



Martin Luther King, Jr. Community Hospital

POLICY and PROCEDURE

Interpreter Services Administration	<i>Policy Number:</i>	ADM-1014
	<i>Manual:</i>	Administration
	<i>Reviewed/Revised:</i>	9/21/2016
	Effective:	

I. PURPOSE:

To define Martin Luther King, Jr. Community Hospital's (MLK-LA) Interpreter Services. The goals of the Interpreter Services are as follows:

- A. To provide meaningful access to appropriate communication for patients, patients' legally authorized representative(s), and other individuals whom the patient authorizes, who are Limited English Proficient (LEP) or who demonstrate Limited English Proficiency, are hearing impaired or visually impaired.
- B. Patients who are LEP, hearing impaired or visually impaired will be provided an opportunity to participate in and to benefit from hospital services through the availability of a Medical Interpreter free of charge. Interpretation Services are available 24 hours 7 days a week.
- C. To maintain and operate a service that provides language assistance services to LEP, hearing impaired or visually impaired patients or their designee.

II. SCOPE:

- A. All MLK-LA Employees, Physicians, Consultants, Contract Personnel, Volunteers, and Interns/Externs.

III. DEFINITIONS:

- A. Interpret – converting oral communication from one language to another language by a third person.
- B. Translate – Converting written communication from one language to another language.
- C. Qualified Medical Interpreter – A person who is certified to provide medical interpretation and who converts oral clinical communication from one language to another language using the consecutive mode of interpretation. A Qualified Medical Interpreter is able to interpret effectively, accurately and impartially, both receptively and expressly, to and from such language(s) and English using any necessary specialized vocabulary, terminology and phraseology.
- D. Qualified Disability Interpreter – A Qualified Disability Interpreter for an individual with disabilities can include sign language interpreters, oral transliterators (individuals who can represent or spell in the characters of another alphabet), and cued language transliterators (who can represent or spell by using a small number of hand shapes).
- E. Translator – A person who converts written clinical communication from one language to another language.
- F. Language Assistant – An MLK-LA employee who has the ability to speak English and another language fluently and whose language skills meet the standards established by MLK-LA or successful completion of a telephonic test for interpreting skills approved by MLK-LA.
- G. Language Assistance Services – Services that may include, but are not limited to: (1) oral language assistance, including interpretation in non-English languages provided in-person or remotely by a qualified interpreter for an individual with limited English proficiency, and the use of qualified bilingual/multilingual staff to communicate directly with individuals of limited English

proficiency; and (2) written translation performed by a qualified translator, of written content in paper or electronic form into languages other than English.

- H. Medical Professional – A physician or hospital employee who provides medical or ancillary care for patients.
- I. Bilingual Physician – A physician who completed medical training in a second language.
- J. Bilingual/Multilingual Nurse – A nurse, whose language skills have been assessed by MLK-LA, and is a proficient speaker of two or more languages and may provide direct services in those languages, but who without additional training is not qualified to serve as a Language Assistant/Medical Interpreter.
- K. Bilingual/Multilingual Clinician – A clinician, whose language skills have been assessed by MLK-LA, and is a proficient speaker of two or more languages and may provide direct services in those languages, but who without additional training is not qualified to serve as a Language Assistant/Medical Interpreter.
- L. Legally Authorized Representative – A person who is authorized by state law to make health care decisions for the patient. Such person may be designated by the patient as a Health Care Power of Attorney, designated by law as a surrogate, appointed by the court, or is the parent of a minor who is not emancipated.
- M. Telephonic Interpretation – Interpretation that occurs over the telephone.
- N. Emergent Situation – A situation where Video Remote Interpretation or Telephonic Interpretation is not appropriate, a Medical Interpreter is not available, a patient’s life or limb is at risk, time is of the essence, and all other interpreting options have been exhausted.
- O. Consecutive Mode of Interpretation – When the speaker says a series of phrases that form a complete statement or thought, the speaker then pauses while the interpreter interprets the message. The speaker continues with the next series of phrases or the other party replies, which is then interpreted in turn.
- P. Sight Translation Mode of Interpretation - Sight translation is the oral rendering in one language of text written in another. The candidate translates written text into the spoken form of the target language. In nearly all cases, this will mean an oral rendition in the patient’s language of a text written in English.
- Q. Limited English Proficient (LEP) – Persons who do not speak English as their primary language and have limited ability or inability to speak, read, write, or understand the English language at a level that permits an individual to interact effectively with health care providers and social service agencies.
- R. Video Remote Interpretation (VRI) – Interpreting services provided through use of video or web cameras and telephone lines.
- S. American Sign Language (ASL) – Visual interpretation services for patients who are hearing impaired and require communication via American Sign Language, Pidgin Sign English, or Manually Coded English/Signed Exact English.
- T. **Emergent Situation** – use title 22 def

IV. POLICY:

- A. Patients, legally authorized representative(s), and other individuals whom the patient authorizes, who are LEP, visually impaired or hearing impaired will be provided a means of communication with physicians and staff members involved in their care.

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- B.** Patients are offered the services of a Qualified Medical Interpreter or Qualified Disability Interpreter despite English communication, hearing or visual abilities to promote patient safety, reduce anxiety, and to enhance comprehension and retention of information.
- C.** The patient may decline the requested services. In circumstances where a patient declines a Qualified Medical Interpreter or Qualified Disability Interpreter whose services were requested by a medical professional, the interpreter should not leave but should be present with the medical professional to ensure that the medical professional's conversation is interpreted correctly. (Pt may decline the service unless the medical professional feels it's safe for patient care.)
- D.** Bilingual/Multilingual nurses may provide direct nursing services in two or more languages. The bilingual/multilingual nurse is prohibited from interpreting for English speaking clinicians and physicians.
- E.** Bilingual/Multilingual Clinicians may provide direct clinical services in two or more languages. The Bilingual Clinician is prohibited from interpreting for English speaking clinicians and physicians.
- F.** Bilingual Physicians may provide medical care in both languages.
- G.** Language Assistants may be used to Interpret for the provider and patient conversations. The Language Assistant will request the use of a Medical Interpreter or Telephonic Interpretation when the conversation is beyond his/her ability to Interpret accurately and completely.
- H.** A patient may request that an accompanying adult interpret or facilitate the communication. If appropriate to the situation, MLK-LA will agree to this request. Otherwise, interpretation by other persons is prohibited with the exception of emergent situations when MLK-LA may need to rely on these individuals until a Medical Interpreter, Video Remote Interpretation, or Telephonic Interpretation is available.
- I.** A minor should not be used as an Interpreter, but may be used in emergency situations if no other interpreter is immediately available.
- J.** A MLK-LA Medical Interpreter must disclose if he/she is a family member or friend of the patient and should not interpret for a family member or friend who is a patient at MLK-LA.
- K.** Medical Interpreters must be used for the following:
 1. When the patient, legally authorized representative(s), or other individual who has proper authorization specifically requests a Medical Interpreter.
 2. To obtain Informed Consent.
 3. Discussion of medical treatment.
 4. Discussion of surgical procedure.
 5. Health Care Directives discussion including, Do Not Resuscitate (DNR) order.
 6. Organ Donation request.
 7. Discussion of psychological status.
 8. Admission Health Profile completed by the nursing staff.
 9. Medication reconciliation.
 10. Patient education.
 11. History and Physical.
 12. Family conference.
 13. Discharge instructions.
 14. Patient complaints.
 15. Discussion of patient's desire to go Against Medical Advice (AMA).
- L.** Language Assistants may be used for the following when it does not interfere with their primary job responsibilities:
 1. Answering call lights.

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2. Toiletry needs.
 3. Hourly rounding.
 4. Ordering meals.
 5. Nursing assessments during the shift.
 6. Patient compliments.
 7. Spiritual conversations between nurse and patient.
- M.** Video Remote Interpretation or Telephonic Interpretation should be used:
1. When the patient speaks a language not supported by an available Qualified Medical Interpreter; and,
 2. When a Qualified Medical Interpreter is not available.
- N.** Unless approved by MLK-LA Administration, representatives of non-MLK-LA entities who require language assistance services, e.g. vendors, law enforcement agencies, social service agencies, Child Protective Services, Adult Protective Services, community and/or foundation services, are required to provide their own Qualified Medical Interpreter or Qualified Disabilities Interpreter.
- O.** Telephonic Interpretation.
1. Translation of documents
 - a. Qualified Medical Interpreters, Qualified Disabilities Interpreters, Language Assistants, and Bilingual Employees may not translate any hospital documents or any other documents for patients, families, health care team, or hospital staff.
 - b. Qualified Medical Interpreters, Qualified Disabilities Interpreters, Language Assistants, and Bilingual Employees may not use the sight translation mode of interpretation for hospital staff, a medical professional and patients, or for complex clinical documents. Exceptions can be made in emergent situations as determined by the medical professional and the Medical Interpreter.
 - c. Document translation is to be done only by a MLK-LA contracted vendor or the Manager of Patient Experience. Translation software available via the internet or other electronic devices is not to be used for document translation.
 2. Language Access Network (LAN) Interpretation Services will provide medical interpretation services and American Sign Language assistance to MLK-LA through the operation and support of a dedicated telephone line on every handset device, phones (hardline), and video units, available on every floor of MLK Community Hospital.

V. PROCEDURE:

- A.** Interpretation Request:
1. MLK-LA establishes the process for requesting a Qualified Medical Interpreter or Qualified Disabilities Interpreter.
 2. Qualified Medical Interpreter's/Disabilities Interpreter's role:
 - a. A Qualified Medical/Disabilities Interpreter is an adjunct to the health care team. A medical professional or hospital staff member must be present in order for a communication pathway to exist.
 - b. The Qualified Medical/Disabilities Interpreter will completely and accurately Interpret the message given by all parties involved in the communication.
 - c. The Qualified Medical/Disabilities Interpreter will not participate in any medical procedures beyond the communication.
 - d. The Qualified Medical/Disabilities Interpreter may offer suggestions pertaining to language or cultural guidance.

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- e. The Qualified Medical/Disabilities Interpreter may not alter the content of the interpretation and/or communicate his/her opinions or bias.
 - f. The Medical Interpreter’s area of linguistic expertise pertains to that of the medical subject matter.
 - g. The Qualified Medical Interpreter must disclose to both parties if the subject matter of the discussion is beyond the abilities of the Medical Interpreter and request advanced services from LAN.
- B.** The process for requesting a Language Assistant is established by MLK-LA.
- 1. Language Assistant’s role:
 - a. The Language Assistant is available to assist the staff with brief communication.
 - b. The Language Assistant does not replace a Qualified Medical Interpreter.
 - c. The Language Assistant must disclose to both parties if the subject matter of the discussion is beyond the abilities of the Language Assistant so a Qualified Medical Interpreter can be contacted to complete the communication.
- C.** Obtain the full name of the Qualified Medical/Disabilities Interpreter or Language Assistant who is present for the conversation.
- D.** Obtain the Identification number of the Medical Interpreter who provides Video Remote Interpretation or Telephonic Interpretation.
- E.** Procedural Documentation:
- 1. The Medical Professional requesting Qualified Medical/Disabilities Interpreter/Language Assistance is responsible for documentation in the medical record. Documentation should include the Medical Interpreter’s/Language Assistance’s name or Identification number and the nature of the communication.
 - 2. In an emergent situation when an untrained individual is used as an interpreter, the Medical Professional should document the name of the person who provided the interpretation, his/her relationship to the patient, and why an untrained individual was used to interpret. The efforts taken to request a Qualified Medical/Disabilities Interpreter/Language Assistance should also be documented in the electronic health record.
 - 3. Qualified Medical/Disabilities Interpreters should sign the Informed Consent document and Discharge Instructions document as being responsible for the interpretation, not as a witness.
 - 4. When using Video Remote Interpretation or Telephonic Interpretation, the Medical Professional should document the language used, the Qualified Medical/Disabilities Interpreter’s name and/or Identification number, and the nature of the communication.
 - 5. Document the patient’s decision to decline interpreter services and the reason, if given.

VI. WORKPLACE SAFETY:

N/A

VII. REFERENCES:

- A.** Americans with Disabilities Act (ADA), Section 504 of the Rehabilitation Act of 1973: 45 CFR
- B.** Title VI of the Civil Rights Act of 1964: 45 CFR Part 80
- C.** Title I of the Patient Protection and Affordable Care Act