1.0 **PURPOSE**
In order to assure accurate and effective communication with patients and families at Rady Children’s Hospital-San Diego (RCHSD), a comprehensive language access plan has been established to meet the language and communication needs of deaf and hard of hearing, non-English and limited English speaking patients and families.

2.0 **BACKGROUND**
Communication is a cornerstone of patient safety and quality care. Every patient and family has the right to receive information in an understandable manner. Effective communication is also critical to the informed consent process and the information provided must be complete, accurate, timely and unambiguous.

Many individuals of varying circumstances require alternative communication methods: Persons who speak and/or read languages other than English; have limited literacy in any language; have visual, hearing or cognitive impairments; are patients on ventilators; or are children. The hospital has many options available to assist in communication with these individuals, such as interpreters, translated written materials, pen and paper, communication boards, and speech therapy. It is up to the clinicians to determine which method is the best for each patient.

3.0 **DEFINITIONS**

3.1 **Bilingual Staff** - A bilingual staff member is fluent in English and another language. The bilingual staff member has some degree of proficiency in two languages; however, has not received training to provide basic interpretation. A bilingual employee may participate in conversations in both languages but is not qualified to serve as a Bilingual Assistant and may not provide medical interpretation. When an RCHSD position requires an employee to be bilingual in Spanish as part of the minimum qualifications for his/her job role, the individuals may be required to complete the Spanish Bilingual Assistant (SBA) Program to verify he/she meets RCHSD standards for language proficiency.
3.2 **Cognitive Deficit or Cognitive Impairment** – A brain disorder in which thinking abilities are mildly impaired.

3.3 **Health Care Interpreter** - A person with formal training and credentialing and who has the knowledge and skills necessary for effective language interpretation in health care settings. This includes basic knowledge of common medical conditions and procedures, insight in language and cultural nuances for specific communities, and competence in the application of interpreting skills in English and the language of service. Interpretation may be performed in person, via telephone, via video conferencing or through similar electronic means.

3.4 **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.

3.5 **Spanish Bilingual Assistant** – A staff member who is fluent in both English and Spanish who has completed the RCHSD 16-hour instructor led program designed to teach basic interpreting skills. The individual’s fluency in both English and Spanish has been validated. SBAs are able to offer basic language assistance in the clinical setting.

3.6 **Threshold Languages** – With respect to spoken language, primary languages that are spoken by at least five (5) percent of the population of the geographical area served by the hospital or of the actual patient population of the hospital. RCHSD conducts regular review of its patient population. The current threshold languages for RCHSD are English and Spanish.

3.6.1 These frequently encountered languages are the languages that RCHSD identifies as priorities for interpretation and translation services. During the review of patient population, additional factors are considered:

3.6.1.1 The number or proportion of LEP persons eligible or likely to be served, directly affected, or encountered by the program, using program-specific data along with census, school, state and local, and community-based data from the relevant service area.

3.6.1.2 The frequency with which LEP persons come into contact with the program, activity or service.

3.6.1.3 The nature of the program or service to patients.

3.6.1.4
3.6.1.5 What language groups comprise 5% or more of the hospital’s geographic service area or actual patient population.

3.7 Hospital leadership shall, at its discretion, add or remove additional languages from the designation of its Threshold Languages based on the changing demographics of RCHSD’s patients and service area.

3.8

3.9 **Vital Documents** –Vital Documents shall include, but are not limited to, documents that contain information for accessing hospital services and/or benefits. The following types of documents are examples of Vital Documents:

3.9.1 Informed consent;

3.9.2 Advanced directives;

3.9.3 Intake forms with potential for important health consequences;

3.9.4 Notices pertaining to the denial, reduction, modification or termination of services and benefits, and the right to file a grievance or appeal; and,

3.9.5 Other notices advising LEP persons of free language assistance, or applications to participate in a program or activity or to receive benefits or services.

4.0 **POLICY**

4.1 Appropriate language services will be provided to limited English proficient (LEP) individuals to ensure adequate and timely communication between patients, parents, guardians and staff.

4.2 Effective communication is important in every area of hospital communication, but the hospital prioritizes the most careful attention to effective communication in the provision of medical, nursing and ancillary services, where patient safety, medical error, and ability to understand treatment options are affected.

4.3 The following components constitute the basic structure for the Interpretation/Translation Program. (Please see attached, “Guide for Interpreting Services”.)

4.3.1 **SPANISH LANGUAGE INTERPRETATION**:

4.3.1.1 Medical information should be interpreted by professional medical interpreters whenever possible. If an in-house Spanish language interpreter is not available, telephone translation services are available on a 24-hour basis and should be used. These services may be enhanced with hospital staff, specialized volunteers, or public communication translation services, who have been trained and demonstrated competency in medical interpretation skills.
4.3.1.2 Interpreters utilized by the hospital will have documented competency.

4.3.1.3 Qualifications for language interpreters and translators may be met through language proficiency assessment, education, training, and experience.

4.3.1.4 A list of qualified interpreters will be available to staff. Family members, other than the responsible parent or guardian, or friends, should not be used as interpreters.

4.3.2 SPANISH BILINGUAL ASSISTANT (SBA) PROGRAM

RCHSD offers a Spanish Bilingual Assistant (SBA) training program. This program is designed to provide opportunities to develop effective interpretation techniques within a more limited scope than a credentialed healthcare interpreter and involves assignment as a bilingual assistant on certain shifts.

4.3.3 AMERICAN SIGN LANGUAGE (ASL)

Sign language interpreting makes communication possible with people who are deaf or hard of hearing. American Sign Language (ASL) interpreters are accessed through our video remote interpreter service (VRI). Face-to-Face ASL interpreters may be available upon advanced notice. RCHSD is contracted with an independent contractor that may provide on-site ASL interpretation.

4.3.4 INDIVIDUALS WITH A COGNITIVELY IMPAIRMENT

The use of a patient care advocate, conservator, and/or adaptive communication equipment may be used to support the communication needs of individuals with a cognitive impairment or developmental delay. A patient care advocate may be provided by agencies serving individuals with developmental disabilities such as the San Diego Regional Center and/or the Department of Developmental Disabilities.

4.3.5 OTHER LANGUAGES SERVICES

Interpretation for languages other than Spanish is provided through independent contractors, telephonic and/or other electronic media devices. The organization uses a telephonic interpreter services which provides access to healthcare interpreters of 180 languages available 24 hours a day, 7 days a week. A video unit with access to healthcare translation services is also available in select areas of the organization to support healthcare communication needs.
4.4 Routine communication with the patient and family do not require the use of an interpreter. Any staff member, who is capable of providing interpreting assistance for day-to-day communication, is encouraged to do so.

4.5 Healthcare interpreters must be used for certain types of encounters and procedures which are performed by providers who do not speak the primary language spoken by the patient/medical decision-maker. In other types of encounters/procedures, the use of a healthcare interpreter is discretionary:

4.5.1 Healthcare interpreter required for:

   4.5.1.1 Obtaining informed consent including for research purposes;

   4.5.1.2 Providing medication instructions and explanation of side effects at the time of hospital discharge;

   4.5.1.3 Explaining discharge plans;

   4.5.1.4 Discussing issues at patient and family care conferences and/or education sessions;

   4.5.1.5 Discussing advance directives; and

   4.5.1.6 Discussing end of life decisions.

4.5.2 Healthcare interpreter may be used for:

   4.5.2.1 Providing clinic and emergency medical services;

   4.5.2.2 Obtaining medical histories;

   4.5.2.3 Explaining any diagnosis and plan for medical treatment;

   4.5.2.4 Discussing any mental health issues or concerns;

   4.5.2.5 Explaining any change in regimen or condition;

   4.5.2.6 Explaining patient rights and responsibilities; and

   4.5.2.7 Explaining the use of seclusion or restraints.

4.5.3 The healthcare interpreter’s practice must be in accordance with the California Standards for Healthcare Interpreting.

4.6 When a healthcare translator is used, the clinician must remain in the same room throughout the interpretation process in order to provide any information that the translator may need to respond to questions from the patient/family.
4.7 Vital documents in Threshold Languages will be translated. The translation of other hospital written materials in other languages shall be at the discretion of the issuing staff. Vital Documents that are not produced in a written translation shall be verbally translated to the patient or parent/legal guardian. The provision of oral translation of all Vital Documents to patients shall be documented in the patient’s medical record.

4.8 Assistance with language services will be provided at no cost to the LEP patients at all points of contact, in a timely manner, during all hours of operation.

4.9 Notices shall be posted to advise patients and their families of the availability of interpreters upon their request, how to obtain an interpreter and how to file a complaint with RCHSD or California Department of Public Health.

   4.9.1 Notices shall be posted in the Emergency Department, admitting/registration areas, and outpatient areas.

   4.9.2 Verbal offers of interpreter services will be made, when appropriate,

4.10 Easily understood patient-related materials will be provided and signage in the Threshold Languages will be posted.

4.11 All staff are responsible for providing information to the patient who has vision, speech, hearing, developmental or cognitive impairments in a manner that meets the patient’s needs.

   4.12.1 When a cognitively impaired patient is a Regional Center client, advocates from the Regional Center may be called to provide assistance.

4.13 Policies related to the provision of interpreter services to LEP patients will be reviewed annually.

4.14 In accordance with Health and Safety Code Section 1259 (c)(2), RCHSD shall submit, on an annual basis, a copy of this policy and procedure for providing language assistance services to patients with language or communication barriers to the California Department of Public Health. Leadership for translation services is responsible for compliance with this code and the annual transmission of the policy to the state department.

5.0 PROCEDURE

5.1 Upon admission, the clinician working with the patient and/or parent(s) identifies the patient’s (parent’s) communication needs, both oral and written, including the preferred language for discussing health care.

5.2 The patient/family’s preferred language is identified and recorded in the medical record.
Appendix I:

Rady Children’s Hospital – San Diego - Guidelines for Interpreting Services

On site Spanish speaking interpreters are available seven days a week, and may be requested through central dispatch at extension 5500. Their hours of availability are as follows:

- **Monday – Friday**, **8:00 am – 8:30 pm** & **Saturday/Sunday 8:00 am – 8:30 pm**
  - (limited staff)

  **Over-the-phone translation services for more than 200 languages are available 24-hours a day, seven days a week.** An over-the-phone interpreter may be reached by dialing ext. 3999.

The wait time for an interpreter may vary depending on availability. When an interpreter is not available and does not respond in a timely manner, we recommend that staff utilize a bilingual assistant staff member or the over-the-phone translation service.

*Please notify dispatch if you need to cancel your request for an interpreter*

Please understand that the interpreters are helping providers throughout the entire institution and cannot wait longer than fifteen (15) minutes for a provider. Due to the high volume of requests,
if the interpreter services are not utilized after fifteen minutes of wait time, the interpreter will need to move on to respond to the next requestor. **The requesting provider will then need to use the over-the-phone interpreting service or re-request an interpreter through dispatch.**

To utilize our resources efficiently we have created guidelines on when to use the over-the-phone service or your unit’s bilingual assistant staff member. **Using these other resources in combination with our on-site interpreters will help ensure that our families’ and patients’ communication needs are met in a timely manner.**

**When to use the over-the-phone interpreting service:**
- A. To provide simple updates such as “your child is fine” or “follow up with your primary care physician”, “call if child develops a fever”, “test results are normal”, etc.;
- B. For assistance in completing the triage questionnaire;
- C. To contact the patient’s parent in another location or at home;
- D. To confirm that parents understands the plan of care or action.

**Criteria for using a Spanish Bilingual Assistant:**
- A. Any of the scenarios noted above;
- B. To provide simple doctor/nurse instructions or simple verbal discharge instructions;
- C. To provide information regarding visiting rules, NPO instructions, orientation to the unit;
- D. To convey simple and short updates;
- E. To provide over the phone messages from providers;
- F. To initiate a consultation while waiting for the medical interpreter to arrive.

Always request an on-site interpreter when the information you need to communicate to a family or patient is medically complex or there is detailed information that must be conveyed.

**Criteria to use a trained On-Site Interpreter:**
- A. For complex admissions and/or complex discharges;
- B. To provide complex medical updates;
- C. For patient care conferences or complex teaching;
- D. For situations of legal significance or risk such as to discuss consents for surgeries.

**RESOURCES FOR ADDITIONAL INFORMATION:**


Accreditation/Regulatory Requirements
TJC – RI.01.01.03

Federal Law and Regulation
- Title VI of the Civil Rights Act of 1964
- Medicare CoP §482.13(a)
- Title III, Americans with Disabilities Act of 1990, as amended.

State Law and Regulation
- Government Code §11135-11139 (California Civil Rights Statute)
- California Health and Safety Code Section 1259 (c) (2)