



Temecula Valley
HOSPITAL

CLINICAL PRACTICE MANUAL
PROVISION OF CARE

- Policy
- Procedure
- Standardized Procedure
- Guideline
- Plan

Title: INTERPRETER: LANGUAGE ACCESS FOR LIMITED ENGLISH PROFICIENT (LEP) AND THEIR SURROGATE DECISION-MAKERS

SCOPE:

- A. Personnel: All hospital clinicians caring for patients and surrogate decision makers who are Proficient (LEP)..
- B. Site: Temecula Valley Hospital: 31700 Temecula Parkway, Temecula, CA 92592.

PURPOSE:

- A. Temecula Valley Hospital (TVH) understands the importance of effective communication between patients and their providers of care, treatment and services. Effective patient-provider communication is a patient right and necessary for patient safety. The purpose of this policy is to ensure the provision of quality patient care to all Limited English Proficient (LEP) patients as well as their surrogate decision-makers to provide a mechanism whereby they are able to understand their medical conditions and treatment options.

DEFINITIONS:

- A. Limited English Proficient (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.
- B. Interpretation by Telephone: A form of remote interpreting that offers the delivery of interpreter services through telephone technology. The interpreter is at a different physical location than the patient. Telephone interpreting allows for an audio connection between the patient, physician, or other caregiver and interpreter.
- C. Financial Number (FIN): A number assigned to patient that is specific to one encounter to the hospital.

- D. TTY/TTD: A twenty-four (24) hour telecommunication device which can connect the caller to all extensions

POLICY:

- A. TVH respects the patient's right to receive information in a manner he/she understands.
- B. LEP patients of TVH and/or their surrogate decision-makers shall have services provided to them in their primary language or have interpreter services provided to them during the delivery of all significant healthcare services.
- C. Patients of TVH and/or their surrogate decision-makers are informed and encouraged to participate in their treatment and plan of care. The basis for determining whether a barrier to communication exists is based upon the patient's/family statement of need and/or the assessment of the healthcare provider.
- D. In assessing whether a barrier exists, TVH shall identify the patient's oral and written communication needs including the patient's preferred language for discussing health care.
- E. New employees of TVH will be trained on this policy and the acquisition of interpreter services during their new hire orientation. Training on this policy and procedure for current TVH staff will be incorporated into other ongoing trainings.
- F. The translation of written documentation into a language other than English will occur through the contracted language services provider. Translations from web sites or other institutions will not be adopted by TVH use without going through the contracted language services provider for translation.
- G. TVH will inform the LEP patients that the availability of a qualified medical interpreter and/or language assistance is legally guaranteed, free of charge, and available within a reasonable time frame.
- H. If the staff or the physician speaks the same language as the patient, no interpreter is necessary for social conversations, to conveying/receiving simple messages, or for basic questions and/or general instructions (i.e., instructing patient that you wish to bathe them, telling them the medicine is for treating their pain, etc.). Any interpretation that requires asking or giving of detailed medical information and/or informed consent requires the use of a qualified medical interpreter available through the contracted language services provider.
- I. Language Line Services should be used for all medical communication needs. Family members are discouraged from interpreting information other than basic conversational information.
- J. Should patients/surrogate decision makers insist upon the use of a friend or family member to provide them with interpretation, TVH personnel shall additionally retain a qualified medical interpreter to participate in the exchange to ensure that it represents an accurate portrayal of the information conveyed to hospital staff and patients.
- K. Minor children and other patients will not be used to interpret information.
- L. TVH provides access for LEP patients and their surrogate decision-makers in all clinical and support areas and this service is available during all hours of operation at no cost to the patient and/or family.

REFERENCES:

1. The Joint Commission on Accreditation of Healthcare Organizations Standards 2012
2. “Advancing Effective Communication, Cultural Competence and Patient and Family Centered Care: A Roadmap for Hospitals.” The Joint Commission, 2010.
3. Title VI of the 1964 U.S. Civil Rights Act, 42 U.S.C., 2000d.
4. Office of Civil Rights, U.S. Department of Health and Human Services, Guidance to Federal Financial Assistance Recipients Regarding Title VI Prohibition Against National Origin Discrimination Affecting Limited English Proficient Persons, 68 Fed. Reg. 47311 (August 8, 2003).
5. California Government Code 11135 and 7290 et. seq.
6. California Health and Safety Code 1259.
7. Office of Minority Health, U.S. Department of Health and Human Services, National Standards on Culturally and Linguistically Appropriate Services (CLAS) in Health Care, 65 Fed. Reg. 80865 (Dec. 22, 2000).