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Origination	8/1/1992	Owner	Stacy Coulter: Director, Patient Experience
Final Approved	N/A	Policy Area	Administrative
Effective	Upon Approval	Applicability	Mills-Peninsula Medical Center
Last Revised	11/29/2023		
Next Review	1 year after approval		

## Language Assistance Policy

### PURPOSE:

Communication is a cornerstone of patient safety and quality care, every patient has the right to receive information in a manner he/she understands. Effective communication allows patients to participate more fully in their care. When a patient understands what is being said about his/her care, treatment, and services, that patient is more likely to fulfill critical health care responsibilities. Communicating effectively with patients is also critical to the informed consent process and helps practitioners and hospitals give the best possible care. For communication to be effective, the information provided must be complete, accurate, timely, unambiguous, and understood by the patient.

### POLICY:

Mills-Peninsula will provide certified interpreters for limited or non-English speaking patients at no cost. **Family members may not be used as interpreters** unless the patient specifically requests. If a **patient refuses** an interpreter and requests a family member to do the interpreting, the family member must be an adult (age 18 or over). It is not acceptable to have a minor child interpret. Documentation in the eHR includes the name of the interpreter or interpreter ID code and the relationship to the patient, e.g., husband, adult child, employee or professional service person. A patient's refusal to have an interpreter is also documented. Physicians who are bi-lingual may interpret for their own patients only.

Note: Treatment of a medical emergency may be provided without consent where the provider reasonably believes that a medical procedure should be undertaken immediately and there is insufficient time to obtain consent of the patient or of a person authorized to consent for the patient. A medical emergency is defined as: 1) Immediate services are required for the alleviation of severe pain; or 2) immediate diagnosis and treatment of unforeseeable medical conditions are required, if such conditions

would lead to serious disability or death if not immediately diagnosed or treated.

## SCOPE:

This policy applies to all Mills-Peninsula Medical Center staff and physicians.

## DEFINITIONS:

**Interpreting/interpretation** – is the facilitating of **oral** or **sign-language communication**, either simultaneously or consecutively, between users of different languages. The process is described by both the words *interpreting* and *interpretation*.

**Translation** – is the transference of meaning from **text to text** (written or **recorded**), with the translator having time and access to resources (dictionaries, glossaries, etc.) to produce a faithful, true, and accurate document or verbal artifact.

**Certified Interpreters** are used in any case, whether it is through the phone service, video relay, face-to-face in-person outside vendor, or in-house staff, when an individual (patient, family member, customer or employee) requires an interpreter in the inpatient and HSD (Hospital Service Department/Outpatient).

### Medical and basic interpreter

There are two types of certified interpreters – medical and basic or conversational. **Medical interpreters** must be used for informed consent, medical discussion with physicians, discharge instructions, patient education materials, etc.

**Basic or conversational** interpreters can talk about directions to the hospital, patient asking for water, pain medication, very simple requests. Mills-Peninsula will provide the interpreters.

## PROCEDURE:

### A. Video Remote Interpretation (VRI)

- A. This service provides bilingual and/or American Sign Language (ASL) interpretation via video or audio from a computer monitor on a cart with wheels for mobility. This service is provided by Language Line
- B. Any employee may utilize a VRI cart by following the instructions provided below:
  1. Open Video Application: Double click on the orange/white/blue icon on the desktop/Language Line.
  2. Select Language: Click on the language needed, then click on the orange box with the camera to access the video interpreter. A “Hold Screen” will appear until you connect to the interpreter. If video is not available at the time of your call you may select the blue handset for audio that is available 24/7.
  3. Provide your Name and Department
  4. Document the interpreter’s name, ID # and what language you requested on the patient’s record under “Interpreter”.

5. To conclude a call: Hang up by clicking on the red icon that has a handset. Be sure to hang up or ask the interpreter to hang up as the interpreter is required to stay on the line until you do

**B. When VRI is not available or For patients/clients who called in by phone and interpreter services are required: (See attachments)**

1. In most instances, once a patient has been identified as needing language interpretation services, telephone interpretation service may be used if the VRI Cart is not available. Inform person you are getting an interpreter.
  - a. Push the conference call button and dial **1-844-933-2926** to access the interpretation service
  - b. Indicate the language you need
  - c. Provide: First Name and Last Initial and Department
  - d. When the interpreter comes on the line, give the interpreter a brief explanation of the call
  - e. Push the conference call button to bring the caller onto the call.

**C. Procedure For Language Interpreter Services and American Sign Language and Instructions for Face-to-Face Interpreting (See Attachment)**

1. Call Language Line On-Site on-site division, Fluent, at: 1-888-225-6056 Opt. 1 or email [OnsiteRequests@LanguageLine.com](mailto:OnsiteRequests@LanguageLine.com)
2. Provide the following information:
  - a. LanguageLine 6 Digit Client ID: 2 0 1 8 8 6
  - b. Name Of Your Location; Sutter Mills-Peninsula Hospital
  - c. Service Location for Interpreting Session (Address, Floor/Suite #, Building Name, Etc.);  
\_\_\_\_\_
  - d. State the language needed for this request;
  - e. Name Of Onsite Contact Person For Interpreter To Locate Upon Arrival;  
\_\_\_\_\_
  - f. Name(S) of Individual; Provider: \_\_\_\_\_ Patient: \_\_\_\_\_
  - g. Nature and Format of the Meeting (I.E. Medical Appointment, Lecture, Staff Meeting, Therapy Session, Etc.) \_\_\_\_\_
  - h. Date, Time and the Duration of The Appointment. \_\_\_\_\_
  - i. Materials, If Needed, For Assignment. \_\_\_\_\_
3. From there, the Fluent staff will locate an Interpreter in your area and notify you accordingly;

**D. Documentation and refusal of interpreter**

The need for an interpreter is assessed at the time of admission and throughout the patient's stay. All use of interpreters will be documented into the patient's eHR in the appropriate area.

If a **patient refuses** an interpreter and requests a family member to do the interpreting, the **family member must be an adult (age 18 or over)**. It is not acceptable to have a minor child interpret.

Documentation in the eHR includes the name of the interpreter and the relationship to the patient, e.g., husband, adult child, employee or professional service person. A patient's refusal to have an interpreter is also documented. Example: Patient refuses to have a certified interpreter. Patient requests that her husband, Joe Diego, interpret for her.

## **E. Procedure for Translation of Written Materials**

### **Translation Service**

Written materials will be translated and provided for patients who are limited or non-English speaking. Decision to translate written materials will be based on perceived need by manager and staff, or when the above 5% criterion is reached.

A. Requests may be forwarded by department managers based on perceived need to enhance communication/service among targeted customer groups.

1. Send materials for review to Planning and Marketing through <http://intranet.sutterhealth.org/pamf/index.cfm>
2. Materials will be reviewed by Planning and Marketing.
3. Final decision to translate materials is confirmed by discussion between the Department Manager and Planning and Marketing.

B. Written materials are given to Planning/Marketing for translation, printing and distribution.

1. A certified translation service will be retained to provide the translation.
2. Changes in forms that are printed out of the EHR for patient signature must be approved by the Form Standardization Subcommittee of the Document Management Operations Team.
3. Changes in paper forms that are scanned into the EHR require approval by the Forms Management Committee.
4. All other materials will be printed through the Planning/Marketing Department to provide consistency in format.

## **F. Reporting to the California Department of Public Health**

Mills-Peninsula Health Services is in compliance with SB 1840, Chapter 672, Health and Safety Code, Section 1259; we ensure that patients with limited English proficiency and those who are deaf are not denied access to basic healthcare services due to language or communication barriers.

The Health Service will annually assess the 5% criteria noted above and maintain documentation of such in Administration. Additionally, we will review and submit a copy of any changes to this policy and procedure to the local district office of Licensing and Certification, California Department of Public Health.

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## **G. Procedure for Gathering and Reporting of 5% Criteria Data**

Patient Relations documents, via EPIC reporting, the percentage of limited or non-English speaking patients differentiated by language groups.

1. The person performing the admitting functions flags patient's admitting screen as to English speaking, limited or non-English speaking.
2. Limited and non-English speaking patients are further coded into specific language spoken.
3. The above information is retrieved from EPIC annually.
4. Report is sent to the California Department of Public Health by the Director of Patient Relations.

## REFERENCE:

1. Health and Safety Code Section 1259, SB 1840, Chapter 672. Ensures that patients with limited English proficiency and those who are deaf are not denied access to basic healthcare services due to language or communication barriers.
2. The Joint Commission Standard RI.01.01.03: The hospital respects the patient's right to receive information in a manner he or she understands.
3. VI of the Civil Rights Act, 1964
  1. Executive Order 13166
  2. Policy guidance from the office of Civil Rights regarding compliance with Title VI, 2004
  3. Title III of the Americans with Disabilities Act, 1990
  4. The American Medical Association Office Guide to the Limited English Proficiency (LEP) Patient Care

## ATTACHMENTS:

None

### All Revision Dates

11/29/2023, 12/30/2022, 6/7/2019, 11/6/2017, 9/19/2014, 4/1/2010, 7/1/2009, 6/1/2005, 2/1/2003, 5/1/2002, 2/1/1998, 7/1/1997, 10/1/1996, 9/1/1994

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### Attachments

[CC-LLS OPI Appointment Procedure \(002\).pdf](#)

[Sutter eQRG for OnSite - Mills-Peninsula \(002\).pdf](#)

[Sutter Mills-Peninsula Medical Center LLS-electronicQRG.pdf](#)

## Approval Signatures

Step Description	Approver	Date
Medical Affairs Committee	Janet Wilson: Manager, Medical Staff	Pending
MEC	Janet Wilson: Manager, Medical Staff [KG]	1/9/2024
CNE/CEO/Adm Designee	Darian Harris: CEO, MPMC	1/2/2024
Hospital Policy Administrator	Jill Foxe: Manager, Accreditation & Licensure	11/30/2023
Policy Owner	Stacy Coulter: Director, Patient Experience	11/29/2023

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## Applicability

Mills-Peninsula Medical Center