

POLICY: INTERPRETIVE SERVICES

POLICY SUMMARY/INTENT: At no cost to the patient and in addition to services already available in-house, the hospital undertakes reasonable efforts to provide interpreters, in a timely manner, for its' patients/family members who are in need of such services, including sign language.

PURPOSE: To facilitate accurate, effective, timely, and dignified communications with those who have a language barrier, including the deaf or hearing impaired.

DEFINITIONS:

INTERPRETER: A person who is able to effectively, accurately, and impartially (both receptively and expressively) interpret for those with a language barrier and/or for a deaf/hearing impaired person who communicates through signing.

INTERPRETING: Employees of the hospital are considered to be "interpreting" when they are called upon by another department to act as the communicator for a patient with a language barrier and/or hearing impairment to hospital staff or other key caregiving personnel for that patient.

AFFECTED DEPARTMENTS/SERVICES: Hospital-wide

POLICY: COMPLIANCE – KEY ELEMENTS

- I. Initial assessment of communication needs are made during the admission process, whether inpatient, outpatient, or emergency. Assessments should include oral and written needs and preferred language. The assessment also includes an indication as to whether any barriers were identified or not.
- II. Appropriate patient information regarding translation services is included in the Patient Brochure given to patients upon admission, which includes the patient's rights to receive information in a way the patient understands.
- III. The hospital will utilize the services of staff that are currently on duty when the need for interpretation arises. However, if an employee is called in from home to interpret, the employee will be paid overtime for a minimum of one hour.
- IV. Hospital staff/volunteers used as translators shall be:
 - A. Fluent in both English and the second language
 - B. Able to translate the names of commonly known body parts and to describe the symptoms/injuries in both languages
 - C. For Spanish interpretation, TRMC has a process to verify competency of staff who perform Spanish/English translation. Staff members who have not attended a basic healthcare training program (i.e., housekeepers, diet aides, clerical) must complete the following:

1. Make an appointment with Education Services to take a Spanish Interpretation Competency Exam, or provide a copy of Certification of Competency (available through the hospital education department).
 2. Upon successful completion of the Spanish Proficiency Exam, employees may then provide interpreter services for Spanish speaking patients.
 3. A directory of employees who have successfully completed the Spanish Competency Exam or are certified, as well as those competent to translate other languages, is provided to Administration by the Education Department.
- V. Administration keeps a current directory of Interpreters attached to this policy.
- VI. The language line is available 24 hours a day/365 days per year for patients requiring a language other than English. They may be contacted by Nursing staff, Administration, and Supervisory personnel. Interpretive services shall be provided as necessary to communicate information relative to treatment/procedures except in instances/circumstances when a family member/friend is present and the patient agrees to interpretation by that individual.
- VII. Every attempt is made to have written material available in other languages. In the event written materials are needed in an alternative language the translator maybe be able to translate to a written form. Consents and other documentation requiring patient signatures should be in the specific preferred language and there should be documented evidence that an interpreter was present to explain. The interpreter should sign the form indicating the services were adequately explained with the date and time of the discussion. If the interpreter line is used, it should be documented on the consent on the signature line.
- VIII. The patient is asked to confirm that the method of language services offered to them are acceptable. The method should be appropriate and functioning properly. The patient's consent and the consent of the person providing interpretive services should be documented – there should be awareness of whether or not the spouse/family member/adult companion is able to adequately explain medical issues.
- IX. The ED receptionist has available and will keep an updated list of interpreters/signers throughout the hospital and community.
- X. TTY/TDD services are available for hearing impaired persons 24 hours per day/365 days per year. A portable unit is kept at the ED admitting area.
- XI. Televisions located in patient rooms are equipped to access closed caption.
- XII. Points to remember when communicating with the hearing impaired:
- A. The responsibility for understanding does not rest entirely with the hearing impaired person. Listen actively and intently to increase your understanding of the person.

- B. Face the individual, make sure your face is well lighted; gain the individual's attention through gentle touching before speaking.
 - C. Know which side is most affected by the hearing loss and speak toward the lesser-affected side. Speak slowly and articulate clearly but not in an "artificial manner." Lower the pitch of your voice and use a normal or only slightly louder tone. Do not shout. Give the individual plenty of time to respond. Watch for feedback, both verbal and non-verbal.
 - D. Coordinate your body language to reinforce your verbalizations. Use gestures and other visual cues to augment communications where and as indicated. Restate using other words when you are not being understood and be succinct.
 - E. Utilize alternate means of communication, such as reading and writing, pictures and drawings, careful gestures, demonstrations, and pantomime. The manual signing alphabet and selected "signs" may be taught and utilized by individuals with hearing impairments.
 - F. For those individuals using a hearing aid, facilitate and ensure appropriate use.
- XIII. Family members and friends will be used as interpreters only after the patient has given consent.
- XIV. Audits will be completed to ensure compliance with the policy and documentation requirements. Noncompliance will be reported through the Radar Event reporting system.
- XV. Education is provided upon hire and annually for both staff and providers.
- XVI. Documentation in the Medical Record includes:
- A. The patient's language preference
 - B. Type of interpreter services used, i.e. TDD, signer (ASL), Language Line
 - C. Name of the interpreter and relationship to patient, if any (i.e., friend, sister, etc.)
 - D. Purpose of interpretation (i.e., history and physical, informed consent, etc.).
 - E. If the interpretation is provided by an online service staff will confirm with the interrupter and the patient that the patient understood and accepted the service and provide their name, date, and time of the interpretation.

APPLICABLE STANDARDS OR REGULATORY REQUIREMENTS: Title 22, Section 70707; Rehab Act of 1973, Section 504;
Health and Safety Code, Section 1259 (a); Senate Bill 1840

REFERENCES:

AUTHOR:

APPROVED: Ad Council

EFFECTIVE DATE: January 1986

DISTRIBUTION: Hospital-wide

REVIEWED YEARLY:

REVISION: 10/2000; 10/2001; 8/2002; 7/2003; 6/2004; 01/2005, 02/2006, 2/2010, 3/2014, 3/2015, 5/2016

POLICY HISTORY:

ATTACHMENTS: Interpretive Services Employee List; Competency: Interpretive Services – Spanish



☒ Facility: Tillamook Regional Medical Center

INTERPRETIVE SERVICES EMPLOYEE LIST

S = Speak R = Read W = Write CC=Competency Complete

LANGUAGE	NAME	DEPARTMENT	S	R	W	CC
Spanish	Julie Alvarez	OPE/ER	x			x
	*Rosa Conrad	TMG	x	x	x	x
	*Grace Fountain	ER	x	x	x	
	Jesse Gardea	PFS	x	x	x	x
	*Danny Parada	Chaplain	x	x	x	
	Erika Camacho	Cardiopulmonary	x	x	x	x
	Kendra Martinez	PFS	x	x	x	x
	Daniela Benito	Scheduling	x	x	x	x
	*Jessica Vazquez	TMG	x	x	x	x
	*** Melissa Garcia	Administration	x	x	x	x
	Filipino	**Bambi Poblador	OR/OB	x	x	x

* First Language – competency not required.

***Melissa Garcia – Is competent for non-medical interpretation

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TILLAMOOK REGIONAL MEDICAL CENTER
COMPETENCY: Interpretive Services - Spanish
Risk Evaluation – Low Volume, High Risk

Name _____

Knowledge:

Date _____

Skills

Department _____

Behaviors

OBJECTIVE: To demonstrate competence in providing translation services for the Spanish speaking patient.

KNOWLEDGE OUTCOMES/PERFORMANCE GOALS: MET / NOT MET

Part I - Anatomy

Part II – OB

Part III – Pediatrics

Part IV – Med/Surg

Part V – Billing

Part VI – Commonly Used Words

SKILLS PERFORMANCE OUTCOME:

BEHAVIOR PERFORMANCE OUTCOME:

COMMENTS:

Signature of Peer Reviewer/Department Manager

Date

ANATOMY – PART I

Match the following Spanish words with their English translation.

- | | |
|------------------------------|----------------|
| 1. ____ Cabeza | A. Groin |
| 2. ____ Cerebro | B. Wrist |
| 3. ____ Ohido | C. Stomach |
| 4. ____ Garganta | D. Lungs |
| 5. ____ Hombro | E. Liver |
| 6. ____ Brazo | F. Head |
| 7. ____ Canilla | G. Leg |
| 8. ____ Seno | H. Heel |
| 9. ____ Intestino/Tripa | I. Brain |
| 10. ____ Talon | J. Ear |
| 11. ____ Muneca | K. Shoulder |
| 12. ____ Codo | L. Intestine |
| 13. ____ Vejiga | M. Ankle |
| 14. ____ Pecho | N. Gallbladder |
| 15. ____ Bazo | O. Throat |
| 16. ____ Ingle | P. Breast |
| 17. ____ Pulmones | Q. Spleen |
| 18. ____ Rodilla | R. Chest |
| 19. ____ Tobillo | S. Knee |
| 20. ____ Estomago/Pansa | T. Wrist |
| 21. ____ Pierna | U. Arm |
| 22. ____ Hgado | V. Bladder |
| 23. ____ Vesicula-Biliar/yel | W. Elbow |

OB – PART II

Please provide the Spanish translation for the following situation.

You have been called to OB to interpret for the doctor. The doctor asks you to interpret the following.

Your cervix is not dilating enough for the baby to be delivered vaginally/normally. The baby is showing signs of trouble. It is necessary that we do a cesarean section to get the baby out. I will need to make an incision into the uterus to deliver the baby. There are risks involved, as with any surgical procedure, but the risks of not getting the baby out soon are greater. The nurse will bring a consent which you will need to sign before we can proceed.

Please provide the English translation for the following.

1. **Estoy embarazada y empese a sangrar esta manana. Me salen muchos coajos, me siento debil.**

2. **Se me revento la bolsa de agua a las cinco de la tarde. Tengo dolores fuertes cada 2 minutos.**

3. **La boca de la matris esta 2 cm nada mas, necesita caminar.**

The following are commonly asked questions in OB. Please provide the Spanish translation for the following questions.

1. When was the first day of your last menstrual period? When is your baby due?

2. When did the contractions start? How far apart are they?

3. Did the bag of water break? What color was the water? Are you having any bleeding?

4. How many months are you in your pregnancy?

5. Are you going to breast feed your baby?

PEDIATRICS – PART III

Translate the following into Spanish.

1. When did the baby start to get sick?

2. Has the child had any vomiting or diarrhea? If so, how many times for each?

3. What was your child doing before he hit his head and fractured his right arm?

4. Your child is dehydrated and has a respiratory infection and needs to be admitted. He will receive I.V. fluids and antibiotics while he is hospitalized.

Translate the following into English.

1. Tiene mucha fiebre y no se controla con Tylenol.

2. Mi nina ha estado vomitando y tiene diarrea por 3 dias.

3. Mi nino tiene 2 dias que no quiere comer y se queja de dolor de estomago.

4. Su nino tiene infeccion en los dos oidos. El doctor le dara una receta para antibioticos y gotas para los oidos.

MED/SURG / ED – PART IV

PLEASE TRANSLATE THE FOLLOWING INTO SPANISH.

- 1. You have an infection in your urinary tract and are dehydrated. We are going to start an I.V. and give you an antibiotic through the I. V. to fight the infection.**

- 2. You may have stones in your gallbladder. You will need to have an ultrasound to find out for sure if you have stones.**

- 3. Please don't eat or drink anything after midnight the night before your surgery, and leave all your jewelry and other valuables at home on the day of your surgery.**

- 4. The patient complains of nausea and vomiting and pain in the right side of her abdomen for 5 days. On the 1 – 10 scale, the patient rates her pain as an 8.**

PLEASE TRANSLATE THE FOLLOWING INTO ENGLISH.

- 1. Me duele el pecho y tengo dificultad para respirar.**

- 2. Tengo dolor en la boca del estomago.**

- 3. Tengo alta presion y diabetis.**

- 4. Me duele el oido, mi garganta y tengo mucha tos con flema.**

- 5. Me duele la cabeza, se me borra la vista y mareos.**

BILLING – PART V

PLEASE TRANSLATE THE FOLLOWING INTO SPANISH.

- 1. We need your address, phone number and the name and phone number of a friend or relative that we could contact in an emergency.**

- 2. Will you be able to pay a portion of your bill today?**

PLEASE TRANSLATE THE FOLLOWING INTO ENGLISH

- 1. No tengo dinero ahora, Pudria hacer pagos mensuales?**

COMMONLY USED WORDS – PART VI

PLEASE MATCH THE ENGLISH WORD OR PHRASE WITH THE SPANISH TRANSLATION.

- | | |
|--|----------------------------------|
| 1. _____ Cold | A. Comodo |
| 2. _____ Hot | B. Sed |
| 3. _____ Thirsty | C. DolorModerado |
| 4. _____ Hungry | D. Orines |
| 5. _____ Pain | E. Quiero a mi familia |
| 6. _____ Mild Pain | F. No puedo respirar |
| 7. _____ Moderate Pain | G. Me molesta el tubo en la boca |
| 8. _____ Severe Pain | H. Hambre |
| 9. _____ Urinate | I. No estoy comodo |
| 10. _____ Bowel Movement | J. Tengo nausea |
| 11. _____ Bedpan | K. Frio |
| 12. _____ Nauseated | L. Dolor severo |
| 13. _____ I Can't Breathe | M. Evacuar el vientre |
| 14. _____ The tube in my mouth is bothering me | N. Cuando puedo comer? |
| 15. _____ When can I eat? | O. Quiero ver television |
| 16. _____ I am uncomfortable | P. Dolor |
| 17. _____ I want my family | Q. Caliente |
| 18. _____ I want to watch TV | R. Poquito Dolor |