

# Policy

POLICY NO. E.87501.612  
ORIGINATED 06/93  
REVISED 10/16  
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- SUBJECT:** Interpreter Services and Services for the Sensory Impaired
- APPLICATION:** Enterprisewide
- PURPOSE:** To provide patients and their families with information in a manner tailored to the patient's age, language and ability to understand.  
Translation/interpretation services assist them in communicating and understanding healthcare concerns, ensuring they make informed decisions about their care.
- DEFINITION:** Interpreting – The oral or signed rendering of one language into a second language and vice versa to facilitate the exchange of communication between two or more persons speaking different languages. Interpreting requires triadic (group of three) communication involving the healthcare interpreter, patient, and provider.
- Translation – The conversion of a written document into a written document in a second language corresponding to and equivalent in meaning to the verbiage in the first language.
- Certified Interpreter - Bilingual employees who have been determined linguistically qualified to provide basic interpreting services.
- Bilingual Care Provider – An employee/care provider who identifies him or herself as bilingual, fluent in a language other than English, may communicate directly with patients in the non-English language, however they are not considered a certified interpreter for PIH Health.
- POLICY:** The patient has the right to receive information in a manner he or she understands. The hospital provides information to the patient who has vision, speech/language, hearing or cognitive impairments in a manner that meets the patient's needs.
- Notice of Interpreter Services are posted on the PIH Health website and will be posted in lobby entrances.
- Interpretive services and other aids for persons with hearing, vision or speech impairments are available. This may include sign language, interpreters, telephone amplification and TDD number for deaf or hearing impaired. Telephone or video conferencing will be used to provide interpretation services for non-English speaking patients, their families, and/or legal



representatives, when a certified PIH Health staff member is unavailable or patient/family requests a third party interpreter. Sign Language interpretation will be provided for hearing impaired/deaf patients.

All interpretation services are provided at no cost to the patient.

**PROCEDURE:**

1. The ability to communicate with health care staff is fundamental to patient care. At the time of registration, the patient's primary language will be documented in the medical record. The nurse admitting the patient will assess and document the patient's preferred language in the Patient Profile.
2. It is the health professional's responsibility to offer to his or her patients with limited English proficiency the use of trained professional interpreters at no cost to the patient.
  - 2.1. Refer to the Language Identification Card under the Links section of PIH Health Connect to assist with the identification of the correct language/dialect (Attachment).
3. PIH Health will not require a person to provide their own interpreter. Interpretation by friends or family may be inaccurate and impartial due to lack of language skills, emotional involvement and conflicting interests. It may also break confidentiality with the patient.
  - 3.1. The patient's family or friends may be used as interpreters at the patient's request. If the patient requests to use a family member to translate, the name of the designated translator is documented as well as the relationship.
  - 3.2. Minors should not be used to interpret for any patient. Adult children may not be appropriate translators for sensitive subject matter.
4. If an interpreter is needed staff will follow to the procedure listed below:
  - 4.1. Staff should determine the type of communication needed (see #6)
  - 4.2. Staff should determine if an appropriate interpreter is available on their unit who can assist with interpretation within a reasonable amount of time.
  - 4.3. If no one is available to assist with interpretation, then staff should use telephone interpreting or video conferencing as needed.
    - 4.3.1. When using a telephone language interpreter, consider the most appropriate equipment -- dual handset, speaker phone or iPad; consider confidentiality and need for participation of family/caregivers.
      - 4.3.1.1. Telephone interpreting is available via the iPad or by calling 877-746-4674.
      - 4.3.1.2. If above equipment is needed and not located on your unit, contact the help desk.
  - 4.4. If telephone interpreting or video conferencing is unavailable staff should then consult the certified interpreter list provided by Human Resources. The Certified Translator List is available through PIH Health Connect > PIH Health Hospital-Whittier > Human Resources > Certified Translator List located on the left side index.



Staff may also contact certified translators on Vocera by utilizing their Vocera badge or by dialing extension 14000 and saying the command, “(language needed) Translator” (e.g. Spanish Translator).

4.5 Auxiliary aid guides are located on the intranet links section.

5. Documentation of interpreter services should include
  - 5.1. The name of interpreter
  - 5.2. The type of interpreter service used (i.e. family, bilingual care provider, certified interpreter, telephone interpreting or video conferencing)
    - 5.2.1. If telephone interpreting or video conferencing is used document Identification number of interpreter.
  - 5.3. For documentation of interpreter use on paper forms (i.e. consent, discharge instructions, etc.), the name of the interpreter and interpretation service used must be completed on the form.

6. Summary of Interpreter Use

Type of Communication	Examples	Type of Provision Available
<b>Basic Needs</b>	Personal demographic details, discussions/help on toileting and feeding	Language cards can be used. Bilingual care provider, certified interpreter, via telephone or face to face (in-person or video conferencing)  If family members interpret for basic needs, it is important to consider accuracy and confidentiality. If there are any concerns about <b>safeguarding these issues</b> a certified interpreter must be used for basic communication.
<b>Intermediate and Advanced Needs</b>	Assessment, investigations, treatment, explaining diagnosis, referral to other services, patient education and discharge instructions, complicated issues or situations	Bilingual care provider, certified interpreter, via telephone or face to face (in-person or video conferencing)  The professional’s clinical judgment should determine the method used
<b>Obtaining Consent, Advance Directive, sensitive End of Life discussions</b>	When obtaining consent for a treatment, procedure or investigation, an interpreter must be used to ensure that the patient or legally authorized representative (parent or guardian) fully understands the procedure planned.  Discussions regarding Advance Directive and sensitive End of Life topics	Medically Certified interpreter, via telephone or face to face (in-person or video conferencing)  Documentation of the interpreter, interpretation service or family member used must be completed on the consent form.



**REFERENCES:**

External References:

California Hospital Association. *Consent Manual*. (2015)

The Joint Commission. *Comprehensive Accreditation Manual*. (2015)

Americans with Disabilities Standards (ADA), Section 1557 ACA (2010)

*Supersedes policy #100.87200.601; Change policy number, updates throughout to reflect changes in technology and work flow to obtain an interpreter.*



## Policy Approvals

**Policy Name:** Interpreter Services and Services for the Sensory Impaired

**Entity:** Enterprisewide      **Department:** Enterprise Risk Management

Originator of Policy:  
Susan De Pietro      Enterprise Risk Management      12815  
Name      Department      Extension

### Committee Approvals:

_____ Committee	_____ Date
_____ Committee	_____ Date
_____ Committee	_____ Date
_____ Committee	_____ Date

### Signatures:

_____ Anup Patel Name	_____ Signature	_____ Date
_____ Dawn Roth Name	_____ Signature	_____ Date
_____ Peggy Chulack Name	_____ Signature	_____ Date
_____ James R. West Name	_____ Signature	_____ Date
_____ Name	_____ Signature	_____ Date

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**Level 2: Electronic**

**Level 3: Policy/Procedure**

