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| Policy Name: Interpreter Services, Communication Deficits and Language Barriers | | Policy #: HW#1A.190 |
| Division: Organizational | Manual: Hospital Wide | Page #: 1 of 3 |
| Origination Date: 6/2008 | Revised Date: 10/2020 | Reviewed Date: 10/2017 |

PURPOSE:

To ensure equal access to care, our non-English speaking and limited English speaking customers have the right to an interpreter should they require one. Frequently, we also encounter patients with problems communicating due to hearing or speech deficits, language barriers, the inability to read or write or cognitive impairments. PVHMC is committed to providing interpreters to all patients with this need.

California law (Senate Bill 1840) mandates that all licensed acute facilities must make reasonable efforts to provide interpreters, professional bilingual staff or other mechanisms to ensure adequate and speedy communication between patients and staff. PVHMC adheres to all state and federal regulations related to the provision of interpreter services.

The Rights of the Individual Functional Team reviews our current Interpreter Services Program annually and assesses the need for additional language services based on a review of our surrounding community population. PVHMC utilizes the following mechanisms to comply with the law and to meet the needs of our patients who have a communication deficit or language barrier:

1. PVHMC Associates who have the appropriate language skills may assist non-English speaking patients in interpreting for non-clinical, basic inquiries.
2. PVHMC contracts with CyraCom Language Solutions to provide over the phone interpretation services in virtually any language. CyraCom telephones are located in various areas of the Hospital and are easily accessible. In addition, you can obtain a “floater” phone by calling the Telecommunications Department.
3. Various communication tools are available on all nursing units and the hospital intranet to assist with cognitive and other language barriers. These tools include graphic phrases cards, point-talk cards, etc. Contact the Patient Relations department for additional resources.
4. Posted Notices: PVHMC advises patients and their families of the availability of interpreters through the following notices:
 - a. Patient Guide
 - b. Posted Notices in some lobby areas
 - c. Interpreter Service Notice Posted on Hospital Website
 - d. Hospital Policy Posted on Website

5. Documents

- a. Health and Safety Code Section 123222.1 requires that most printed materials provided to patients or their agents be printed in at least a 12-point font that is clear and legible. Examples include but are not limited to; Consent Forms, Conditions of Admission, Medical Instructions and correspondence written, printed or produced by the facility.
- b. Translation: Certain documents are to be translated into our predominate non-English language (Spanish) and include any form that a patient signs or is expected to read and/or take home. Examples include but are not limited to: consent forms, discharge instructions, education materials, etc. Send requests to Patient Relations department or our Forms Department for assistance with document translation.

To access an Interpreter:

- a. Ascertain the patient's (or legal representative's) primary language and confirm the language they prefer to receive medical information.
- b. If there are bilingual associates in your area, they may assist in uncomplicated, non-medical types of interpretation.
- c. For interpretations which involve extensive interaction and/or medical/social issues use the CyraCom telephone. CyraCom phones are available in every area where contact with patients or families occur. These double handset telephones provide privacy for patient, physician, and interpreter conversations.
- d. In addition, all associates can use a direct extension line (2121) to access the CyraCom Language Services which are available 24 hours a day, 7 days a week.
- e. Make sure to document in the medical record what was interpreted and who did the interpreting. If using CyraCom, document that you used the services and the interpreter number.

Hearing/Sight Impaired Patients:

In accordance with Senate Bill 1840 and the Americans with Disabilities Act (ADA), the following services are available:

- a. Primary sign language services are available through CyraCom online service. Associates can access the services by calling the Patient Relations department or house supervisor during nights and weekends.
- b. There are TDD devices (Telecommunication Device for the Deaf) available through the Telecommunications Department for use by hearing-impaired patients. These can be checked out to a patient by contacting Telecommunications directly or during regular business hours you may contact Patient Relations for assistance or questions. All patients phones are equipped with an adjustment to increase the volume for hard of hearing patients.

- c. All televisions in patient rooms are equipped with a closed captioning option that allows for hard of hearing or deaf patients to read the audio portion of television programming.
- d. As a secondary resource, Sign language interpreters are available by calling Life Signs directly at (323) 550-4210 or contacting the house supervisor office at 9525.
- e. Sight-impaired patients and visitors are to be assisted in finding their way around the hospital by escort, either by hospital Associates or by volunteers. Elevator controls are in Braille to assist our sight impaired patients navigate the hospital grounds.
- f. All hospital Associates must read to a sight-impaired person anything which would normally be read by a sighted person, i.e. instructions, consents, etc.

COMMUNICATION RESTRICTIONS

Generally, patients have the right to expect unrestricted access to communication. Sometimes, however, it becomes necessary to restrict visitors, mail, telephone calls, or other forms of communication as a component of a patient's care, i.e. to prevent injury or deterioration of the patient, damage to the environment, or infringement on the rights of others. The therapeutic effectiveness of such a decision should be evaluated by members of the healthcare team.

The patient and/or their family are to be included in any such decision and they are to be informed of the reasoning behind the decision. Communication restrictions are to be explained in a language that the patient understands.

NOTE: The restriction and justification for the restriction is to be documented in the medical record.

Reference: CHA Consent Manual

Approvals: Rights of the Individual Functional Team 10/19/17
Rights of the Individual Functional Team 10/15/20