AHMC ANAHEIM REGIONAL MEDICAL CENTER	✓ Policy approved with Manual (see Manual Signature Page and Manual Index) Date: 6/20/12			
Title: PROVISION OF CULTURALLY	OR			
COMPETENT & EFFECTIVE	° Policy Update: ° NEW ° Revised			
COMMUNICATION TO PATIENTS	Approved as below and added to Index			
(Interpreter Services)	Approval (by Chair or Meeting)	DATE:		
	Nursing: Patient Care			
	Ancillary:			
	Medical Staff Committee:			
Manual: Human Resources/	Medical Staff Committee:			
Employee Health				
Policy Number: HR 512	Medical Executive Committee (MEC):			
Origin Date: 3/1/92	Governing Board (GB):			
_	Policy Effective Date			

SUBJECT: PROVISION OF CULTURALLY COMPETENT & EFFECTIVE COMMUNICATION TO PATIENTS (Interpreter Services)

PURPOSE:

To establish, develop, and implement a plan for the provision of culturally competent and effective communication for patients. All patients with limited English proficiency (LEP), Non-English proficiency (NEP) and sensory impaired patients have the access to free interpreter services in order to obtain basic health care services.

SCOPE & APPLICABILITY:

This is an organization-wide policy for AHMC Anaheim Regional Medical Center ("ARMC") and applies to all care settings.

DEFINITION:

<u>Effective Communication</u> 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.

<u>Cultural Competence</u> 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.

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

<u>Translation</u> is defined as the conversion of written text from one language into another.

<u>Interpreter</u> is defined as a person fluent in English and in the necessary target language, who can accurately speak, read and readily interpret the necessary target language, or a person who can accurately sign and read sign language.

<u>ARMC-Spanish Language Interpreter</u> is defined as ARMC-Employees who have completed a competency validation and orientation process to provide Spanish/English interpreter services.

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POLICY:

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

A. 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 language, ethnic and cultural markers of its primary demographic service area. These markers shall factor into the design and delivery of care, treatment, and service. ARMC, through patient demographic reports, determines which non-English speaking populations comprise at least five (5) percent of the actual patient population of the hospital. The hospital posts notices to these populations, in their respective languages, informing them of the availability of interpreters and how to direct complaints regarding the interpreter services to the local Licensing and Certification Department. Notices are posted in public areas throughout the facility.

B. 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
- The presence of any significant vision, hearing, speech, or cognitive impairment

C. PRESENCE OF SUPPORT INDIVIDUALS FOR THE PATIENT

The organization shall allow for the presence of a support individual of the patient's choice, unless the individual's presence infringes on others' rights, safety, or is medically or therapeutically contraindicated. The individual may or may not be the patient's surrogate decision-maker or legally authorized representative.

D. 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 language 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:
- Accessing services for the vision and hearing impaired;
- Cultural issues in health and communication.

E. <u>IDENTIFYING THE NEED FOR TRANSLATION OR INTERPRETIVE SERVICES</u>

Upon admission or entry into care, the organization shall identify whether or not the patient is in need of translation or interpretive services. This is accomplished by determining the patient's primary language and whether or not there is any language barrier to effective communication. The presence of a language barrier shall be documented in the patient's medical record. Documentation of a barrier to learning involving language is one approach that will meet this requirement.

F. PROVISION OF TRANSLATION SERVICES

If necessary, translation services will be provided to meet the significant care needs of the patient. Written information such as consent forms and discharge instructions will be provided to the patient in their primary language if there is documented evidence in the medical record that the patient is unable to adequately comprehend such information written in the English language.

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ARMC offers free interpreter services in a manner tailored to the patient's age, language, or ability to understand:

- At the request of any patient and/or surrogate decision-maker;
- When a staff member/physician determines that the patient's lack of fluency in English affects his/her ability to understand or make decisions regarding the medical care he/she is receiving (admission, assessment, consents, procedures, patient education and discharge instructions. etc.).

A professional interpretation service, or where available, an ARMC Spanish Language Interpreter listing is provided to ARMC staff. Staff will refer to listing of those approved Spanish Language Interpreter when patients and/or families require such services. With respect to sign language, when communication barriers are experienced by individuals who are hearing impaired and whose primary language is sign language, appropriate interpreter services are made available.

For sensory impaired individuals, family members and friends should not generally be used as interpreters. The use of a family member or friend as an interpreter is acceptable when a patient has first been made aware of the availability of qualified interpreters at no additional cost and, without any coercion, chooses to use family or friends as an interpreter. Family may be used for non-medical related interpretive services (e.g. explaining visiting hours, orientation to the room environment, etc.). If a family member or friend is used, ARMC shall obtain a signed waiver/release form, the *Qualified Interpreter Waiver and Release Form*, from the patient.

PROCEDURE:

- A. General Interpreter Services
 - 1. Employees are educated of the hospital's commitment to providing interpreters and/or interpreter resources to patients needing services at the time of new hire orientation.
 - 2. ARMC has available the Spectra Corp/Cyra Com Transparent Language Services for providing interpretive services. The Spectra Corp/Cyra Com Transparent Services is used by the medical and hospital staff of ARMC to communicate with patients and/or families for the purpose of obtaining essential information regarding demographics, medical history, consents, patient education, advanced directives and/or any other necessary patient-related matters.
 - 3. Spectra Corp/CyraCom Transparent Language Services Access
 - a. Spectra Corp/CyraCom Transparent Language Services provides instant access to interpreters who speak more than 140 languages.
 - b. Spectra Corp/CyraCom Transparent Language Services maintains a 24-hour communications center staffed with highly trained interpreters and linguists.
 - c. Spectra Corp/CyraCom Transparent Language Services is accessed by any ARMC staff member by dialing the Operator at "0" from any hospital phone to be connected to the vendor.
- B. ARMC Spanish Language Interpreter
 - 1. ARMC-Spanish Language Interpreters are available to facilitate the provision of qualified internal resources for in-house interpretation services to individuals with a language barrier and who comprise at least five percent (5%) of the actual patient population of the hospital (Spanish).
 - 2. ARMC-Spanish Language Interpreter requests are prioritized based on urgency of need. Interpreting for family conferences are planned in advance, whenever possible.

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- 3. When a patient is identified as needing Spanish Interpretation services, the manager or designee checks the Spanish Language Interpreter List via the computer to see if an interpreter is in-house. This list includes the employee's name, competency level and appropriate contact information.
- 4. Human Resources Department maintains a current listing of all certified ARMC- Spanish Language Interpreters. This listing can be found via the computer at COMMON\HUMAN RESOURCES\SPANISH LANGUAGE INTERPRETER.xls as an Excel file. It is also available on the Intranet under Human Resources\Interpreter Services.
- 5. Spanish Language Interpreter Competency Validation
 All ARMC Spanish Language Interpreters are assessed, trained and qualified through a process developed by CyraCom International Inc.
 - a. The assessment is designed to measure variables such as Interpreter Skills and/or Language Proficiency in both written and oral formats. The written tests are scored quantitatively, receiving a percentage score out of one hundred percent (100%). The oral language proficiency assessment is administered before a panel of administrators. These oral exams receive a qualitative, as opposed to a quantitative score, based specifically on a Pass/Fail system.
 - b. Competency levels are defined as the following:
 - Master: Provides third-party interpreter services and written translation assistance. Proficient in specialized terminology. Master-level interpreters receive a compensation incentive of \$0.50 per hour and an annual bonus of \$500 subject to compliance with participation requirements.
 - Advanced: Provides third-party interpreter services but does not engage in written translation assistance. Advanced-level interpreters receive a compensation incentive of \$0.35 per hour subject to compliance with participation requirements.
 - Basic: Provides general assistance but does not engage in third-party interpreter services. Basic-level interpreters receive a compensation incentive of \$0.25 per hour subject to compliance with participation requirements.
 - c. The Human Resources Department provides training, which includes cultural awareness, the role of the interpreter in a health care setting and ARMC policy regarding the use of interpreters.
 - d. ARMC Spanish Language Interpreters are re-assessed annually.

C. Assistance for the Hearing Impaired

- Dayle McIntosh (DMC)- Sign Language
 ARMC is contracted with the Dayle McIntosh Center (DMC) for the Hearing Impaired, to provide the
 following services when necessary:
 - a. DMC provides personnel trained in sign language.
 - b. DMC provides 24-hour services.
 - c. To reach DMC, a single number is dialed, (800) 422-7444.

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2. TDD Telephone

The TDD telephone provides interpreting services for the hearing impaired.

- a. The TDD telephone is located is located in the PBX Department.
- b. The telephone number is (714) 774-0530
- D. Person With Vision, Speech, Hearing, Cognitive Impairments, and Children
 - 1. Staff will communicate the content of written materials concerning benefits, services, waivers of rights and consent to treatment forms by reading them out loud to visually impaired persons.
 - 2. Other options are available to assist in communications, such as but not limited to interpreters, translated written materials, pen and paper. It is up to the ARMC to determine which method best meets the needs of the patient.
- E. Documentation
 - Utilization of interpreter services must be documented in the patient's medical record.
 Documentation shall include the identity of the individual or service who provided the interpretation.
 - 2. The Spanish Language Interpreter obtains the approval from his/her manager or designee, completes an "Interpreter Services Tracking Form" and submits it on a monthly basis to Human Resources.
- F. Translation of Written Materials

At minimum, the hospital provides translated written materials for vital documents where and when specifically required by state, local, or federal regulations for each LEP/ NEP language group that comprises at least five (5) percent of the actual patient population of the hospital, i.e. Conditions of Admission.

Authority: Office for Civil Rights (OCR), Title VI, Section 601

The Joint Commission

CDPH - Health & Safety Code, Section 1259(c) (2)

Primary Policy Owner: Human Resources Department

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WAIVER OF SERVICES FOR SENSORY IMPAIRED PERSONS

I,		, und	erstand that I h	ave a right to b	e provided a free qualified
,	(Patient name)	, · · · ·		8	1
sign-langua	age interpreter by(N	ame of Interpreter Fac	w	hich will allow	me to communicate with
the nurses,	doctors and other staff	-	,,,,,		
A.	My preferred method	of communication is			_
B.		son with me to interprete fill out who will interp		person may be	my friend, family member,
NAME					
ADDRESS	S				
TELEPHO	ONE				
RELATIO	ONSHIP TO PATIENT				
□ Yes I wo	ould like a sign language	-interpreter provided to	me at no cost.		
□ NO I <u>do</u>	not want a sign-langua	ge interpreter provide to	me at no cost		
	nd that at any time I can ter, then I will let a staff			preter. If I cha	ange my mind and I do want
S	ignature	Date	Tin	 ne	
P	rint Name	_			

Initiated: Jan 09