1.0 POLICY: Methodist Hospital provides interpreter services to assure that Limited English Proficient (LEP) and Deaf and Hearing Impaired patients needing an ASL (American Sign Language) Interpreter receive high quality timely care. Methodist Hospital does not distinguish among individuals on the basis of race, color or national origin, either directly or indirectly, in the types, quantity, quality or timeliness of program services, aids or benefits that they provide or the manner in which they provide them.

2.0 DEFINITIONS:
2.1 Limited English Proficient (LEP): An individual who is unable to speak, read, write, or understand the English language at a level that permits him/her to interact effectively with health and social service providers.

2.2 Language or communication barriers:
2.2.1 With respect to spoken language, barriers which are experienced by individuals who speak the same primary language and who comprise at least 5 percent of the population of the geographical area served by the hospital or of the actual patient population of the hospital. In cases of dispute, the state department shall determine, based on objective data, whether the 5 percent population standard applies to a given hospital.

2.2.2 With respect to sign language, barriers which are experienced by individuals who are deaf and whose primary language is sign language.

2.3 Interpreter: "Interpreter" means a person fluent in English and in the necessary second language, who can accurately speak, read, and readily interpret the necessary second language, or a person who can accurately sign and read sign language. Interpreters shall have the ability to translate the names of body parts and to describe competently symptoms and injuries in both languages. Interpreters may include members of the medical or professional staff.

2.4 Interpreter services:
Language/interpretation services include: contract voice interpreting, hospital certified staff, contract sign language, and Telecommunication for the Deaf (TDD). These services are provided via Cyracon Clearlink phone, in person spoken or sign interpreters, TTY phone, and printed materials in a variety of spoken languages based on community feedback and need.

3.0 PROCEDURE
3.1 Review of Demographics: Methodist hospital will review on an annual basis the community needs assessment for the demographic changes. It will update the necessary forms for any demographic that represents 5% of the population. Methodist Hospital will also review and change the policy and procedure to meet the needs of the population it serves.

3.2 Posting Notices in Conspicuous Locations

3.2.1 Methodist Hospital posts notices (at a minimum, these notices will be posted in the Emergency Room, Admitting area, the hospital entrance, Rehabilitation Unit and in the outpatient areas) in the languages identified as 5% of our population, that list:

3.2.1.1 the languages for which interpreter services are available
3.2.1.2 how patients and their families can obtain an interpreter
3.2.1.3 how to contact the California Department of Health Services’ (phone numbers & local address) file a complaint concerning interpreter service problems (including a TDD number for the hearing impaired).

3.2.2 Methodist Hospital Internet

3.2.2.1 The notice of available interpreter services, how to obtain an interpreter, and how to file a complaint will be posted in the 3 languages on the internet
3.2.2.2 The list of all available languages
3.2.2.3 The current policy on interpreter/translation services

3.3 Notification to Employees: During general orientation, all employees will be informed of Methodist Hospital’s commitment to provide interpreters for patients/families in their primary/preferred language when communicating in English, is not possible or advisable, and how to access the necessary interpreter. Updates will be provided when there are policy changes.

3.4 Assessment and Documentation

3.4.1 Patients are assessed upon admission for the need of interpreter services by the hospital admitting staff. This information is documented in the medical record and reflected on the admission sheet.

3.4.2 To assure quality interpretation and confidentiality, family members should not be used as interpreters for Limited English proficient (LEP) or hearing impaired patients. If the patient insists on using the family member as an interpreter it is to be noted in the chart.

3.5 Use of Staff

3.5.1 Only licensed staff can be utilized for clinical translating due to their clinical education competency. A non-clinical staff should not be used for interpretation unless they have a medical interpreter certification on file.

3.5.2 Non Clinical Staff can be used to communicate in a language that is comfortable for the LEP only for non-clinical, comfort issues. At no time should a non-medical, non-certified staff member translate for patient consents or other medial issues.

3.5.3 Human Resources will maintain a list of licensed bilingual employees.

3.6 Printed Materials

3.6.1 Standard written forms, waivers, documents, education, admission
packets, informational materials and discharge instructions available to patients upon admission will to be reviewed to determine which languages in which to translate. Those deemed necessary for translation will be identified and place on a list to be translated based on necessity. 3.6.2 Methodist Hospital's consent forms are available in those languages identified through the community needs assessment (3.1).

3.7 Alternative Communication Methods

3.7.1 Visually impaired: braille and spoken language.
3.7.2 Ventilator dependent patient: pen, paper, or communication board.
3.7.3 Communication cards with frequently used words and phrases for the LEP patient

3.8 Use of Equipment

3.8.1 Utilize the Cryacom phone for LEP by:
   3.8.1.1 Plug the clearlink phone into an active telephone jack.
   3.8.1.2 Pick up the LEFT handset to get a dial tone.
   3.8.1.3 Press the blue button labeled ACCESS.
   3.8.1.4 When prompted, press the white button labeled ACCT/PIN.
   3.8.1.5 Say the name of the language you need.
   3.8.1.6 Select if you would like to add an additional person to the call.
   3.8.1.7 When the interpreter comes on the line, pass the RIGHT handset to the patient.
   3.8.1.8 Begin the interpretation session.
   3.8.1.9 Record the employee identification number of the Cryacom translator and record in the medical record

3.8.2 Cryacom use via cisco phones

   3.8.2.1 Cryacom translation can also be accessed by the cisco phones By utilizing the speaker option on the phone, connecting via the pre-programmed autodial option and stating the desired language.

3.8.3 To Obtain ASL (American Sign Language) Interpreter for Deaf and Hearing impaired Patients

   3.8.3.1 Obtain the cart and camera for remote access to the “in person” ASL interpreter in the nursing office.
   3.8.3.2 Place the cart for ease of the patient to see the screen and for the camera to function for the interpreter. Follow the instructions attached to the cart to connect with Cryacom

3.9 Regulatory Notifications

   The Service Excellence Director will ensure that:
   The hospital shall annually transmit to the state department a copy of the updated policy and shall include a description of its efforts to ensure adequate and speedy documentation between patients with language or communications barriers and staff. The documentation will be sent to:
Los Angeles Licensing and Certification District  
Office Attn: Eric Stone, Supervisor 12440  
East Imperial Highway, Suite #522  
Norwalk, CA. 90650  

Department of Developmental Services  
Office of Human Rights and Advocacy Services  
Attention: Bilingual Services Coordinator  
1600 Ninth Street, Room 240 (MS 2-15)  
Sacramento, CA 95814  

REFERENCES:  
Title VI of the Civil Rights Act 1964  
Health and Safety Code 1259 (c)(2)  
AB 389  
AFL 15-27  
CMS Conditions of Participation  
Comprehensive Accreditation Manual for Hospitals  
Title 22 California Code of Regulations, Section 70707