

SJMHS Patient Care Policy

Patients – Communication (Interpreters and Sign Language)

SJMHS

Assessment

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Approved by: Garry C. Faja, President and CEO

Policy

It is the policy of Saint Joseph Mercy Health System (SJMHS) to make every attempt to communicate effectively with patients. Because SJMHS is focused on patient-centered care and the remarkable patient experience, we are committed to providing quality interpreter services and related communication equipment and services for our deaf and Limited-English Proficiency (LEP) patients through our interpretation and translation services.

All medical services and medically related instructions must be explained to patients who are deaf or hard of hearing, LEP or non-English speaking so that these individuals are afforded meaningful participation in their health care and decision making processes equal to their hearing and English speaking counterparts. Section 504 of the Rehabilitation Act of 1973, the Americans with Disabilities Act (ADA) and the Civil Rights Act, Title VI prohibit discrimination or denial of equal services “solely on the basis of national origin, race, color or handicap.”

All Non-English speaking, LEP, deaf and hard of hearing patients/families will be offered free of charge and provided interpreting services and communication tools, to facilitate effective communication with care providers, twenty-four hours a day/seven days a week. Any employee who perceives there may be a problem communicating due to a language barrier or is requested to provide an interpreter, will access an interpreter and inform the patient that one will be provided at no charge. **To ensure complete, accurate, impartial and confidential communication, the patient’s family or friends will not be requested or required to provide interpretation services for the patient.** SJMHS will support the patient’s decision to utilize these individuals as limited for **common communication** situations listed below. SJMHS will support the patient’s decision to utilize these individuals for **high-risk communication** (defined below) only with properly documented **in patient record**. Under no circumstances will minor children (under the age of 16) be permitted to provide language interpretation for high-risk communications. In appropriate situations a minor child may provide language interpretation for common communications.

High-risk communications are those communications that require meaningful participation and a degree of certainty on the part of the patient/family to assure full understanding of the information being communicated and the opportunity to ask questions of providers in order to ensure equal and effective services are being provided, only qualified interpreters with documented competencies are to be utilized.

The following are examples, but not an all inclusive list, of high-risk communications:

- Taking medical histories
- Providing information about advance medical directives
- Explaining legal admission status, financial obligations and review procedures
- Explaining the treatment program, or schedule of changes in the treatment program
- Explaining the effects of not following the treatment program
- Discussing any patient concerns or barriers to following the recommended treatment program.
- Psychiatric evaluation and treatment
- Explaining medications and possible side effects
- Notifying patients of their rights when placed in restraints
- Obtaining informed consent or permission for treatment of surgery
- Planning for discharge and related health education

Common communications are those basic and simple commands or gestures used to accomplish activities of daily living which may include but are not limited to, bathing, elimination, food selection, positioning the patient, comfort needs, etc. If it is acceptable to the patient, the patient's family or a bi-lingual member of the SJMHS patient care team in the area may facilitate common communication. If the patient would prefer an interpreter, interpreting services will be provided at no charge.

Narrative

SJMHS will use reasonable discretion in determining when a sign language interpreter or language interpreter is necessary. Routine visits, for example, getting a blood test, may not require extensive communication and a pen and note pad may suffice. However, it is recognized that there are situations when an interpreter must be used to assure thorough and accurate communication. If possible a period of time may be specified during which to complete physician and nurse consultation with the patient requiring sign language interpretation or language interpreters.

Communication with hearing-impaired and non-English speaking patients may be facilitated by a variety of actions and/or devices. It is the responsibility of the hospital department/program providing services to assess the hearing-impaired patient's needs and to take action to promote effective communication with such patients. SJMHS will comply with requirements of Title III of the American's With Disabilities Act (ADA) in providing hearing-impaired individuals with equal access to hospital services.

Availability of an Interpreter

The availability of an interpreter must be clearly understood by the patient. In many cases it will be necessary to use Cyracom Transparent Language Services to communicate this availability to the patient.

Patients have the option of declining the services of a hospital provided interpreter. This decision by the patient should be documented in the medical record. Family members or friends cannot waive interpreting services on behalf of patient. Therefore, it may be necessary to obtain this waiver and the designation of a family member or friend through use of Cyracom. If the patient arranges for a private interpreter service, SJMHS is not obligated to cover the costs.

The Use of Staff as Interpreters

Bi-lingual staff should not be used as language interpreters for high-risk communications. Bi-lingual staff in the area or department can be used for common communication situations.

Documentation of Patient Language and Communication Requirements

Effective January 1, 2006, it is a requirement of the Joint Commission on Accreditation of Healthcare Organizations that hospitals "collect information on the language and communication needs of patients. Specifically, the standard requires that each medical record contain, as applicable, the patient's language and communication needs....and authorized representative, if any."

This information is documented for all patients on either the Adult Assessment or Patient Questionnaire, according to procedures for completing these assessments.

Physician Referrals

Physicians sending patients for outpatient services must advise the hospital service department if,

- a. A patient is speech or hearing disabled
- b. Whether assistive devices or a sign language interpreter will be required
- c. LEP situations and the need for a language interpreter
- d. Whether the patient has assistance or if assistance must be located for the patient.

Payment for Services

Payment of Cyracom charges or sign language interpreter service, or charges for other auxiliary aids used to communicate with the patient during treatment will be charged to the Interpreter Services Cost Center.

The authorized service provider will invoice Cost Center #74514 for services at the time services are rendered. Usage will be tracked by specific unit or department.

Procedures

Limited English Proficient or Non-English Speaking

1. Every attempt will be made through the admitting process or surgical preparation to determine the communication assistance needs of each patient. This need will be documented in the medical record.
2. Determine the language in which the patient is best able to communicate by asking
 - a. Patient, family or friends
 - b. Showing the patient the Language Identification Chart
 - c. Contact Cyracom customer service and a linguist will assist in determining the language (800-481-3289).
3. Inform the patient of their right to a qualified interpreter free of charge. Explain what the Cyracom phone interpretation service is. You should consider this **high-risk communication** and actually contact a Cyracom interpreter to discuss this option with the patient.

Note: The Cyracom interpretation service is an interpreter service accessed via the telephone. It is available 24 hours a day, seven days a week.

4. Use Cyracom to provide interpreted patient-oriented drug information. For Spanish-speaking patients use the Miromedex drug database to print patient-oriented drug information.
5. Document in the Nursing or Progress notes the form of interpretation used as well as any refusal for SJMHS language assistance services. The presence during a high-risk communication of any interpreter (on the phone or in person), whether supplied by the patient or SJMHS, must be documented in the medical record.
6. Consider a referral to the Social Work Department if the patient is having communication difficulties that interfere with medical treatments and the patient is not coping effectively.

Procedure:

If you have a blue CyraPhone follow the directions on the phone.

To access the system using a digital phone:

1. Dial Cyracom at 800-481-3293
2. When prompted enter SJMHS account number: 501018026
3. When prompted enter PIN number. If you know your assigned PIN number enter it, otherwise enter 8164.
4. Follow the language selection prompts and hold for your interpreter.
5. When interpreter comes on, hand the right handset to the Non-English speaker or place digital phone on speakerphone if in a private location.
6. During the call you will be given the option to add another line to the call. When prompted to do so add area code and number of additional line.

Deaf and Hearing Impaired

1. Every attempt will be made through the admitting function and pre-procedure testing to determine the communications assistance needs of hearing-impaired patients. When this expectation cannot be met, the hospital department providing services/patient care unit is responsible for arranging for those needs to be met.
2. A portable Telecommunications Device for the Deaf (TDD) must be provided in the patient's room, if requested, to allow the patient to use the telephone.
3. Auxiliary aids and services include but are not limited to:
 - Writing materials (unit provides)
 - Closed Captioned televisions or decoders can be activated by the Engineering Department
 - Portable Telecommunication Device for the Deaf (TDD) (contact CSPD)
 - All telephones are equipped with amplifiers compatible with hearing aids (contact the Resolution Center at ext. 2-2288, with any problem)
4. Qualified sign language interpreter (Refer to Sign Language Resource List available on SJMHS Infonet Human Resources will maintain the independent interpreter listing to assure names; phone numbers and availability information is current.

5. In the event a patient wishes to use a certified/qualified sign language interpreter who is not included on the SJMH Resource List for reasons covered by this policy, an independent contract will have to be prepared. (Contact Human Resources for independent contract.) The hospital will pay for certified/qualified sign language interpreter services supplied by the patient for reasons covered by this policy at a rate established by SJMH. Charges in excess of those covered by this policy or use of a sign language interpreter for reasons other than those covered by this policy are the patient's responsibility.
6. A Telecommunication device for the deaf (TDD) is in service in Emergency Communications. The telephone number to the direct line is:
SJMH- 734-712-5333
SJMSH- 734-429-1552
SJMLH- 517-545-6110
This device enables the hearing-impaired to communicate directly with the Emergency Room. Emergency Communications staff are routinely instructed in the use of the telecommunication device for the deaf.
7. A referral to the Social Work Department may be made if the patient is having communication difficulties that interfere with medical treatment and the patient is not coping effectively.

Guidelines and Tips

- The availability of an interpreter (language or sign-language) must be clearly understood by the patient. In many cases it will be necessary to use the Cyracom system to communicate this availability to the patient.
- Highlight the benefits and usefulness of an interpreter; as well as the role an interpreter can play in the patient's care.
- Patients have the option of declining the services of a hospital provided interpreter. This decision by the patient should be documented in the medical record. Family members or friends cannot waive interpreting services on behalf of patient. Therefore, it may be necessary to obtain this waiver and the designation of a family member or friend through use of the language line.
- The patient may arrange for a private interpreter service but SJMHS is not obligated to cover the costs of a certified/qualified interpreter supplied by the patient.
- The presence during a high-risk communication of any interpreter, whether supplied by the patient or SJMHS, must be documented in the medical record.
- Any issues with the provision of interpreter services by SJMHS or with an interpreter provided by the patient should be referred to the Patient Relations department.
- **Physicians sending patients for services are encouraged to inform departments as soon as possible, prior to sending patients who need language assistance. This information should be documented in the patient's medical record.**
- Physicians should talk directly to the patient through the interpreter when the issue is consent for care/procedure.
- The interpreter will expect you to lead the conversation and direct the questions. The interpreter will follow your directions. Group your thoughts or questions to help the conversation flow quickly.
- Expect interpreted comments to run longer than English phrases. Interpreters convey meaning -for -meaning, not word for word. Concepts in English often require explanation or elaboration in another language

Responsibility

Patient Relations/Human Resources