

- Facility: Frank R. Howard Memorial Hospital
- System-wide Corporate Policy:
  - Standard Policy:
  - Model Policy:

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Category: Interpreter/Communication  
Department: Ethics & Rights

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## INTERPRETER/COMMUNICATION SERVICES

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**PURPOSE:** To ensure that persons with disabilities including those with impaired sensory or speaking skills, receive effective notice, written materials or other communication concerning benefits or services. Effective notice should cover for example, consent to treatment, waivers of rights, authorization to dispense medical information, handling of insurance benefits, Medicare patient certification and payment requests. To define resources within and outside of the Frank R. Howard Memorial Hospital (HMH) for communicating with customers who have limited English proficiency or are non-verbal. In this way we will be able to assess the patient needs and communicate care instructions to the patient and family more effectively.

**AFFECTED DEPARTMENTS/SERVICES (COLLABORATION):** All

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### **POLICY:**

At no cost to the patient and in addition to services already available in-house, the hospital undertakes reasonable efforts to provide interpreters, including sign language, for its patient/family members who are in need of such services. Information will be available/posted in initial patient contact areas. This includes any area where a patient is registered for service.

It is the policy of Frank R. Howard Memorial Hospital to provide communication aids (at no cost to the person being serviced) to Limited English Proficient (LEP) persons, including current and prospective patients, clients, family members, interested persons, et al., to ensure them a meaningful opportunity to apply for, receive or participate in, or benefit from the services offered.

### **PROCEDURE:**

- I A language interpretation service is available by telephone 24 hours per day for any area of the organization requiring interpretation service:**
- A) To access language interpretation by telephone, call Optimal Phone Interpreters at 1-877-746-4674 and provide our hospital name and client ID 6206(Optimal is able to use hospital name to locate our account). Any employee or physician may call.
    - 1. HMH staff should consider three-way conversation via speakerphone or dual handset phone when using an external interpreter service. (Patient, staff member/physician, and interpreter). The Video Remote Interpretation (VRI) Unit may be used to access Optimal Phone Interpreters Service.
    - 2. Patient and physician or nurse must be on the conference call with interpreter for medical interpretation.
    - 3. Patient and a staff member must be on the conference call with interpreter for non-medical interpretation.
    - 4. Give your name and department at HMH.
    - 5. State language desired and await interpreter access.
  - B) Determine if there is an employee on duty in the department that can provide needed language skills.
    - a. Consult interpreter list for in-house bilingual skills and attempt to contact available individuals with appropriate skills. In-house interpreters are assessed before they are placed on the list.

- b. In-house interpreter list is maintained by Human Resources. List of all organizations qualified to provide bilingual and sign language services is routinely updated by the Quality Management Department.
    - c. Written instructions on how to gain access to these services, i.e., telephone numbers, addresses, languages available, hour available, fees and conditions under which the persons are available is maintained by the Quality Management Department.
  2. Anyone interpreting must terminate the encounter if the interpretation is beyond their proficiency level and must request another interpreter or telephone interpreter be used instead.
  3. The choice of the client/patient and presence of an interpreter if used is documented in the medical record during the provision of medical and nursing procedures requiring interpretation.
- C) After asking the patient if he/she would like an interpreter provided without addition costs, the person brought in and preferred by the patient to act as interpreter for communication can be selected. Employee or physician shall speak with person designated by the patient as their preferred interpreter and shall determine, to the healthcare provider's comfort that the person designated to be an interpreter is able to effectively convey the message or questions in order to carry out the required medical activity. The healthcare provider staff is obligated to decline to use the designated person as an interpreter if they are not comfortable in this designated person's abilities. Use of family members and children is discouraged.

## II Hearing, Speech & Visually Impaired

Hearing Impaired patients communicate through a variety of methods including conventional non-verbal communication such as lip reading, sign language, written communication, pencil and paper, or combinations of the above. An effort should be made to ascertain which method the patient prefers before obtaining assistance.

- A) Sign language interpretation is available through Video Remote Interpretation (VRI). Obtain the patient's consent, obtain unit and begin use.
- B) Determine if there is an employee on duty in the department that can provide needed language skills.
- C) Consult interpreter list for those who can sign in-house and contact available skilled staff.
- D) Determine if patient has brought a competent person who they would prefer to have act as interpreter for communication. Employee or physician shall speak with person designated by the patient as their preferred interpreter and shall determine, to the healthcare providers comfort, that the person designated to be an interpreter is competent to convey the message or questions in order to carry out the required medical activity. The healthcare provider staff is obligated to decline to use the designated person as an interpreter if they are not comfortable in this designated persons abilities.
- E) Scheduled services-Patient should be encouraged to bring with them the person they ordinarily use for interpreter services. If the patient does not have a regular resource for interpreter services, VRI should be used.
- F) The hospital will guarantee payment of the interpreter's customary charges in cases where an interpreter may be required to ensure effective communication for crucial medical communication. The interpreter should submit a statement directly to Administration. The statement must include the patient's name, date and time of service, and signature of the hospital representative verifying services. The hospital will not pay for interpreter services

provided by the patient's usual interpreter, if any, or for interpreter services provided by friends or family members of the patient if such persons do not ordinarily charge for services they provide to the patient.

- G) For persons with hearing and/or speech impairments writing materials, typewriters, Telecommunication Device for the Deaf (TDD), and computers are among the devices to facilitate communication concerning program services, benefits, waivers of rights, and consent to treatment forms. A portable TDD phone (also known as TTY) is available in the Emergency Room waiting room, hospital main lobby, hospital main street hallway and Med/Surg patient hallway. The California Relay Service (CRS) staffs communication assistants 24 hours a day, 365 days a year to relay calls, enabling TTY users to call non-TTY users and visa versa. The relay service can be reached by calling 711 anywhere in the United States. For calls immediately answered in your mode of communication you may be routed to a CRS provider by dialing 1-800-735-2929 for English and 1-800-855-3000 for Spanish assistance.
1. If you need a translator for the hearing impaired, Video Remote Interpretation (VRI).
  2. For sign language interpretation available through Video Remote Interpretation (VRI) Unit, obtain patient's consent, obtain mobile VRI unit and follow the unit instructions.
- I) For persons with Visual Impairments: Reader/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. If any other aids are chosen, in addition to reading, tell what other aids are available and where they are located, and how they are accessed.

### III Language Identification:

- A) The "face sheet" and Patient Data Profile will contain:
1. Patient language is printed on the "face sheet" for English, Spanish, or other.
  2. A notation on the Patient Data Profile of the patient's language of fluent communication if other than verbal English.

### IV. Documentation:

- A) Interpreters or interpreter's service is documented in the medical record.
1. Patient's decision to decline interpreter services and use an adult family member or friend instead.(See attachment: Interpreting/Waiver Form, 2-2012)
  2. Recommended Question English/Spanish Translation:  
**English:** *Would you like to use a Spanish interpreter provided by our hospital with no additional charge to you?*  
**Spanish:** *Desea usar un interprete de espanol proporcionado del hospital sin costo adicional a usted?*
  3. Information read to or translated to the sight impaired.

### V. Interpreter Related Complaints:

See policy-Complaint and Grievance

### VI. Confidentiality/Communication

When using language interpreters it is important to retain confidentiality by talking in a private area whenever possible, and looking at the patient while communicating with patient and phone interpreter.

**VII. Interpreter/Communications Services Policy review required annually:**

- A) This policy will be submitted to the California Department of Public Health for annual review. The policy and a letter describing efforts to ensure adequate speedy communication between patients with language or communication barriers and staff are mailed to the following address:
- The Department of Public Health  
Licensing and Certification Program  
Santa Rosa Redwood Coast District Office  
2170 Northpoint Parkway  
Santa Rosa, CA 95407-7395

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**Applicable Standards or Regulatory Requirements:** Title 22 section 70707; Title VI, AB 775

**REFERENCES:**

1. California Health Care Safety Net Institute. (2005). Straight Talk: Model Hospital Policies and Procedures on Language Access
2. California Department of Public Health All Facilities Letter 12-16, May 11, 2012
3. California Health & Safety Code Section 1259©(2)

**AUTHOR:** Quality Management Department

**APPROVED:** Policy & Procedure Committee, 1/25/11; Quality Council, 5/9/11; Governing Board, 7/26/11

**REVISED:** 7/10/12, 3/26/15, 12/1/2015

**APPROVED:** Policy & Procedure Team, 3/26/15; Quality Council; 6/23/15; MEC, 7/17/15 / **Policy & Procedure Team, 1/7/16; Board of Directors, 5/3/16**

**REVIEWED:** Annually

**DISTRIBUTION:** Connect P&Ps & F:\Data\HMH Policies & Procedures\Ethics, Rights, and Responsibilities\Interpreter Communication Services Policy

**ATTACHMENTS:**

Optimal Phone Interpreters Reference Guide

In-house Employee Interpreter List

Interpreter Assistance/Waiver Form 2-2012

Sign Language for the deaf communication tools

TTY Making and Answering a TTY Call



Reference Guide for using OPI to communicate with Limited English Speaker (LES)

### **BEFORE I CALL**

- Know the language that is needed
- Be prepared to brief the interpreter about the nature of the call before he/she speaks to your LES.
- If you have a Non English Speaker on the phone call OPI and connect a 3 way call.
- For outbound calls, provide the operator with a dial out number and she will make a 3 way conference call.
- Provide operator with a message you wish to leave if there is no answer
- There is a dual handset to aid in communication when the patient is on site or you may communicate over Speakerphone if in a HIPAA compliant area.

### **HOW DO I MAKE A CALL TO OPI**

- Dial 1-877-746-4674 and be prepared to provide
  - o What language you need
  - o where you are calling from – Client ID 6206 – Frank R. Howard Memorial Hospital
  - o Caller's name
  - o LESinfo

### **DURING THE CALL**

- Speak in short phrases or sentences.
- Check for understanding from your Limited English Speaker throughout the call. If needed, rephrase the questions or statements until understood.
- When speaking to the interpreter, do not give and/or ask too much information at one time
- Ask questions in the first person. Avoid asking questions to the interpreter such as "Can you find out when he arrived?" Instead, ask the interpreter to ask the Limited English Speaker, "When did you arrive?"
- Make sure to pause to allow the interpreter time to translate and the Limited English Speaker time to respond.

### **ENDING THE CALL**

- Before ending the conversation, ensure that both your LES and the interpreter knows that the session is about to end.

All Languages, All the Time.

In house Interpreters: (Reviewed 12/1/15)

*Spanish Only*

Gloria Leon	Med/Surg Unit
Sonia Azcarate	Med/Surg Unit
Jessica Torres-Lopez	Med/Surg Unit
Fernando Meza	Nutrition Services
Andrea Moore	Radiology
Darcy De Leon	Human Resources
Arcelia Duran	ED Registration
Denisse Giler	ED Registration
Leti Lopez	Surgery
Eric Santiago Salcedo	Pharmacy
Diana Tafoya Sanchez	Redwood Medical Clinic
Juan Diaz	Maintenance

In accordance with *Title III of the Americans with Disabilities Act, 42 U.S.C. § 12181 et. seq.*, it is the expectation that a healthcare provider ask a patient if they have a need for an interpreter. If so, it is the obligation of the healthcare provider to provide and pay for such a service.

**Offer of Free Interpreter Services**

All Limited English Proficiency clients should be informed of their right to free language assistance by a professional interpreter. This form is kept in the client's records for future reference. Staff should never encourage, suggest, or require a Limited English Proficiency client to use friends or family as interpreters, and it is not recommended that anyone under the age of 18 be utilized.

**Department or Area:** \_\_\_\_\_ **Name of Staff Person:** \_\_\_\_\_

**Is language assistance necessary?** \_\_\_\_\_

If the client does not need language assistance because they have brought their own interpreter or feel they do not need one, please have them fill out the **Waiver of Right to Free Interpreter Services**.

If the client needs language assistance continue below.

**Language assistance needed (what language?):** \_\_\_\_\_

**Did you contact a staff member or telephone interpreter skilled in medical terminology? Y/N**

**Name of Bilingual Staff member if used:** \_\_\_\_\_

**Name of Optimal Phone Interpreter if used:** \_\_\_\_\_

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**Waiver of Right to Free Interpreter Services**

I, \_\_\_\_\_ (**Name**) have been informed of my right to receive free interpretive services, and I understand that I am entitled to these services at no cost to myself or other family members, but am choosing to provide my own interpreter at this time.

\_\_\_\_\_ (**Name of Person Acting as Interpreter**) will act as my interpreter.

I understand I can withdraw this waiver at any time and request the services of an interpreter free of charge. To the best of my knowledge the person I am using to act as my own interpreter is over the age of 18. I also understand that this waiver pertains to interpreter services only and does not entitle my interpreter to act as my Authorized Representative.

This form was translated to me orally by the interpreter indicated below.

Date: \_\_\_\_\_ Interpreter Name: \_\_\_\_\_

Signature of Staff Person \_\_\_\_\_ Signature Patient \_\_\_\_\_

<p><b>Frank R. Howard Memorial Hospital, Willits, CA</b> <b>Interpreting/Waiver Form, 2-2012</b></p> <p>Request or Refuse Language Interpreter</p>	<p>[Patient Label]</p>
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**POINT TO WORDS TO COMMUNICATE WITH THE NURSE**

**COLD**

**HOT**

**THIRSTY**

**HUNGRY**

**PAIN**

**MILD PAIN**

**MODERATE PAIN**

**SEVERE PAIN**

**URINATE**

**BOWEL MOVEMENT**

**BEDPAN**

**NAUSEATED**

**I CAN'T BREATHE**

**THE TUBE IN MY MOUTH IS BOTHERING ME**

**WHY ARE MY HANDS TIED?**

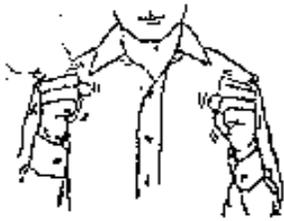
**WHEN CAN I EAT?**

**I AM UNCOMFORTABLE**

**I WANT MY FAMILY**

**I WANT TO WATCH TV**

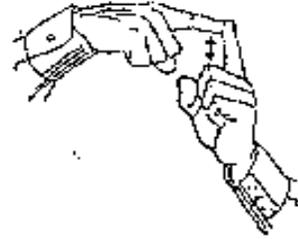
### SIGN LANGUAGE FOR THE DEAF



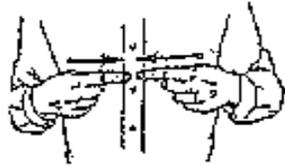
COLD



HOT



TEMPERATURE, FEVER,  
THERMOMETER



PAIN, ACHE, HURT, INJURY,  
POUND



LITTLE (quantity, amount)



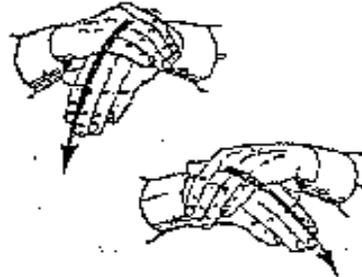
MUCH, LOT



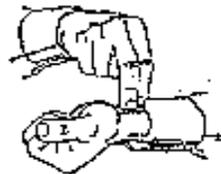
PILL, CAPSULE, TAKE A PILL



NOT, DO NOT



COMFORT



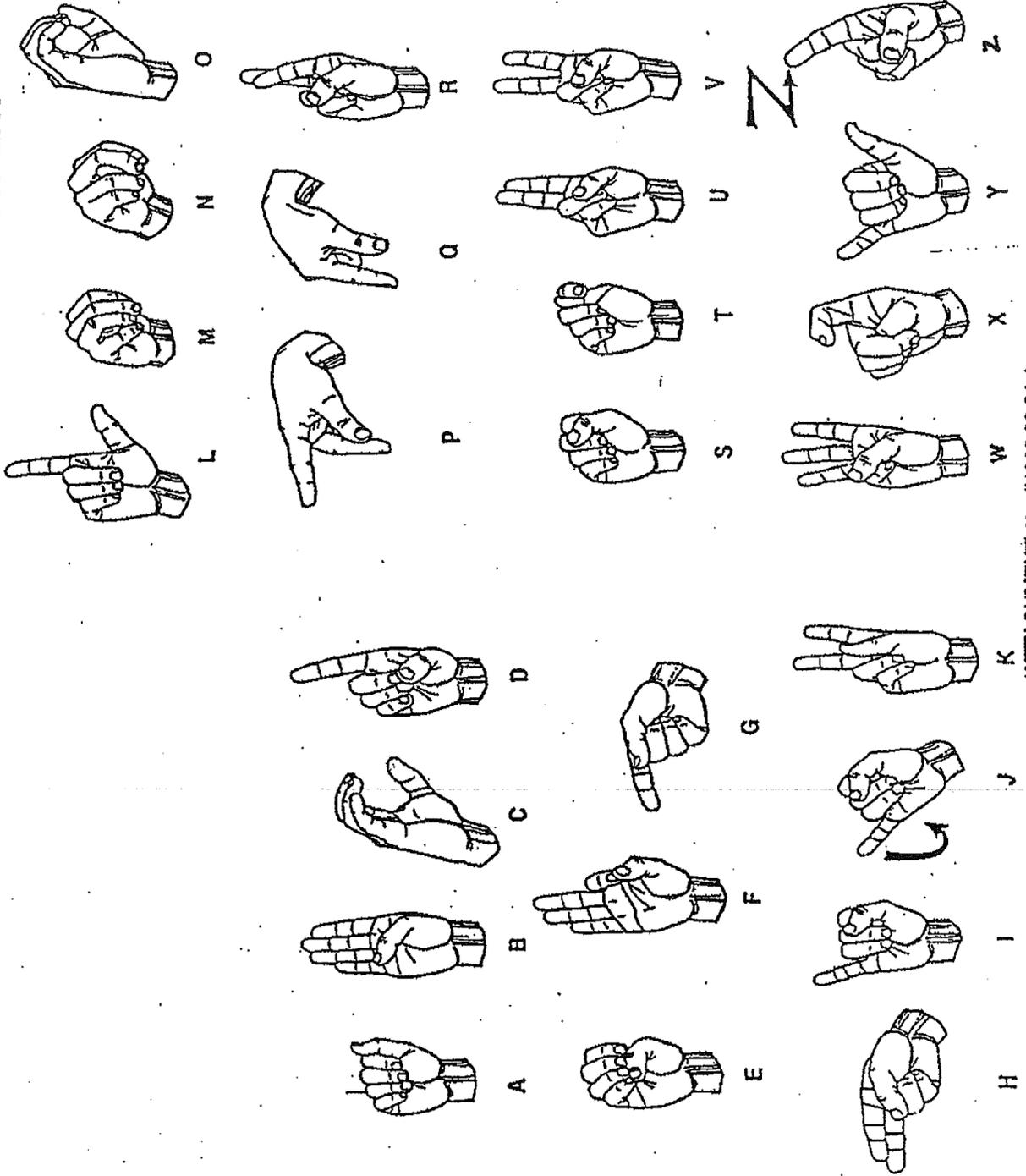
NURSE



WHY

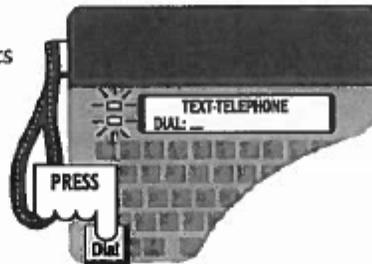
(ATTACHMENT B) - #1000.09.04-E

**SIGNING FOR COMMUNICATION WITH THE DEAF PATIENT**

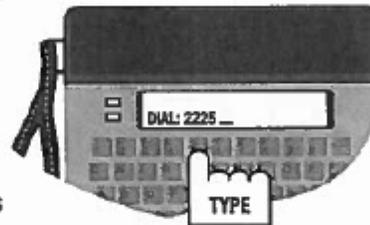


## Making a TTY call

1. Press the **Dial** key. Both the power and signal lights will come on.  
(Pressing the **Dial** key turns on the TTY. You do not need to press the **TTY On/Off** key).



2. Type the telephone number. The Uniphone 1140 dials as you type. If you make a mistake while dialing, hang up (hold down **Shift** and press **TTY On/Off**) and start over.



3. Watch the display and signal light for a ring signal.  
When you see an answer on the display, type a greeting.



4. When your call is finished, hold down either **Shift** key and press the **TTY On/Off** key to hang up.



## Call progress

The signal light and display show you what is happening on the telephone line in the following ways:

Signal light	Display	Telephone line
Stays on		dial tone
Slow flashing	RING	ringing
Quick flashing	BUSY	busy
Flickering		person picking up handset or speaking

## Dialing tips

- To re-dial the last number called, press the **[Dial]** key and then the **[↶]** key.
- In an office, use a 9 or another number for an outside line. The exact method of dialing will depend on your telephone system. Dialing with a TTY should be the same as dialing a voice call.
- For long distance, include a 1 and the area code.
- Use an exclamation point (!) for a hook flash. A hook flash is used in a voice mail system or to transfer a call.
- Use a comma (,) to place a two-second pause during the dialing sequence.
- You cannot use \* and # with pulse dialing.

## Answering a TTY call

1. The flasher blinks when the Uniphone 1140 rings.



2. Turn on the Uniphone 1140 by pressing the **TTY On/Off** key.



3. Type a greeting.



4. When you are finished with your conversation, hold down either **Shift** key and press the **TTY On/Off** key to hang up.



## Using the greeting message

Your Uniphone 1140 has a greeting message saved in memory that says HELLO GA. You can answer calls by pressing the **[Menu]** key and then the **[S]** key to send the message. You will see HELLO GA on your display as the message is sent.

## Personalizing the greeting message

You can change the greeting message to say anything you want (up to 240 characters). To change the greeting message, do the following:

1. Press the **[Menu]** key.
2. Press the **[G]** key to select GREETING.
3. Press the **[E]** key to select ENTER. The display says ENTER GREETING MESSAGE.
4. Type your greeting message. Use the **[C]** key to correct any typing mistakes.
5. When you are finished, press the **[↵]** key. The display says GREETING MSG SAVED.

**Note:** You can read the greeting message by pressing the **[Menu]** key, the **[G]** key, and then the **[R]** key. Use the **[↑]** or the **[↓]** key to read the message. Press the **[Menu]** key when you finish.

## Clearing the greeting message

1. Press the **[Menu]** key.
2. Press the **[G]** key to select GREETING.
3. Press the **[C]** key to select CLEAR.
4. Press the **[Y]** key to clear the greeting message. You will see THE GREETING MESSAGE HAS BEEN CLEARED on the display.  
Press the **[N]** key if you decide not to clear.