



Policy: Language Services

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Acute Care: ENC ☒ GR ☒ LJ ☒ MER ☒ Ambulatory ☒ SHAS ☒

Keywords: Interpreter, Interpretive, Interpretation, Language, Translation, Translate, Translator, ASL, American Sign Language, Sign Language, Hearing, Deaf, Hearing impaired, Friendly Voices

PURPOSE: Establishes policy and procedures for the provision of language assistance services within Scripps for patients with Limited English Proficiency (LEP), and/or deaf or hard of hearing patients.

I. DEFINITIONS

- A. Deaf or Hard of Hearing: A deaf or hard of hearing individual has partial or complete hearing loss that may make it difficult to hear or understand spoken communication in person or over the phone. Individuals may communicate using American Sign Language (ASL) or other Sign Language, and may use hearing aids, cochlear implants, or assistive listening devices to support communication access.
- B. Limited English Proficiency (LEP): A limited ability or inability to speak, read, write, or understand the English language at a level that permits the person to interact effectively with health care providers or social service agencies.
- C. Interpretive services focus on spoken language facilitated by a trained individual with exceptional linguistic skills in conveying accurate information from one language into another.
- D. Translation services involve converting written text from one language into another while preserving the meaning, context and style of the original content.
- E. Interpreters:
 - 1. **General Information** Limited to activities such as providing directions, obtaining demographic information, social/conversational content, and/or assisting patients with basic daily activities, and comfort. Staff or patient-designated family/friends may assist with patient communication by providing language or sign language assistance.
 - 2. **Medical Information**: Qualified persons able to interpret medical information, care, treatment, medical decision making, etc. Refer to *Interpreter Quick Reference* for the following available services:
 - a. Scripps Friendly Voices Interpreters: Qualified staff interpreters who have been professionally validated to interpret medical information. (See Scripps Language Services website).
 - b. Language Interpreter Service: Language services vendor telephone or tablets.
 - c. American Sign Language (ASL) or Sign Language: Language communication devices, or contracted provider based on patient preference and availability of external resources.

II. PERSONNEL

All Scripps personnel, physicians, authorized clinicians and clinical contracted services (i.e., dialysis).

III. POLICY

- A. Scripps provides qualified medical information “interpreters” at no cost to patients whenever a language or communication barrier exists. Language services are available either via live interpreters on-site or accessible by phone or electronic device 24 hours a day, seven days a week.
- B. Translated written materials containing standard information will be available for each eligible Limited English Proficiency (LEP) language group that constitutes 5 percent or more of the patient population served.
- C. Preferred Language for communicating Medical Information:
 - 1. Patient’s preferred language for discussing/receiving medical communication will be documented in the electronic medical record.
 - 2. All staff are responsible for confirming and updating patients’ preferred language (including ASL/sign language) for oral and written communication and receiving/discussing medical care at all stages of the care continuum.
- D. Critical Medical Communication: Qualified interpreter services will be utilized when providing “critical medical communications” to the patient. Physicians will access language services at any time to support a patient’s communication preference. Communications considered “critical”, or medical in nature, generally include, but may not be limited to:
 - 1. Consent and/or acknowledgment of informational discussion
 - 2. Advance directive discussion
 - 3. Resuscitation discussion
 - 4. Explaining any diagnosis and plan for medical treatment
 - 5. Explaining any medical procedures, tests, or surgeries
 - 6. Initial and discharge medication education including potential side effects
 - 7. Patient complaints
 - 8. Discharge instructions
- E. Refusal of Scripps Qualified Interpreter: Patients may, after being informed of the availability of qualified interpreters at no charge, select an individual of their choice to assist with their communication needs.
 - 1. Patient refusal to use a Scripps qualified interpreter must be documented in the medical record. Include the name of the individual that the patient selected to perform interpretation.
 - 2. If at any time staff are concerned about a communication barrier with the interpreter selected by the patient, staff will access a Scripps qualified medical information interpreter to provide further assistance.
- F. Language Service Complaints:
 - 1. Notices advising patients and families of the availability of language services, procedures for obtaining assistance, and filing complaints are displayed in public areas on the Patient Rights posters, Patient Rights and Responsibilities handouts, Scripps.org website and electronic media.
 - 2. Patient complaints and concerns should be directed to the unit leader who can take reasonable action through the procedures for patient complaints/grievances.
- G. Education: General information on language services will be provided in New Employee Orientation and department/committee meetings. Physicians receive information at their medical staff initial appointment and reappointment.

IV. PROCEDURES

- A. Upon first encounter (e.g., registration, check-in), personnel will identify the patient's preferred language (including sign language) for discussing/receiving medical information and:
 - 1. Document patient's preference in the medical record and on the patient's identification wristband.
 - 2. At the direction of the patient, or their representative, update the patient's preferred language.
 - 3. If the patient is a minor, is incapacitated, or has a designated advocate, the communication needs of the parent or legal guardian, surrogate decision-maker, or legally authorized representative is documented in the medical record.
- B. Engage a qualified interpreter, as needed, to provide an explanation of the difference between interpreters for medical information communication and general/basic information.
 - 1. Establish a reasonable plan for when interpretive services are required and how they will be accessed during the patient's visit/stay.
 - 2. Document the interpretation plan in the patient's record.
 - 3. If necessary, notify the charge nurse or nursing supervisor to assist in establishing a communication plan that includes availability of appropriate resources.
- C. Engage an interpreter as needed for any type of communication. Scripps's contracted language service, or qualified Scripps Friendly Voices interpreter staff, may be utilized.
 - 1. Contact additional resources to assist with a patient communication plan, such as the unit/department leader, operations supervisor, clinical risk specialist or designee, patient relations coordinator, etc.
 - 2. To reserve an interpreter for a less common language at a specific time, Scripps interpretive services vendor offers advance scheduling.
 - 3. Patient Request: If a contracted outside interpreter service is requested, direct the service to immediately notify both staff and the patient (if applicable) in the event of a cancellation by the interpreter.
- D. Engage Interpreter: Use the modality that best meets the need and encounter type:
 - 1. Medical Information:
 - a. Engage a qualified medical interpreter.
 - b. Document the use of interpretive services in the patient's medical record to include the following information:
 - i. Type of interpreter resource used,
 - ii. Interpreter's name and/or identification number, and
 - iii. Type of information interpreted or translated.
 - iv. Learner (e.g. patient, family)
 - 2. General Information Interpreters: Limited to activities such as providing directions, obtaining demographic information, social/conversational content, and/or assisting patients with basic daily activities, and comfort. Staff or patient-designated families/friends can assist with patient communication by providing language or sign language assistance.
- E. Qualified Staff Interpreters/Friendly Voices:

If the individual selected on the interpreter list is an employee at work with an assignment, contact the employee's supervisor and provide the following information:

 - 1. Patient's name and nature of the interpretation needed,
 - 2. The language capability needed, general or medical

3. When the service is needed (date/time)
 4. Location and approximate length of time the interpreter will be needed
 5. The person to whom the interpreter should report.
- F. Language Service Disruption: In the event of a lapse or disruption in the provision of language services, notify department leader and complete an incident report (if indicated) the event detailing the attempts made and the steps taken to manage the issues. Consider the following:
1. Information Services (IS) may inform the requester that they are addressing a technical issue and may not have the ability to resolve the issue promptly (e.g., a network outage).
 2. There may also be instances where a patient speaks a dialect for which no interpreter is available. Collaborate with language service provider and appropriate department leader regarding options for linguistically appropriate patient care and document accordingly. Such processes can require additional scheduling and coordination and may take 24 hours or more.
 3. Language Service provider-related issues may include failure to show for an encounter, late arrival, quality concerns, etc.

V. RELATED FORMS

- A. Patient Rights Handout (one page); 100-8720-844SW, 100-8720-845SW (Spanish)
- B. Patient Essentials; 100-8720-206SW, 100-8720-207SW (Spanish)
- C. Language Interpretation Services, Patient Notification of; 100-NS8720-071SW
- D. Interpreter Services (Language and Hearing) Quick Reference; 100-NS8560-001
- E. Scripps Intranet Language Services

VI. RELATED PRACTICE DOCUMENTS

- A. Patient Rights and Responsibilities, Access to Scripps Care & Services; S-FW-RI-0010
- B. Forms and Other Printed Materials, Coordination and Management; S-FW-LD-6002

VII. REFERENCES

- A. 45 CFR 84.52 (c) and (d)
- B. Section 504 of Rehabilitation Act of 1973
- C. Title VI of Civil Rights Act of 1964
- D. Section 1259, California Health & Safety Code
- E. Joint Commission Hospital Accreditation Standards (current edition)

VIII. SUPERSEDED

Formerly titled: Interpreter Services, Language and Hearing; S-FW-RI-0007, 10/24

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