

TITLE: Interpretive Services, Language and Hearing

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I. PURPOSE

Establishes policy and procedures for the provision of interpretive services within Scripps for patients with limited English proficiency, and/or deaf or hard-of-hearing.

II. DEFINITIONS

- A. Hearing-Impaired: A hearing-impaired individual has difficulty hearing and/or discriminating oral conversation either in a face-to-face situation or over the telephone.
- 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. 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 are able to assist with patient communication by providing language or sign language assistance.
 2. Medical Information: Persons able to interpret medical care, treatment, medical decision making, etc. Refer to Interpreter Quick Reference for available services:
 - a. Scripps Qualified Staff Interpreters: Staff members who have validated competency through CyraCom to interpret medical information.
 - b. Telephone Interpreter Service: CyraCom language service.
 - c. American Sign Language, Video Remote Interpreting or other contracted provider.
 - d. TDD/TTY – Telecommunication Device for the Deaf (TDD)/Teletypewriter (TTY): A small typewriter-style instrument that allows for direct telephone call access without the need for interpretation.

III. POLICY

- A. Scripps provides qualified medical information “interpreters” at no cost to patients whenever a language or communication barrier exists. Interpretive services are available on the premises or accessible by phone 24 hours a day, seven days a week. Written materials containing standard information will be available for each eligible limited English proficient (LEP) language group that constitutes 5 percent of the patient population served.
- B. The patient’s preferred language for medical communication will be documented in the electronic registration system for communication to staff.
- C. Staff will utilize interpretive services when providing “critical medical communications” to the patient. Physicians are encouraged to access interpretive services at any time to support patient communication. Communications considered “critical”, or medical in nature, generally include, but may not be limited to:
 - 1. Consent and/or acknowledgement 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
 - 7. Patient complaints
 - 8. Discharge instructions
- D. 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. Patient’s *refusal* of a Scripps interpretive service should be documented in the medical record and include the name of the individual that the patient selected to perform interpretation. If at any time staff is concerned about a communication barrier with the interpreter selected by the patient, staff may access a Scripps medical information interpreter.
- E. Notices advising patients and families of availability of interpretive services, procedures for obtaining assistance, and filing complaints are displayed in public areas on the Patient Rights posters, Patient Rights and Responsibilities handouts and Scripps.org website.
- F. Patient complaints and concerns must be directed to the manager of the unit who can take immediate action through the procedures for patient complaints/grievances.
- G. Information on interpretive services will be provided in New Employee Orientation and department/committee meetings. Physicians receive information at their medical staff initial appointment and reappointment.

IV. PERSONNEL

Scripps personnel.

V. PROCEDURES

- A. Upon first encounter (registration, check-in), personnel will identify the patient's preferred language for receiving medical information and:
 - 1. Document the preferred language for medical information on the face sheet and on the patient's identification wristband.
 - 2. At the direction of the care team, as necessary update the language designation.
- B. Engage an interpreter as needed to provide an explanation regarding the difference between interpreters for medical information communication and general information. Establish a mutually-acceptable plan for when services are required and how they will be accessed throughout the patient's visit/stay. If necessary, notify the charge nurse or nursing supervisor to assist in establishing a communication plan that includes appropriate resources and availability. Contact additional resources to assist with a patient communication plan, such as the operations supervisor, risk manager, etc.
- C. Obtain the appropriate interpretation service:
 - 1. **Medical Information Interpreters:**
Obtain an interpreter from the contracted telephone/video interpreter service or from staff that have been designated as qualified to interpret medical information.
 - 2. **General Information Interpreters:**
 - a. Staff with language skills may be utilized to provide general information such as providing directions, obtaining specific demographic information, and/or assisting patients with registration, basic daily activities and comfort.
 - b. Contracted telephone/video interpreter service or qualified staff interpreter may be utilized as needed for general information.
- D. Clinical staff must document the use of all interpreter services for medical information, including a patient-selected individual, in the patient's medical record and include the date, interpreter's name or ID number, language, and reason for interpretation/call (e.g., "John Smith", "patient's wife" or "Mary Jones", Qualified Staff Interpreter, or "telephone Interpreter" ID # 123, Language: Korean, Reason: to discuss surgical procedure.)
- E. Employees serving as medical information interpreters:
 - 1. 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:
 - a. Patient's name and nature of the interpretation needed
 - b. The language capability needed
 - c. When the service is needed (date/time)
 - d. Location and approximate length of time the interpreter will be needed
 - e. The person to whom the interpreter should report
 - 2. If the employee is unavailable, proceed with accessing the telephone interpreter service.

VI. RELATED FORMS

- A. [Interpretive Services \(Language and Hearing\) Quick Reference](#); 100-NS8560-001
- B. Patient Rights Handout (one page); 100-8720-844 English, 100-8720-845 Spanish
- C. [Your Hospital Stay and Caring for You](#) 100-8720-206SW English, 100-8720-207SW [Spanish](#)
- D. [Language Interpretation Services, Patient Notification](#); 100-NS8720-071SW

VII. RELATED POLICIES

- A. [Complaint/Grievance Process, Patient](#); S-FW-RI-0013
- B. [Patient Rights: Access To Scripps Care and Services, Patient Rights and Responsibilities](#); S-FW-RI-0010

VIII. 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

IX. SUPERSEDED

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