Policy RI.1006.ORG



LIMITED ENGLISH PROFICIENCY (LEP): INTERPRETATION SERVICES

Purpose:

This policy emphasizes the importance of effective communication between patients and their providers of care, treatment, and services. Effective patient-provider communication is necessary for patient safety. Patients with Limited English Proficiency (LEP) are more likely to experience adverse events than patients who speak English proficiently.

Scope:

Applies to all departments of the hospital and physician clinics.

Policy Statements:

- In accordance with Title VI of the Civil Rights Act of 1964, Sate of Colorado Limited English Proficiency Guidelines, Section 1557 of the Affordable Care Act, and Boulder Community Health (BCH) Patient Rights and Responsibilities Policy: BCH offers assistance to persons who access services and care at its facilities who have Limited English Proficiency (LEP) or who have issues of hearing, communication, vision, cognitive and/or physical impairments by qualified individuals at no charge. Minor children should never be used for interpreting. A qualified interpreter is required at all key points in a patient's care: admission, obtaining history, assessment, explanation of treatment and test results, informed consent, and discharge instructions.
- In accordance with The Joint Commission guidelines, all staff hired as *Interpreters* will successfully complete a 40-hour course in professional medical interpreting training and 1) pass a Medical Interpreter level test, or 2) complete a national certification as a Healthcare Interpreter through the Certification Commission for Healthcare Interpreters or the National Board for Certification of Medical Interpreters. Other bilingual employees who wish to provide in-language services without the assistance of an interpreter must have approval from their director and pass a Language Proficiency Assessment (LPA) qualifying test offered through **Mile High Multilingual Services**.
- Interpretation services are offered free of charge. Patients may decline services or equipment after being offered. Such an offer and the response is to be documented in the medical record.
- Per Joint Commission standards, a certified medical interpreter is required to be used at all points in exchange of vital information in a patient's care: admission, evaluation, conference/review of assessments, consent and discharge instructions.
- A patient may request an adult family member or friend to act as their interpreter for exchange of non-vital healthcare information; a minor child should never be used unless it is an emergency.

Procedural Guidelines:

- 1. A patient's preferred language for healthcare information is obtained on admission and is noted in the medical record.
- 2. Arrangements for an appropriate interpreter are made for all vital points in a patient's care: admission, obtaining a history, assessment, explanation of treatment and test results, informed consent and discharge instructions.

IN-HOUSE SPANISH INTERPRETERS: For in-person assistance in Spanish 8a-11p seven days a week.

- Call the in-house Spanish interpreter team at x7055, Voalte 4958 or pager 303-509-7807.
- Assistance available only at Foothills and Broadway campuses.
- Other hours available by arrangement.

OVER THE PHONE: On Demand 24/7, recommended for walk-ins, phone calls, short encounters of less than 45 minutes.

• Mile High Multilingual Services 877-863-5447

BCH Code: 3H2150

• Certified Languages International 800-225-5254

BCH Code: BOULDCH

IN PERSON: Recommended for longer appointments greater than 45 minutes.

- Mile High Multilingual Services www.mhmultilingualservices.com (use Client Portal with BCH access to schedule; contact Patient Services Manager to be set up for login) or call 866-264-5212 for immediate assistance
- Interpreter Network (Spring Institute) 303-831-4151

SIGN LANGUAGE:

 Purple Communications BCH Code: 73580
 Professional Sign Language
 303-321-6772 (Monday-Friday, 8a-4:30p) 720-936-8714 (outside business hours)
 303-321-6772 (Monday-Friday, 8a-4:30p) 720-936-8714 (outside business hours)

• 24-Hour Sign Language 888-811-2424

3. Documentation: The hospital Medical Spanish Interpreters will document their services in the medical record. Staff will document the services delivered by outside sources in the medical record. Staff will document should the patient decline interpretation service.

- 4. Translation Services for written materials:
 - a. Per the US Office of Civil Rights (OCR) regulations, written information must be translated on request. BCH uses **TransLingua** as the vendor for document translation services.
 - b. Use the translation request form accessed via the Forms tab on SCOOP.
 - i. Open the Scoop
 - ii. Click on the "Forms" tab
 - iii. Click on the "Translation Request" link (on the left side of the page under requests)
 - iv. Click the "New" button
 - v. Send the form as an attachment and use the attach option at the top of the form.
 - vi. Fill out the form and click "OK"
 - c. The Manager of Patient Services is notified via email from the Scoop.
 - d. The Manager of Patient Services will email the document and the approved request to the Translation Vendor.
 - e. Translation Vendor will translate, proof, and edit the document.
 - f. Translation Vendor will email the document back to the Manager of Patient Services who will send it to the requestor listed on the request.
 - g. Vital documents will be translated into appropriate languages as identified.

5. Assessment

- a. Admitting registrar:
 - i. During the admitting process, the patient's language preference for healthcare information and need of an interpreter will be identified and entered on the face sheet. These needs will be entered on the admission form for all patients identified.
- b. Nursing Staff: Nursing assessment of language/translation needs occurs upon admission and with initial nursing assessment

6. Education

- a. The Scoop is used to update and remind employees about interpretation services.
- b. Patients are informed in the handout and posting of "Patient Rights and Responsibilities" throughout the hospital's facilities.
- c. In accordance with Section 1557 of the Affordable Care Act, translation services are outlined in the 15 most common languages posted throughout the facility, and are made available in the Patient Safety Handbook for patients to review.
- 7. BCH periodically assesses the needs of our community and identifies the interpretation and needs of the community we serve.

8. Staff Proficiency

- a. Departments/Units/Medical Staff are welcome to identify, assess for competency, and use bilingual staff per Joint Commission standards. This includes medical staff, clinical staff and non-clinical staff.
- b. Bilingual employees who wish to provide in-language services (within their job description) without the assistance of an interpreter must have approval from their

- Department Director and pass a Language Proficiency Assessment (LPA) to be qualified. This approval will be granted based on the needs of the department with regard to the particular language in which the employee is bilingual. The employee will be reimbursed for the cost of the assessment once the proof of qualifying skill is submitted to the department and Human Resources.
- c. Language proficiency assessments are arranged through the Patient Services Manager and conducted through **Mile High Multilingual Services 303-333-7900**. Four types of assessment levels are offered based on the applicant's job description: medical, mental health clinical, medical support, clerical.
- d. Employees will furnish a record of the successful completion of the exam to Human Resources and a one-time increase in pay will be granted. Please contact HR for details.
- e. Staff who pass the LPA will be given a badge sticker identifying them as qualified to speak in-language with patients, only within the scope of their job description.

9. Notice

- a. BCH will inform persons with LEP of the availability of language assistance, free of charge, by providing written notice in languages persons with LEP will understand. At a minimum, notices and signs will be posted and provided in intake areas and other points of entry, including but not limited to the emergency room, outpatient areas, etc. Notification will also be provided through the BCH website and will be made available in the Patient Safety Handbook.
- b. In accordance with Section 1557 of the Affordable Care Act, the Notices will include translation services for the 15 most common languages.

10. Monitoring Language Needs and Implementation

a. On an ongoing basis, BCH will assess changes in demographics, types of services or other needs that may require reevaluation of this policy and its procedures. In addition, BCH will regularly assess the efficiency of these procedures, including but not limited to mechanisms for securing interpreter services, equipment used for the delivery of languages assistance, complaints filed by persons with LEP, and feedback from patients and community organizations.

DEFINITIONS:

Interpreting	Converting one <i>spoken</i> language into another language; typically this involves a thirdperson acting as an <i>interpreter</i>
Key Points in Medical Communication	Refers to communications with patients regarding medical history, assessments, treatment plan, consents and discharge instructions.
Medical Communication	Refers to all communication with a patient and/or family involving medical vocabulary, terminology, medical care, treatment and concerns.
Speaking In-Language	A qualified (through formal testing) bilingual staff person to share medical communication with patients in-language within their job description, and without the use of an interpreter, except at key points in the patient's care per Joint Commission standards.
Translation	Converting a <i>written</i> language (material) from one language into another.

Resources:

Patient Services Department

References:

Title VI of the Civil Rights Act of 1964 State of Colorado Limited English Proficiency Guidelines Section 1557 of the Affordable Care Act

Policies:

RI.1009.ORG Patient: Rights and Responsibilities, Speak Up Program

The Joint Commission Chapters HR.01.02.01, RI.01.01.03

Key Words:

Interpreting, Translating, Limited English Proficiency, Medical Communication, In-Language, bilingual proficiency

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Effective Date: 03/99

Last Review Date: 10/17