



- Entity(s): Walla Walla General Hospital**
- Network:**
- System-Wide Corporate Policy**
Corporate Policy No.
- Standard Policy**
- Model Policy**

Entity(s) Facility Policy No. 10382

Department: Human Resources

Manual: Human Resources

FACILITY POLICY: INTERPRETERS/TRANSLATION SERVICES

POLICY SUMMARY/INTENT:

It is the intent of Walla Walla General Hospital to provide for communication needs of all patients, including those who have limited English proficiency or who are deaf or hard-of-hearing. To that end, a phone interpreter service, Department of Social and Health Services (DSHS) Interpreter Services, communication equipment, as well as hospital employees may be used to assist with communication.

AFFECTED DEPARTMENTS/SERVICES:

All departments or services of Walla Walla General Hospital

POLICY: COMPLIANCE KEY ELEMENTS

A. Assess Equipment Needs

1. It is the responsibility of each department leader to assess the equipment for interpretation needs in their department.
2. Speakerphones and/or portable phones are available to department staff and patients as indicated for use of over-the-phone interpreter services.
 - a. Leaders are responsible for ensuring 24/7 accessibility on their unit(s) of the equipment needed for over-the-phone interpreter services.
 - b. Leaders are to educate all staff on their unit(s) regarding where devices, interpreter lists, and interpreter services are kept.

B. Certified Languages International (CLI)

1. Over-the phone interpreter services through CLI is used when a certified on-site interpreter is not available. Staff may access CLI services by calling WWGH's proprietary phone line, direct to CLI, 1-844-281-1266 and provide the operator with:
 - a. Language needed
 - b. Caller's name
 - c. Department name

2. The service is available 24 hours/7 days a week for interpretation of medical or non-medical communication.

C. DSHS Interpreter Services

1. Employee may arrange for interpreter services in advance (72 hours when possible) of a scheduled appointment time by contacting the following DSHS approved broker: People to People in Yakima, WA, voice: 800-233-1624 or TDD: 800-606-1302. For further information regarding this service, contact Human Resources.

D. Communication Devices/Adaptive Equipment

1. A Telecommunication Device for the Deaf (TDD) is available for patients who are deaf or hard-of-hearing. The TDD may be signed in and out from the Switchboard.
2. Speakerphones equipped with telephone/voice amplification capabilities are available, except in OB where a speakerphone is provided in each room.

E. Employees as Interpreters

1. The Human Resources Department is responsible for confirming employees' interpretation qualifications.
2. The Human Resources Office maintains the list of approved interpreters. This list includes:
 - a. Interpreters name
 - b. Language(s)
 - c. Work extension and/or phone number
3. Human Resources staff asks employees at the time of hire if they are fluent in another language and if they are willing to interpret for patients and/or families when needed. If willing to interpret, the employee completes a form indicating the language(s) and level of fluency. Refer to: [Language Interpreter Survey](#).
4. Human Resources personnel arrange a speaking and listening competency test through ALTA Language Testing Services, and on successful passing of the test, they are added to the list of approved interpreters.
5. The list is made available to all staff members on the Connect intranet site, under directories/approved interpretation list.
6. Human Resources updates the list on an ongoing basis by adding new employees who qualify and removing names of terminated employees.

F. Family Members as Interpreters

1. There may be situations when a family member is the most appropriate person to interpret for a patient. Every attempt must be made to verify that the family member is correctly communicating to the patient. Examples of such situations:
 - a. A small child or elderly patient who is highly anxious in the emergency center or ICU and is accompanied by a family member who can interpret
 - b. An emergent situation when there is not enough time to find an interpreter

G. Documentation

1. Document in the Medical Record:

- a. Type of interpreter service used; i.e., TDD, phone
 - b. Name of interpreter, if one is used
 - c. Document if patient denies the use of an interpreter provided by the hospital, including if the patient requests to use a family member or friend instead of a hospital-provided interpreter. (See: Request Deny Interpreter Form)
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REFERENCES:

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

CORPORATE AUTHOR: Not applicable
SITE SPECIFIC POLICY OWNER: Director HR
COLLABORATION:

APPROVED_BY:
CORPORATE: Not applicable
HOSPITAL: (01/07/2016) President's Council ,
INDIVIDUAL:

REVIEW DATE: 10/30/2013,
REVISION DATE: 10/25/2012, 01/07/2016,
NEXT REVIEW DATE: 01/06/2019

ATTACHMENTS: [Language Interpreter Survey](#)
(REFERENCED BY THIS DOCUMENT) [Language Interpreter Survey](#)

OTHER DOCUMENTS: [Communication: Patient Care](#)
(WHICH REFERENCE THIS DOCUMENT)

DISTRIBUTED TO: Refer to AFFECTED DEPARTMENTS/SERVICES above

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