



☒ **Entity(s): Adventist Health Bakersfield**

☒ **AH Bakersfield**

☒ **AH Specialty Bakersfield**

☐ **Systemwide Standard Policy**

☒ **Systemwide Model Policy**

Model Policy No. 16668

Approval Pathway: Clinical

Department: Compliance

MODEL POLICY: LANGUAGE ASSISTANCE PROGRAM - INTERPRETATION AND HEARING IMPAIRED

Adventist Health Bakersfield adopts the following Adventist Health system wide Model Policy.

POLICY SUMMARY/INTENT:

Adventist Health – (AH) will take reasonable steps to ensure that persons requiring language assistance services (such as oral language assistance or written translation) and who have Limited English Proficiency (LEP) will have meaningful access and an equal opportunity to participate and understand services, activities, programs and other benefits involving medical conditions and treatment.

Assistance will be offered for the communication of information contained in vital documents, including but not limited to, waivers of rights, consent to treatment forms, financial and insurance benefit forms, etc. All interpreters, translators and other aids needed to comply with this policy shall be provided without cost to individuals who are hearing, speech, and visually impaired. Patients/clients and their families will be informed of the availability of such assistance free of charge.

Language assistance will be provided using competent bilingual staff, providers, staff interpreters, contracts or formal arrangements with local organizations providing interpretation or translation services, or technology and telephonic interpretation services. All staff will be provided notice of this policy, and staff that may have direct contact with LEP individuals will be trained in effective communication techniques, including the effective use of an interpreter.

Regular reviews of the language access needs of our patient populations, as well as updates and monitoring of the implementation of this policy, will be completed.

DEFINITIONS:

1. **Interpreter:** An individual who is fluent in English and in the necessary second language, and can accurately speak, read, and readily interpret the necessary second language, or a person who can accurately sign and read sign language. Interpreters need to be able to translate the names of body parts and to competently describe symptoms and injuries in both languages.
2. **Interpretation:** Refers to spoken language
3. **Translation:** Refers to written language
4. **Qualified Interpreter:** Identified as proficient in sign language and in the languages of the population of the geographical area serviced who can translate the names of body parts, injuries, and symptoms.
5. **TTY:** If available, is a text telephone yoke for the deaf – (a TTY is sometimes also called a TDD or telecommunication device for the deaf). The TTY has a typewriter keyboard with a text screen which allows persons with hearing and/or speech loss to make or receive telephone calls by typing their conversations via two-way text. The conversation is read on a lighted display screen and/or a paper printout in the TTY.
6. **Language Line Services:** Contracted telephone interpreter service.

7. **Limited English Proficiency (LEP) / Limited English Speaker (LES):** Individuals whose primary language for communication is not English and who have a limited ability to read, write, speak or understand English.

AFFECTED DEPARTMENTS/SERVICES:

All departments/services.

POLICY: COMPLIANCE – KEY ELEMENTS

A. IDENTIFYING LEP PERSONS AND THEIR LANGUAGE

1. Initial assessment of communication needs will be made during the admission process, inpatient, outpatient, and emergency services.
2. Staff will identify the language and communication needs of the LEP person by using a language identification card (or I speak cards, available online at www.lep.gov) or posters to determine the language. The patients will be asked for their preferred language, if they have difficulty understanding or communicating this, the "Point to your language" signs/cards from the California State Board of Pharmacy will be used by staff to determine the appropriate language. The communication needs will be assessed by Nursing and documented in the EMR, refer to PDP policy.
3. In addition, when records are kept of past interactions with patients (clients/residents) or family members, the language used to communicate with the LEP person will be included as part of the record and reassessed as needed.

B. OBTAINING A QUALIFIED INTERPRETER

1. AHBD/AHSB does not utilize a designated staff interpretation program.

Note: Sites may choose not to use staff for translating or interpreting, unless during an emergency involving an imminent threat to the safety or welfare of an individual or the public (refer to #4 below).

- a. Maintaining an accurate and current list showing the name, language, phone number and hours of availability of competent bilingual staff - NOT APPLICABLE :
 - b. Contacting the appropriate competent bilingual staff member to interpret, in the event that an interpreter is needed, if an employee who speaks the needed language is available and is qualified to interpret.
 - i. Site staff who have a limited familiarity (not deemed competent or qualified) with sign language or language/interpreter skills should interpret only in emergency situations for a brief time until a qualified interpreter can be present.
 - c. Obtaining an outside interpreter if a competent bilingual staff or qualified staff interpreter is not available or does not speak the needed language.
 - d. Professional translation services are provided by Cyracom at no charge to our patients. To access the Cyracom Service dial 1000 on any hospital phone or use the designated Cyracom iPads. Interpretation service for the deaf and hearing impaired is a free service provided to patients upon request. At the request of the patient for an in person interpretation, the hospital uses two resources for American Sign Language interpreter services. The first resource is Life Signs which can be accessed via phone at (800) 633-8883 after hours, and (323) 550-4210 between 8:30am and 5:00pm. The second resource is The Independent Living Center of Kern County which can be accessed via phone at (661) 325-1063.
2. Some LEP persons may prefer or request to use a family member or friend as an interpreter. However, family members or friends of the LEP person will not be used as interpreters unless specifically requested by that individual and after the LEP person has understood that an offer of an interpreter at no charge to the person has been made by the facility. Such an offer and the response will be documented with the waiver of rights form, in the patient's medical/health record. The waiver of rights must include a statement giving the LEP person the right to request an interpreter at any time. If the LEP person chooses to use a family member or friend as an interpreter and they agree to be an interpreter, issues of competency of interpretation, confidentiality, privacy, and conflict of interest will be considered. If the family member or friend is not

competent or appropriate for any of these reasons, competent interpreter services will be provided to the LEP person. - [See Attachment C: Waiver Request](#).

3. Children and other clients/patients/residents will **not** be used to interpret, in order to ensure confidentiality of information and accurate communication.
4. In an emergency involving an imminent threat to the safety or welfare of an individual or the public, where there is no qualified interpreter for the LEP individual immediately available:
 - a. Use staff other than qualified bilingual/multilingual staff to communicate directly with LEP individuals, or
 - b. Family member, legal representative, or friend may be used as an interpreter or facilitate communication, or
 - c. A minor may be used as an interpreter or facilitate communication

C. PROVIDING WRITTEN TRANSLATIONS

1. When translation of vital documents is needed, each unit - will submit documents for translation into frequently-encountered languages to the AHBD/AHSB Communications Team. Original documents being submitted for translation will be in final, approved form with updated and accurate legal and medical information.
2. Sites will provide translation of other written materials, if needed, as well as written notice of the availability of translation, free of charge, for LEP individuals.
3. Sites will post notices advising patients of the procedure for obtaining an interpreter in the following areas: emergency room, the admitting area, the entrance, and in outpatient areas.
 - a. Per California Health & Safety Code Section 1259, a notice must be posted in the emergency room, the admitting area, the entrance, and in the outpatient areas.
4. A site's website will contain a notice that language assistance services are available; and the notice will be provided in any language that is the primary language of at least 5% of the population of the geographic area served by the hospital (but it is not required in more than five non-English languages).
5. AHBD/AHSB vital documents such as consent forms, conditions of registration may be translated into additional languages over time.

D. PROVIDING NOTICE TO LEP PERSONS

1. [AHBD/AHSB] will inform LEP persons of the availability of language assistance, free of charge, by providing written notice in languages LEP persons will understand.
2. Notices will instruct patients to direct complaints regarding interpreter services to the AHBD/AHSB Compliance Officer, the U.S. Department of Health and Human Services for Civil Rights and the state, and shall provide the local address and telephone number of the state department, including, but not limited to, a T.D.D. number for the hearing impaired. [Refer to Attachment B](#) and n/a .

STATE CONTACTS FOR COMPLAINTS REGARDING INTERPRETER SERVICES

[California Department of Public Health PO Box 997377, MS 0500 Sacramento, CA 95899-7377 For relay services for the hearing impaired or speech impaired, please call: MCI from TDD 1-800-735-2929 or MCI from voice telephone 1-800-735-2922 Sprint from TDD 1-888-877-5378 or Sprint from voice telephone 1-888-877-5379]	
[State of Hawaii	[Office of the Ombudsman

Hawaii Civil Rights Commission 830 Punchbowl St. Room 411 Honolulu, Hawaii 96813 Phone (808) 586-8636; (Voice/TTD) Fax (808) 586-8655] Email: info@hicrc.org	Kekuanaoa Building, 4th Floor 465 South King Street Honolulu, Hawaii 96813 Phone: (808) 587-0770 (Voice) Fax: (808) 587-0773 TTY: (808) 587-0774] Email: complaints@ombudsman.hawaii.gov
[Oregon Public Health Division 800 NE Oregon Street Portland, OR 97232 Phone (971) 673-1222 Fax 971-673-1299] TTY-TDD: 971-673-1222	
[Washington State Department of Health River View Corporate Center, Suite 1500 16201 E. Indiana Avenue, Spokane Valley WA 99216 Phone 1-800-525-0127] TTY Users dial 711	

3. 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, labor and delivery, etc. n/a .

4. Notification will also be provided through one or more of the following: outreach documents, telephone voice mail menus, local newspapers, radio and television stations, and/or community-based organizations -.

E. MONITORING LANGUAGE NEEDS AND IMPLEMENTATION

1. On an ongoing basis, AHBD/AHSB will assess changes in demographics, types of services or other needs that may require reevaluation of this policy and its procedures.

2. In addition, AHBD/AHSB will regularly assess the efficacy of these procedures, including but not limited to mechanisms for securing interpreter services, reasonable response times for services, equipment used for the delivery of language assistance, complaints filed by LEP persons, feedback from patients and community organizations, etc. - . (See Attachment A – for 2016 Top 15 Languages Spoken by Individuals with Limited English Proficiency for California, Oregon, Washington, and Hawaii).

F. ADDITIONAL STATE SPECIFIC REQUIREMENTS:

CALIFORNIA -

1. California Department of Public Health (CDPH) requires general acute care hospitals to send a copy of their updated policy with a description of the hospital's efforts to ensure adequate and speedy communication between patients with language or communication barriers and staff on January 1st of each year to the local District Office. (Refer to AFL 12-16)

2. Every January 1st general acute care hospitals in California must post their policy in English and in the other languages most commonly spoken in that hospital's service area and make it available on their website.

ATTACHMENT A:**CALIFORNIA**

1	CA	Spanish	4,490,408
2	CA	Chinese	610,934
3	CA	Vietnamese	316,886
4	CA	Tagalog	260,443
5	CA	Korean	218,938
6	CA	Armenian	94,516
7	CA	Persian (Farsi)	74,437
8	CA	Russian	73,133
9	CA	Japanese	63,441
10	CA	Arabic	62,500
11	CA	Panjabi*	53,335
12	CA	Mon-Khmer, Cambodian	41,476
13	CA	Hmong	34,953
14	CA	Hindi	31,256
15	CA	Thai	27,573

*Office for Civil Rights - OCR's list, an asterisk after the language denotes that the estimate came from the Bureau's detailed 2013 ACS 5-year estimates rather than from the 2014 ACS 5-year estimates.

HAWAII

1	HI	Ilocano*	33,085
2	HI	Tagalog	31,449
3	HI	Japanese	21,288
4	HI	Chinese	19,649
5	HI	Korean	11,595
6	HI	Spanish	6,974
7	HI	Vietnamese	6,349
8	HI	Samoan*	4,400
9	HI	Marshallese*	3,840
10	HI	Trukese*	3,410
11	HI	Hawaiian*	3,010
12	HI	Micronesian*	2,210
13	HI	Bisayan*	1,640
14	HI	Tongan*	1,515
15	HI	Laotian	1,362

*Office for Civil Rights - OCR's list above, an asterisk after the language denotes that the estimate came from the U.S. Census Bureau's detailed 2013 American Community Survey's - ACS 5-year estimates rather than from the 2014 ACS 5-year estimates

OREGON

1	OR	Spanish	140,093
2	OR	Vietnamese	15,643
3	OR	Chinese	13,886
4	OR	Russian	9,547
5	OR	Korean	5,322
6	OR	Ukrainian*	3,065
7	OR	Japanese	3,036
8	OR	Arabic	2,610
9	OR	Romanian*	2,350
10	OR	Mon-Khmer, Cambodian	1,666
11	OR	Cushite*	1,580
12	OR	German	1,459
13	OR	Persian (Farsi)	1,342
14	OR	French	1,241
15	OR	Thai	1,208

*Office for Civil Rights - OCR's list above, an asterisk after the language denotes that the estimate came from the U.S. Census Bureau's detailed 2013 American Community Survey's - ACS 5-year estimates rather than from the 2014 ACS 5-year estimates.

WASHINGTON

1	WA	Spanish	232,748
2	WA	Chinese	42,812
3	WA	Vietnamese	38,432
4	WA	Korean	27,088
5	WA	Russian	25,421
6	WA	Tagalog	19,128
7	WA	Ukrainian*	12,555
8	WA	Mon-Khmer, Cambodian	9,046
9	WA	Japanese	9,016
10	WA	Amharic*	7,590
11	WA	Cushite*	6,965
12	WA	Arabic	6,417
13	WA	Panjabi*	6,145
14	WA	German	3,863
15	WA	Laotian	3,712

*Office for Civil Rights - OCR's list above, an asterisk after the language denotes that the estimate came from the U.S. Census Bureau's detailed 2013 American Community Survey's - ACS 5-year estimates rather than from the 2014 ACS 5-year estimates.

ATTACHMENT B:**Language Assistance Program: Interpretation and Hearing Impaired Policy – Patients**

Adventist Health complies with applicable Federal civil rights laws and does not discriminate and will not exclude or treat people differently because of their ability to pay, age, color, creed, culture, disability, gender identity or expression, language, marital status, national origin, religion, sex, pregnancy, sexual orientation, socioeconomic status, transgender status, type of insurance, or veteran's status, when delivering care, treatment, services and benefits for inpatients and outpatients, including assignments or transfers within the facility and referrals to or from the facility directly or through contractual or other arrangements.

Adventist Health provides free aids and services to people with disabilities to communicate effectively with us, such as:

- Qualified sign language interpreters
- Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as: Qualified interpreters
- Information written in other languages

If you need these services, advise your caregiver.

If you believe that Adventist Health has failed to provide these services or discriminated in another way, you can file a complaint with the entity where it occurred.

Entity Name: Adventist Health Bakersfield / Adventist Health Specialty Bakersfield
Contact Person: Risk Management Department
Telephone Number: AHBD (661) 395-3000 AHSB (661) 316-6000
TDD number: (661) 323-7629

You have the option of filing a grievance with the California Department of Public Health and the U.S. Department of Health and Human Services, Office for Civil Rights. If you need help filing a grievance, the Adventist Health Bakersfield/Specialty Bakersfield Risk Management Department is available to help you.

A civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, can be filed in writing by mail, fax, e-mail, or via the OCR Complaint Portal available at <https://www.hhs.gov/civil-rights/filing-a-complaint/complaint-process/index.html>

Mail:

Centralized Case Management Operations

U.S. Department of Health and Human Services

200 Independence Avenue, SW

Room 509F, HHH Building

Washington, D.C. 20201

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

Email:

OCRComplaint@hhs.gov



ATTACHMENT C: WAIVER REQUEST for Language Assistance Program – Interpretation and Hearing-Impaired Policy

I, _____, understand that I have the right to be provided with a free, qualified language interpreter by an agency that will allow me to communicate with Adventist Health staff.

PLEASE FILL OUT ALL THAT APPLY:

A. I prefer to use a sign-language interpreter as necessary.

B. My preferred method of communication is _____.
I will be communicating using _____.

C. I prefer the person with me to interpret. My interpreter has agreed to accurately speak, read and readily interpret the necessary second language, or can accurately sign and read sign language. The person interpreting for me can translate the names of body parts and is able to competently describe symptoms and injuries in both languages. **Note: A minor - (younger than 18 years old) cannot interpret unless there is no qualified interpreter and there is an imminent threat to safety or welfare to you. Please fill out who will interpret for you.**

Name _____

Address _____

Telephone _____

This person is my _____

I understand that I can change my mind about getting an interpreter at any time. If my decision changes regarding the use of an interpreter, I will notify an Adventist Health staff member immediately.

Signature _____ Date _____ Time _____

Print Name _____

Witness Signature and Title: (required for patients unable to sign or without a representative)

Witness Signature: _____ Date: _____

Printed Name _____ Time _____

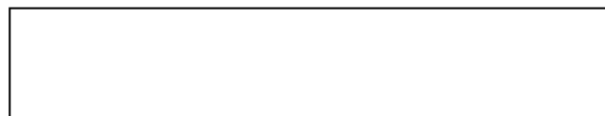
Interpreter Signature: _____

Interpreter Printed Name: _____

Language used for translation of document: _____

Date: _____ Time: _____

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<https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>

ATTACHMENT C - Waiver Request for Language Assistance Program - Interpretation and Hearing Impaired Policy

Point to Your Language

8752.12BD Waiver Request for Language Assistance Program

OTHER DOCUMENTS:

(WHICH REFERENCE THIS DOCUMENT)

FEDERAL REGULATIONS:

ACCREDITATION:

CALIFORNIA:

Title 22, CCR, Sections §70721 (general acute care hospitals) and §71521 (acute psychiatric hospitals); California Health and Safety Code Section 1259; California Telephone Access Program (CTAP); AB389 (chapter 327, Statutes of 2015)

HAWAII:

Not applicable

OREGON:

Not applicable

WASHINGTON:

Not applicable

REFERENCES:

Affordable Care Act, Section 1557

CMS:

482.13; 483.10; 485.635

Joint Commission:

PC 02.01.21 EP01 and EP02

RC 02.01.01 EP 01

PC 02.03.01 EP01

RI 01.01.01 EP05

RI 01.01.03 EP 01 and EP 02

HR 01.02.01 EP 01

ADVENTIST HEALTH SYSTEM/WEST Director, Accreditation, Regulatory, and Licensing

POLICY OWNER:

ENTITY POLICY OWNER:

Director, Risk Management & Accreditation

APPROVED BY:

**ADVENTIST HEALTH
SYSTEM/WEST:**

(10/13/2020) Clinical Best Practice Committee (CBPC), (11/09/2020) Care Cabinet (CC)

**ADVENTIST HEALTH
SYSTEM/WEST INDIVIDUAL:**

ENTITY:

(03/10/2021) AHBD Community Board (CB) Clinical Practice Subcommittee, (09/20/2022) AHBD Nursing Approval Path, (11/09/2022) AHBD Medical Executive Committee (MEC), (01/25/2023) AHBD Clinical Board (CB) , (03/05/2024) AHBD-SB Quality Improvement Committee , (03/12/2024) AHBD Nursing Approval Path, (04/18/2024) AHBD Medical Executive Committee (MEC), (04/30/2024) AHBD Clinical Board (CB)

ENTITY INDIVIDUAL:

REVIEW DATE:

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11/28/2017, 11/10/2020

NEXT REVIEW DATE:

02/14/2027

APPROVAL PATHWAY:

Clinical

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<https://www.lucidoc.com/api/auth/login?org=10524&returnto=%2Fcgi%2Fdoc-gw.pl%3Fref%3Dahsjch%3A16668>.