

## I. PURPOSE:

To establish, develop, and implement a plan for the provision of culturally competent and effective communication for patients (the term patient refers to the person receiving care and, when appropriate, the patient's family and/or authorized decision maker).

Throughout a patient's stay, St. Jude Medical Center provides interpreter services to assure patients with Limited English Proficiency (LEP), hearing impaired, and visually their right to understand medical treatment and procedures, as well as to communicate their healthcare needs. Interpreter Services goal is to provide these patients the same access to services as all other patients at no cost or charge to the patient.

The Joint Commission for Accreditation of Health Care Organizations and our Core Values respects the right and need of patients for effective communication.

## II. DEFINITIONS:

### A. Certified Interpreter:

1. Interpreter services staff are certified through Language Line University in Spanish
2. Volunteer Staff Certified Interpreter:
  - a. Staff member who is certified in a target language and who have received certification through Language Line University.

### B. Cultural Competence:

1. 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.
  - a. Guide to Culturally Competent Health Care resource is available for staff access on St. Jude QuickLinks and provides detailed information regarding various cultures, values, beliefs, and practices with specifics related to health promotion and wellness, illness, disease, injury prevention, and health maintenance and restoration.
  - b. Cultural competence is part of annual compliance review for staff.
  - c. Staff are encouraged to complete the self-assessment of their educational needs offered through the Education Department. Staff are encouraged to utilize HealthStream for self-learning modules to further their knowledge base on a particular topic of interest.

### C. Interpretation:

1. Defined as the conversion of a message spoken in a source language into an equivalent message in the target language.

### D. Translation:

1. Defined as the conversion of written text from one language into another.

## III. POLICY:

### A. Role of Interpreter Services Department

1. To facilitate efficient and adequate communications with LEP patients and families in their identified preferred language or American Sign language (ASL).
2. The Interpreter's role is to assist medical and non-medical personnel, interpreting information as required.
3. The interpreter is not a substitute for a medical/nursing/clinical staff member and therefore may not interpret clinical information in the absence of the medical/nursing/clinical staff.

### B. Availability of language resources:

1. Language assistance is offered, including bilingual interpreter services staff and interpreter services, at no cost to the LEP patient and at all points of contact in a timely manner during all hours of operation. This is provided 24/7 to avoid the effective denial of service benefit, or right of the patient.
  - a. Certified Spanish Interpreters are accessible in-house Monday - Saturday, 8a-4p or accessible 24/7 through a speaker telephone (desk, white speaker bedside phones, Cisco, or cellphone) or through Video Remote Interpreting.
    - i. Volunteer staff Certified Interpreters may be available on their home unit.

- b. Languages other than Spanish, Professional Certified Interpreters are available 24/7 through a speaker telephone (desk, white bedside, Cisco, or cellphone) or Video Remote Interpreting.
- c. Hearing impaired (American Sign Language - ASL)
  - i. Pacific Interpreters/Language Line Video Remote Interpreting (VRI) ASL is available 24/7.
  - ii. In-person ASL can be scheduled through Fluent, a Language Line company
- d. Visually impaired is provided through the Braille Institute.

C. Documentation:

1. Patient's primary language and preferred language for health information is documented during the admission process.
2. The use of an interpreter for the provision of medically related information; such as, consents and discharge instructions; shall be documented in the patient's medical record under the Interpreters Services Intervention.
  - a. Documentation is to include the identity of the individual and/or service who provided the interpretation.
3. Certified Interpreters should be utilized to assist the nurse in completing the patient assessment forms.

D. Notices are available at entry points informing patients of their right to language assistance.

E. Translation Services

1. Translation requests are submitted to the Public Affairs department which is then submitted to a third party vendor to be completed.

F. Consents

1. Should be provided in the patient's preferred language for health information.
2. When a consent form has not been prepared in the patient/legal representative's primary language, and time does not permit translation of the document, an interpreter must do a "sight" or "verbal" translation. The interpreter shall sign and date the form and place in the medical record.
3. If the patient, after being informed about the availability of SJMC interpreter services, still chooses to use a family member or a friend, the patient's preference is documented in the medical record.

G. Physicians may provide medical information to an LEP patient if both patient and physician speak the same target language.

## IV. PROCEDURE:

A. Identifying the needs for translation or interpretive services

1. Upon admission or entry into care, the organization shall identify whether or not the patient is in need of translation or interpretive services.
2. This is accomplished by determining the patient's primary language and patient's preferred language for health care information and whether there is any language barrier to effective communication
3. The presence of a language barrier shall be documented in the patient's medical record.
4. For patients whose identified preferred language for health care is other than English, Interpreter Services conducts daily rounds to offer language access services, free of charge.

B. Use of family/friends:

1. The use of family members and/or friends to provide interpretive services for medically related care needs is prohibited unless there is an emergent need for interpretation and professional/staff services are unavailable. Use of family/friends for such interpretation shall be documented in the patient's medical record.
2. Family/friends may be used for non-medical related interpreter services; such as ADL, orientation to room, hospital hours, etc.

C. Refusal of interpreter services by patient or legal representative

1. Some LEP patients may feel more comfortable when a trusted family member or friend acts as an interpreter.
  - a. Through an interpreter, health care providers should make sure the LEP patient is aware of the availability of free professional interpreter services and document the patient's choice.
  - b. Family and friends should not be used as interpreters except upon request by the patient.

D. Accessing Interpreter Services

1. To access in-house Interpreter Services Monday through Saturday, 8a-4p, contact the Service Center at extension 7777.
2. To access the use of a Professional Interpretive Service through Language Line Solutions for all other languages and after hours:
  - a. From any in-house, bedside, or Cisco phone
    - i. Dial 8888 or \*8888 for North West Tower
    - ii. Direct dial at (800) 264-1552

- b. Access Code: 829590
- c. Provide caller's name, unit, and language requested
- d. Document telephone interpreter ID number and nature of service provided
- e. Follow process for Video Remote Interpreting
- 3. For consents in preferred language other than English
  - a. Spanish:
    - i. Call in-house interpreter or 8888 or \*8888 for North West Tower.
    - ii. Use Spanish consent form
    - iii. Read/write procedure in English for Interpreter to site/verbal translate, who will then interpret for patient (or legal representative)
  - b. Languages other than Spanish
    - i. Call 8888 or \*8888 for North West Tower
    - ii. Use English consent form
    - iii. Read entire consent form and procedure in English for telephonic Interpreter to verbally translate into patient's preferred language.
  - c. Consent documentation
    - i. RN witnesses and signs consent form
    - ii. Document on consent form under section: Interpreter Declaration
      - I. Identify who signed consent and relationship (if not patient)
      - II. Signer's preferred language
      - III. Select (check box) telephonic or video interpreter
      - IV. Interpreter ID#
    - iii. Document in PCS "Consent" Intervention and in Interpreter Services Assessment Intervention
  - d. Video Remote Interpreting is available for Spanish 24/7 and American Sign Language; limited availability for other languages
- 4. Accessing American Sign Language for hearing impaired:
  - a. Video Remote Interpreters (VRI) through Language Line dedicated devices through Interpreter Services is available 24/7.
  - b. In-person interpreting can be scheduled through Fluent, a Language Line company
  - c. TDD: (800) 735-2929 (typed)
  - d. California Relay Service Voice: (800) 735-2922
- 5. Accessing Braille Institute for sight impaired:
  - a. (714) 821-5000 ext: 1602

## V. REFERENCES:

- A. Title 22
- B. American's Disability Act (ADA)
- C. CHA, Consent Manual 2012, Chapter 1, pages 1.11-1.17
- D. US Department of Health and Human Services,
- E. OPHS, Office of Minority Health CLAS standards

## VI. RELATED INFORMATION:

- A. Patient Rights and Responsibilities
- B. Pediatric Patient Rights
- C. Plan for the Provision of Patient/Family Education

### References

Reference Type	Title	Notes
<b>Documents which reference this document</b>		
Referenced Documents	<a href="#">Consents</a>	
<b>Signed by</b>	<i>Teresa Frey</i>	
	<hr/> Teresa Frey, VP, Clinical Excellence ( 06/26/2018 02:34PM PST )	
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