestures and other visual cues to augment communications as needed.
- m. When you are not being understood, restate using other words, be succinct.
- n. Utilize alternate means of communication, such as reading and writing, pictures and drawings, careful gestures, demonstrations and pantomime.
 - a. Manual signing of the alphabet and selected "signs" may be taught and utilized.
- o. Facilitate and ensure appropriate use for those individuals using a hearing aid.

G. Documentation

1. Document each patient's oral & written communication needs
 - a. Include the patient's **preferred** language for discussing healthcare
 - b. Examples of documentation includes, but is not limited to:
 1. No barriers identified
 2. Need for personal devices such as hearing aids or glasses
 3. Need for language interpreters
 4. Need for aids such as communication boards
 5. Need for translated or plain language materials
2. When a patient requests interpretation services or aids:
 - a. Document the mode of interpretation or type of aid(s) used
 - b. Document the date, time & name of interpreter (or unique interpreter identification number) each time an interpreter is used
 - c. Document patient's acceptance of interpretive service provided.
 - d. If interpretive service is refused, document refusal as well as acceptance of the person providing interpretive services when utilizing spouse/family member/adult companion as interpreter.
3. Incidents of noncompliance with this policy will be documented in the organization's electronic event reporting system

H. Education

1. General Employee Orientation & New Physician Orientation.

- a. All new employees & physicians are informed of the requirement to and importance of providing interpreter services and availability of the language line service, a TTY device in the Emergency Department and telephones in patient rooms with adjustable volume controls, as well as sign language interpreters.

2. Annual Employee Education.

- a. Employees will be provided education on the following:

1. Requirement to provide interpreters for LEP or hearing-impaired individuals as needed, availability and use of the language line service, a TTY device in the Emergency Department, and telephones in patient rooms with adjustable volume controls, as well as sign language interpreters.

REFERENCES:

The Joint Commission CAMH RI.01.01.03. CDPH Title 22 §70721(b). 45 CFR Section 84.52(d). 45 CFR Section 84.52(d). Health and Safety Code Section 1259. Culturally and Linguistically Appropriate Services Standard [65 Federal Register 80865 (Dec. 22, 2000)]. Limited English Proficiency Policy Guidance [65 Federal Register 47311 (Aug. 8, 2003) 68 Fed. Reg. 70016 (Dec. 16, 2003)].
Language Lines Services Tutorial 2005 Available online at http://www.language-line.com/prod_serv_interp.php. Language Line – Commonly Asked Questions and Answers. Language Line Services. 6.22.04. Available at http://www.language-line.com/pdf/QnA_Interpretation_062204.pdf. 3) California Hospital Association (CHA) Consent Manual 2012.
California Hospital Association (CHA) Consent Manual 2012. Chapter 1 – Patients’ Rights and the Basic Principles of Consent. Federal Requirements. Page 1.12.
California Hospital Association (CHA) Consent Manual 2012. Chapter 1 – Patients’ Rights and the Basic Principles of Consent. Securing Consent When Communication Barriers Exist. Page 1.11.
Federal Communications Commission. http://ftp.fcc.gov/cgb/dro/trs/what_is_a_tty.html. 10/18/01.
California Hospital Association (CHA) Consent Manual 2012. Chapter 1 – Patients’ Rights and the Basic Principles of Consent. Federal Requirements. Page 1.13.

CALIFORNIA:

HAWAII:

Not applicable

OREGON:

Not applicable

WASHINGTON:

Not applicable

CORPORATE AUTHOR:

Not applicable

SITE SPECIFIC POLICY OWNER:

RN QltyRiskOutcm Mgr

COLLABORATION:

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APPROVED_BY:

CORPORATE:

Not applicable

HOSPITAL:

(1/7/2013) Policy Review Committee, (4/2/2015) PCAC Committee, (2/16/2016) QI/Patient Safety Committee, (2/25/2016) Medical Executive Committee, (5/10/2016) Senior Management, (5/11/2016) Governing Board

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ATTACHMENTS:

"NorCal Services for Deaf & Hard of Hearing FAQs."

(REFERENCED BY THIS DOCUMENT)

LAN Language List

OTHER DOCUMENTS:

(WHICH REFERENCE THIS DOCUMENT)

DISTRIBUTED TO:

Tips for Working Effectively with an Interpreter

MRI Patient Safety Standards

Informed Consent

Refer to AFFECTED DEPARTMENTS/SERVICES above

Paper copies of this document may not be current and should not be relied on for official purposes. The current version is in Lucidoc at <https://www.lucidoc.com/cgi/doc-gw.pl?ref=ahfrh:11092>.