



Facility:

- St. Helena Hospital Napa Valley
- St. Helena Hospital Clear Lake
- St. Helena Hospital Center for Behavioral Health <

System-wide Corporate Policy

- Standard Policy
- Model Policy:

Policy No: APM II. 6 (CSAPPP0206)

Page: 1 of 6

Department: Administration

Category/Section: Communication

Manual: Administration

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## POLICY: INTERPRETING PATIENT CARE INFORMATION

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**POLICY SUMMARY/INTENT:** To outline the process for interpreting patient care information.

**DEFINITIONS:**

**Interpreter**—A person who is fluent in English and in a specific foreign language. Interpreters shall have the ability to provide services (e.g., translate the names of body parts and to competently describe symptoms and injuries in two languages); or an individual who is able to effectively, accurately, and impartially (both receptively and expressively) interpret for a deaf / hearing-impaired patient who communicates through signing.

**Communication Barriers**—any factor that could limit or prevent the effectiveness of care providers in communicating with patients and patient families.

**Limited English Proficiency (LEP)**—An individual for whom English is not their primary language and /or who evidences or states that he / she is not proficient in English (e.g., spoken and/or written English).

**Contracted Vendor Interpreters**—Interpreters who work for a company with whom the hospital contracts to provide translation in all languages by telephone or by the use video remote interpretation

**Translator**—A person who functions as an interpreter of patient care in English and at least one other language, which could be signing.

**AFFECTED DEPARTMENTS/SERVICES:** All Departments

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## POLICY: COMPLIANCE – KEY ELEMENTS

**A. POLICY**

The hospital makes every reasonable effort to arrange for interpreters for patient care information when English language / communication barriers exist between staff and patients and/or patient families.

**B. OUTLINE**

- SECTION A—GENERAL GUIDELINES
- SECTION B—LIMITED ENGLISH PROFICIENCY
- SECTION C—STRATEGIES RELATED TO IMPAIRMENTS
- SECTION D—POSTED NOTICES
- SECTION E—SIGN LANGUAGE
- SECTION F—KEY STEPS

SECTION G—DOCUMENTATION  
SECTION H—REGULATORY COMPLIANCE**PROCEDURE****A. GENERAL GUIDELINES**

1. The hospital takes reasonable steps to ensure that persons with Limited English Proficiency (LEP) have meaningful access and an equal opportunity to participate in services, activities, programs and other benefits. This is to help ensure meaningful communication with LEP patients / clients and their authorized representatives involving their medical conditions and treatment. This includes communication of information verbally and in writing. Interpreters, translators, and other aids needed to accomplish this goal are provided without additional cost to the person being served. Patients / clients and their families are informed of the availability of this assistance that is free of charge.
2. To help ensure effective communication, and at no cost to the patient, the hospital undertakes reasonable efforts to provide:
  - a. Foreign language interpreter services for patients / clients if the interpretation is necessary for providing appropriate care and treatment. Foreign-language interpreters are generally available to assist individuals who are limited-English speaking or non-English speaking, and who comprise a significant percent of the population of the geographical area served by the hospital.
3. Language assistance may be provided through a variety of methods including use of:
  - a. Competent bilingual personnel listed on the HR-approved list of interpreters. Hospital employees must have successfully completed the "Interpreter Competency assessment" in Human Resources.
    - 1) If available – the current list of translators will be Connect Page
  - b. Telephonic interpretation services through a contracted interpreter Hotline
  - c. Contracts or formal arrangements with local organizations providing interpretation or translation services
  - d. Telephones in patient rooms are equipped with adjustable volume controls, and are hearing aid compatible. Televisions located in patient rooms are equipped to access closed caption.
  - e. A portable TDD device is found either in house supervisor office or at switchboard and plug into any standard phone jack.
4. The interpreting employee needs to avoid interjecting their personal bias while providing this service and avoid interfering in the delivery of care and or patient-doctor relationship.

5. The bilingual employee is functioning only as a transmitter of information. This is a very specific role and the employee needs to avoid getting in the middle of the patient / doctor relationship or interfering in the delivery of care through injecting personal bias.
  - a. To promote safety and to avoid miscommunications, translate the words of the patient and the healthcare professional as closely as possible (e.g., refrain from adding own comments or opinions, avoid giving the impression verbally or nonverbally of a difference of opinion with the healthcare provider). If the exact term is unknown (e.g., Cholecystectomy) use the descriptive words (e.g., gallbladder operation)
6. In order to promote patient safety and to avoid miscommunications that might adversely impact the delivery of care, employees who provide interpreter services are expected to:
  - a. Complete the foreign language competency as requested by Human Resources.
  - b. Complete the required consent for interpretation

*NOTE: Due to patient confidentiality and safety concerns, it is generally recommended that family / close friends do not serve as interpreters. If the patient is more comfortable having a family member or friend act as interpreter, this request can be honored.*

## **B. LIMITED ENGLISH PROFICIENCY**

1. Identify the language and communication needs of the LEP person. If necessary, staff use a language identification card or "I speak cards" (available online at [www.lep.gov](http://www.lep.gov)).
2. If translation is needed:
  - a. Interpreter services for all foreign languages are available through contracted interpreter
  - b. Notify Team Leader / House Supervisor of need, and contact the hospital switchboard to access contracted interpreters services.
    - 1) House Supervisor will coordinate any video or TDD equipment needed
3. If the patient / family member request a friend or family member to translate patient care information, grant this request unless there is reason to believe that interpretation is not occurring. Inform the patient / family member that the hospital is willing to arrange for non-family member or friend to do the interpretation at no cost. Document the preference in the patient's medical record per Section G of this policy

*NOTE: Children or other hospitalized patients / family members should not be used to interpret information.*

4. Most hospital forms/consents are available in English and Spanish. Contract Graphic Arts for any form that requires translation into Spanish.

### **C. POSTED NOTICES**

Notices are posted in the hospital lobby / admitting area, the main entrance, by the ED, and in outpatient areas informing patients / participants and families:

1. That every effort is made to provide a foreign language interpreter or sign language interpreter at no cost to the patient / participant
2. Of the procedures for obtaining interpreter services. Signage states, "Please request an interpreter from your nurse or from the department secretary."
3. Of the location of Texttelephone Device (TDD) services in the hospital
4. Where to direct complaints regarding interpreter services, including the local address and telephone number of the California State Department of Health Services

### **D. STRATEGIES RELATED TO IMPAIRMENTS**

1. Vision Impairments

For patients who are blind or who are visually impaired, personnel communicate information contained in written materials related to treatments, benefits, services, waivers of rights, and consent to treatments by reading aloud.

2. Speech Impairments

For patients who have speech impairments, provide appropriate writing materials; they may include pad and pencil or a communication board, or a portable computer if available.

- a. Contact the hospital supervisor to obtain a portable TDD or other electronic devices

3. Manual Impairments

For patients who have manual impairments, assist patient by taking notes, holding written materials, and/or for turning pages.

### **E. FIVE KEY TIPS TO EFFECTIVE PATIENT COMMUNICATION USING AN INTERPRETER**

1. Discuss with the interpreter the purpose of the session.
2. Speak and look directly at the patient.
3. Keep communications short. Do not use long, involved sentences. Avoid abbreviation, professional terms, slang, and metaphors.
4. Ask the patient to repeat instructions in their own words.

5. Listen to the patient with your eyes by watching nonverbal communications, such as facial expressions, voice intonations, and body movements.

#### **F. SIGN LANGUAGE**

1. The hospital maintains a contract for sign language interpreters with an agency that provides sign language interpreter services for the deaf / hearing-impaired who communicate using sign language. The agency is accessed by the switchboard operators. Contact the Team Leader / Department Manager for information about the contract agency.
2. Ascertain whether or not the deaf / hearing-impaired patient (or spouse / registered domestic partner / parent) communicates using sign language.

*NOTE: Not all deaf / hearing-impaired individuals understand and can utilize sign language. Some are proficient at reading lips while others use written notes for communication.*

3. Inform the deaf / hearing impaired patient of the availability of:
  - a. Texttelephone devices for the deaf or telephone capability for hearing-impaired
  - b. Television closed-caption capability
  - c. Sign language interpreters
  - d. Written materials / information
4. Inform the patient / client of the availability of sign language interpreters through a contract service. If the patient / client communicates using sign language, he / she may prefer to communicate through a family member or trusted friend.
5. If the patient / client requests a signer, contact the switchboard operator/house supervisor. A request for a sign language interpreter does not guarantee that an interpreter will be available from the contract service for the specific date / time requested.
6. If patient / family member requests a telecommunications device, obtain a telephone / TDD unit from the switchboard operator/house supervisor and plug into phone jack in patient's room. Verify that patient knows how to activate closed caption capability on television set.
7. Contact the switchboard operator/house supervisor regarding problems related to interpreters for the deaf / hearing-impaired.

#### **G. DOCUMENTATION IN MEDICAL RECORD**

1. The type of interpreter service used: i.e., Contracted Vendor Interpreter, TDD or hospital interpreter
2. If a family or friend is used as an interpreter, the hospital will document the following:
  - a. The patient was informed that contracted vendor interpreter services are available upon request at no cost to the patient.

- b. The patient or individual refused qualified hospital provided interpreter services.
  - c. The name of the patient's chosen interpreter.
3. Signed Consent for Interpreter

**H. REGULATORY COMPLIANCE**

- 1. Policy will be evaluated yearly as needed or required to ensure compliance with all Regulatory agencies including but not limited to Joint Commission, Title 22, and CMS
- 2. Hospital will submit this policy annually to CDPH along with any supporting documentation needed
- 3. A Radar event will be completed for all events occurred where the hospital was unable to fully communicate to the patient: including but not limited to timeliness
  - a. Risk Management will report any RADAR events to the Process Improvement committee quarterly
- 4. This policy will also be submitted to MEC on a yearly basis.

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**REFERENCES:**

**AUTHOR:** Risk Management  
**APPROVED:** 08/99  
**EFFECTIVE DATE:** 08/99  
**DISTRIBUTION:** All Departments  
**REVIEWED:** Every three years  
**REVISION:** 10/09, 08/16/11, 02/21/12, 04/15/15  
**ATTACHMENTS:**