

Adventist Health Tehachapi Valley

**POLICY: Procedure for Communication
with Persons of Limited English
Proficiency**

POLICY NUMBER: 100.57

**ORIGINATING DEPT: ADMINISTRATION
APPLIES TO DEPTS: ALL**

Original/Rewrite: 10/22/2002
Reviewed: 02/20/2006
Reviewed: 09/10/2009
Reviewed: 01/10/2011
Reviewed: 06/16/2012
Reviewed: 08/14/2013
Revised: 06/15/2016

POLICY:

Patients/surrogate decision-makers of Adventist Health Tehachapi Valley (AHTV), who are Limited English Proficient (LEP), shall have services provided to them in their primary language or have interpreter services provided to them during the delivery of all significant healthcare services. Interpreter services shall be available at no cost to patients.

PROCEDURE:

Effective communication is important in every area of hospital communications, but AHTV prioritizes the most careful attention to effective communication in the provision of medical, nursing and ancillary services, where patient safety, medical error, and ability to understand treatment options are affected. The following types of encounters and procedures which are performed by providers who do not speak the primary language spoken by the patient/surrogate decision-maker, and which require the use of healthcare interpreter services, include, but are not limited to:

- Providing clinic and emergency medical services;
- Obtaining medical histories;
- Explaining any diagnosis and plan for medical treatment;
- Discussing any mental health issues or concerns;
- Explaining any change in regimen or condition;
- Explaining any medical procedures, tests or surgical interventions;
- Explaining patient rights and responsibilities;
- Explaining the use of seclusion or restraints;
- Obtaining informed consent;
- Providing medication and diet instructions and explanation of potential side effects;
- Nutritional information (diet instruction or change in nutritional status)
- Explaining discharge plans;
- Discussing issues at patient and family care conferences and/or health education sessions;
- Discussing Advance Directives, end of life decisions or Preferred Intensity of Care; and
- Obtaining financial and insurance information

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Determination of Language Needs:

The first access point, Hospital and Clinic Admitting/Registration, or Rehabilitation Department, in which a patient acquires services at AHTV patients should be asked, "Do you speak a language other than English at home?" If the answer is "yes" then the patient should be informed that they have a right to an interpreter free of charge.

Document the patient's language preference in the hospital information on the face sheet of the chart.

All areas of first patient contact shall be equipped with Language Determination sheets to assist patients in identifying the patient's primary language. Language Determination sheets are located following this policy and in the In-House Directory. Patients will be offered the sheet to allow them to point to their language on the sheet to allow hospital staff to request interpreter services in the appropriate language. Contracted telephonic interpreter services should be called if the patient is unable to use the Language Determination Card, and hospital staff cannot determine the appropriate language to request.

Necessary emergency care should not be withheld pending the arrival of interpreter services.

Don't suggest, expect or even allow a minor to act as an interpreter unless there is a true emergency and no other interpreter is available.

Audit and Regular Review of Language Access Needs: It shall be the policy of AHTV to conduct an annual review of Language Access Needs of the patient population at AHTV. This shall include a statistical survey of the language needs of the users of AHTV and its service areas. The position responsible for conducting the Annual Review of Language Access Needs shall be the Risk Manager.

Procedure for Tracking the LEP Patients in Hospital Data Sets: The language needs of the patients and surrogate decision-makers will be recorded and tracked. This critical information will be captured and recorded in the AHTV information system. The patient's primary language will print on the face sheet of each medical record.

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Notice of Language Services Available: AHTV shall develop, and post in conspicuous locations, notices that advise patients and their families of the availability of interpreters, the procedure for obtaining an interpreter and the telephone numbers where complaints may be filed concerning interpreter service problems, including, but not limited to a TDD number of the hearing impaired.

Procedure for the Provision of Written Translations: All departments originating documents in English which require written translation shall submit them to the Risk Manager. Written translations of Vital Documents of AHTV shall be presented in a bilingual version. The English and non-English versions shall be visible on the same pages, whenever possible, to ensure that hospital staff can understand the content of the documents they are distributing to patients.

Language Services: AHTV provides language services, which offer audio and/or video interpretation via the web or telephone with over 200 languages available, 24 hours a day, 7 days a week.

1. Stratus Video telephone line: 888-467-5215
2. Stratus Video application via the iPad or Microsoft Surface.
3. A phone with two handsets is available in the Emergency Department.

It shall be the policy of Tehachapi Valley Healthcare District to translate and make available all Vital Documents in Threshold Languages. The translation of other hospital written materials is frequently encountered or other languages shall be at the discretion of the issuing staff

References:

Health and Safety Code, section 123147, Patient's principle language on health records, January 1, 2006

Title VI of the 1964 US Civil Rights Act, 42 USC §2000d

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Office of Civil Rights US department of Health and Human Services, 68 Fed. Reg 47311
(Aug. 8, 2003)

California Government Code § 11135 and 7290 et seq.

California Health and Safety Code § 1259

Office of Minority Health, US Dept. of Health and Human Services, 65 Fed. Reg. 80865
(Dec. 22, 2000)

California Health Care Safety Net Institute, "Straight Talk: Model Hospital Policies and
Procedures on Language Access," 2005

Definitions

Vital Documents: Vital Documents shall include, but are not limited to, documents that contain information for accessing AHTV services and/or benefits. The following types of documents are examples of Vital Documents: 1) Informed Consent, 2) Advance Directives; 3) consent and complaint forms; 4) intake forms with potential for important health consequences; 5) "notices pertaining to denial, reduction, modification or termination of services and benefits, and the right to file a grievance or appeal; and, 6) other hearings, notices advising LEP persons of free language assistance, or applications to participate in a program or activity or receive benefits or services.

Threshold Languages: Languages that meet the following standards, "A population group of mandatory Medi-Cal beneficiaries residing in the Service Area who indicate their primary language as other than English, and that meet a numeric threshold of 3,000; or, a population group of mandatory Medi-Cal beneficiaries residing in the Service Area who indicate their primary language as other than English and who meet the concentration standards of 1000 in a single ZIP code or 1,500 in two contiguous ZIP codes.