
POLICY: LANGUAGE ASSISTANCE PROGRAM - INTERPRETATION AND HEARING IMPAIRED

POLICY SUMMARY/INTENT:

Adventist Health – (AH) will take reasonable steps to ensure persons requiring language or communication 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, or 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 qualified bilingual staff, providers, staff interpreters, contracts or formal arrangements with 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 and/or other aids.

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 regularly.

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: Oregon defines a Qualified Interpreter as an Oregon Health Authority (OHA) certified and registered interpreter who's proficient in sign language and/or in the language of the population of the geographical area serviced who can translate the names of body parts, injuries, and symptoms and are validated as proficient and well qualified by their contracting agency or employer. Qualified interpreters are either i). agents of the interpreting companies with which Adventist Health is contracted and are subject to all requirements of business associates.
1. TTY: 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.
2. 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, THEIR LANGUAGE, AND COMMUNICATION NEEDS

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), posters to determine the language, or other tools and/or resources currently used for identifying language and communication needs.
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 AN ADVENTIST HEALTH EMPLOYED QUALIFIED INTERPRETER

1. Adventist Health Portland provides Qualified Interpreters for medical communication only through our contracted services or as associates of Adventist Health Portland. All other individuals are classified as non-qualified interpreters. Adventist Health Portland will only utilize qualified healthcare interpreters. Except in an emergent situation, associates will not ask, suggest or encourage a patient's friend or family member or Adventist Health Portland non-qualified interpreter employee to interpret for a patient.
2. Each department is responsible for their own assessment by using the resources available in Lucidoc within the Interpretive Services Manual.
3. Some LEP persons may prefer or request to use a family member, legal representative, 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 a hospital provided interpreter is at no cost. Such an offer and the response will be documented with the waiver of rights form which will be scanned into 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.
4. Children and other clients/patients/residents will not be used to interpret, in order to ensure confidentiality of information and accurate communication.
5. 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 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 at Adventist Health Portland will submit documents for translation into frequently-encountered languages to site's interpretive services leadership. 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, labor and delivery, the admitting area, the entrance, and in 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. Adventist Health Portland vital documents such as consent forms, conditions of registration may be translated into additional languages over time.

D. PROVIDING NOTICE TO LEP PERSONS

1. Adventist Health Portland 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 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.

STATE CONTACTS FOR COMPLAINTS REGARDING INTERPRETER SERVICES

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.
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.

5. MONITORING LANGUAGE NEEDS AND IMPLEMENTATION

1. On an ongoing basis, Adventist Health Portland will assess changes in demographics, types of services or other needs that may require reevaluation of this policy and its procedures.
2. In addition, Adventist Health Portland 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 Oregon and Washington).

ATTACHMENT A:

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 Portland

Contact Person: Compliance Officer

Telephone Number: (503) 251-6346

TDD number: (503) 261-6610

You have the option of filing a grievance with Oregon Public Health Division at 800 NE Oregon Street Portland, OR 97232 or by phone at (971) 673-1222 or by fax at (971) 673-1299 and the U.S. Department of Health and Human Services, Office for Civil Rights. If you need help filing a grievance, the compliance Officer 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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ATTACHMENTS:
(REFERENCED BY THIS DOCUMENT)

OTHER DOCUMENTS:
(WHICH REFERENCE THIS DOCUMENT)

[Patient Rights and Responsibilities](#)
[Consent and Informed Consent - Oregon](#)

FEDERAL REGULATIONS:

ACCREDITATION:

CALIFORNIA: Not applicable
HAWAII: Not applicable
OREGON:
WASHINGTON: Not applicable

REFERENCES:

ADVENTIST HEALTH SYSTEM/WEST Not applicable
POLICY OWNER:

ENTITY POLICY OWNER: Director, Patient Access

APPROVED BY:

ADVENTIST HEALTH Not applicable
SYSTEM/WEST:

ADVENTIST HEALTH Not applicable
SYSTEM/WEST INDIVIDUAL:

ENTITY: (04/26/2024) Administrative Policy Committee

ENTITY INDIVIDUAL:

REVIEW DATE:

REVISION DATE: 01/29/2021, 04/26/2024

NEXT REVIEW DATE: 04/26/2027

APPROVAL PATHWAY: None

*Paper copies of this document may not be current and should not be relied on for official purposes. The current version is in
Lucidoc at*

<https://www.lucidoc.com/api/auth/login?org=10431&returnto=%2Fcgi%2Fdoc-gw.pl%3Fref%3Damc%3A17814>.