
Background:
Riverbend City Medical Center serves a significant population of limited English proficient (LEP) patients and their families. Ensuring that these patients can effectively provide hospital staff with a clear statement of their medical condition and history and understand the provider’s assessment of their medical condition and treatment options is essential to the provision of quality patient care.

Purpose:
The purpose of the Language Access Policy is twofold. First is to ensure that all LEP patients and surrogate decision-makers are able to understand their medical conditions and treatment options. Second is for Riverbend City Medical Center staff to provide quality patient care to their LEP patients.

1000. Policy on the Provision of Medical Services to Patients/Surrogate Decision-Makers Needing Language Assistance:

1000.1 Patients/surrogate decision-makers of Riverbend City Medical Center, who are LEP, 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. Interpreter services shall be available within a reasonable time, at no cost to patients.

1000.2 Effective communication is important in every area of hospital communication, but Riverbend City Medical Center 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. The following types of encounters and procedures which are performed by providers who do not speak the primary language spoken by the patient/surrogate decision-maker, and which require the use of healthcare interpreter services, include, but are not limited to:

- Providing clinic and emergency medical services;
- Obtaining medical histories;
- Explaining any diagnosis and plan for medical treatment;
- Discussing any mental health issues or concerns;
- Explaining any change in regimen or condition;
- Explaining any medical procedures, tests or surgical interventions;
- Explaining patient rights and responsibilities;
- Explaining the use of seclusion or restraints;
- Obtaining informed consent;
- Providing medication instructions and explanation of potential side effects;
- Explaining discharge plans;
- Discussing issues at patient and family care conferences and/or health education sessions;
- Discussing Advanced Directives;
- Discussing end of life decisions; and,
- Obtaining financial and insurance information.

1000.3 The policy of Riverbend City Medical Center shall be to provide all patients and surrogate decision-makers requiring language assistance with medical care in their primary language spoken, or healthcare services that are accompanied by a healthcare interpreter provided by Riverbend City Medical Center. Interpreters provided by Riverbend City Medical Center shall be tested regularly and evaluated to ensure that the interpreting provided for healthcare services is comprehensive and accurate. LEP patients/surrogate decision-makers shall be advised of their right to have interpreter services provided within a reasonable time, at no charge to themselves. Should patients/patient representatives insist upon the use of a friend or family member to provide them with interpreting service, Riverbend City Medical Center personnel shall additionally retain a healthcare interpreter to participate in the exchange to ensure that it represents an accurate portrayal of the information to hospital staff and patients. Necessary emergency care should not be withheld pending the arrival of interpreter services. All necessary contact numbers and access codes for the direct contact of contracted interpreter services shall be available to Emergency Room staff. Qualified providers of healthcare interpreting at Riverbend City Medical Center include:

a. Bilingual Riverbend City Medical Center medical providers whose bilingual qualifications will be tested and documented by Riverbend City Medical Center Human Resources department

b. Riverbend City Medical Center healthcare interpreters who have received training and meet Riverbend City Medical Center qualifications for the provision of healthcare interpreting
c. Riverbend City Medical Center bilingual designated employees who are licensed and certified to provide medical, nursing, medical technician or social work services and who have been determined to be bilingual through Riverbend City Medical Center Human Resource processes
d. Contracted Riverbend City Medical Center interpreter services that have met the qualifications of healthcare interpreting determined by Riverbend City Medical Center

1000.4 Acceptable methods for the provision of interpreter services include, but are not limited to the following:
   a. In-person interpreting
   b. Telephone-based interpreting
   c. Videoconferencing interpreting

1000.5 Mechanisms for the provision of interpreter services and language access support at Riverbend City Medical Center must be available to all clinical areas of hospital inpatient and outpatient services during all of their hours of operation.

1000.6 Riverbend City Medical Center shall support the development of industry-wide standards for the training and qualification of medical interpreter services. Riverbend City Medical Center will review annually the standards of healthcare interpreting to incorporate improvements in the evolving standards of healthcare interpreter certification and of testing to address the need for quality, accuracy and consistency in the provision of healthcare interpreter services.

1000.7 Considerations for determining the appropriate model for the delivery of interpreter services will include the critical nature of the clinical interaction, availability of trained in-person interpreters and of the technology to allow for telephonic or videoconferenced interpreters. Additional considerations such as the shortest wait times for patients and clinicians and the most cost-effective use of personnel and contracted agencies also will be considered.

1000.8 Riverbend City Medical Center shall provide meaningful access for LEP patients/surrogate decision-makers to all patient services, including access to information, signage, appointments, financial services, and ancillary services. Riverbend City Medical Center shall provide these services through the most effective utilization of bilingual hospital personnel and access to interpreter services.

1000.9 It shall be the policy of Riverbend City Medical Center to translate and make available all Vital Documents in Threshold Languages. The translation of other hospital written materials in Frequently Encountered or 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 surrogate decision-maker. The provision of oral translation of all Vital Documents to patients shall be documented and documentation shall become a part of the medical record.

1000.10 The most effective mechanism for the provision of language access at Riverbend City Medical Center where large portions of the patient population speak a language other than English is the recruitment of bilingual personnel from the community. Riverbend City Medical Center shall designate Required-Bilingual Positions in any service area that serves a large proportion of patients from a single language group other than English. This will improve services to patients and reduce the need for costly interpreter services.

1000.11 Audit and Regular Review of Language Access Needs. It shall be the policy of Riverbend City Medical Center to conduct an annual review of Language Access Needs of the patient population of Riverbend City Medical Center. This shall include a statistical survey of the language needs of the users of Riverbend City Medical Center and its service areas. The review shall annually update the list of Threshold Language and Frequently Utilized Languages of Riverbend City Medical Center. Quality Assurance processes of Riverbend City Medical Center shall include audits of the timeliness of the provision of interpreter services and the charting of patient primary language and provision of interpreter services in medical chart review. Other elements to be included in this annual review shall be the requirements of training and certification of healthcare interpreters to incorporate improvements in industry standards; the designation of required bilingual positions; the quality of data collection of LEP designation and primary language determination; and the accuracy of the tracking of primary language in data collection. The position responsible for conducting the Annual Review of Language Access Needs shall be the Director of Quality and Risk Management. The results of the Annual Review of Language Access Needs shall be presented to the Riverbend City Medical Center governing body.

1001.0 Procedure for the Determination of LEP Status:

1001.1 The first access point in which a patient acquires services at Riverbend City Medical Center (ED registration, admissions, etc.) shall incorporate the determination of language needs into intake procedures.

1001.2 The patient or surrogate decision-maker shall be asked the following questions in this order during the course of their first intake process:
   a. Do you speak a language other than English at home? If the answer to this question is yes, the language will be noted and the next question will be asked.
      1. Very well
      2. Well
3. Not well
4. Not at all
   c. In what language do you prefer to receive your medical services?
   d. In what language do you prefer to receive written materials?

If the patient or surrogate decision-maker answers with a language other than English on question “a” and anything other than “very well” (number 1) in question “b,” they shall be designated as LEP (limited English proficient) which shall be recorded in patient records.

All areas of first patient contact shall be equipped with Language Determination Cards to assist patients in identifying the patient primary language if communication barriers prevent hospital staff from effectively determining the language of the patient/surrogate decision-maker. The Language Determination Card will visually show all languages hospital staff can reasonably project they will encounter. Patients will be offered the card to allow them to point to their language on the card to allow hospital staff to request interpreter services in the appropriate language. Contracted telephonic interpreter services [substitute with internal hospital interpreter service department if available] should be called if the patient is unable to use the Language Determination Card, and hospital staff cannot determine the appropriate language to request.

1002.0 Procedure for the Tracking of LEP Patients in Hospital Data Sets:
1002.1 The language needs of patients and surrogate decision-makers will be recorded and tracked. This critical information will be captured and recorded in Riverbend City Medical Center information systems. It shall be stored in the area containing other critical patient information (such as address, phone number, birth date, etc.). Data pertaining to the language needs of the patient/surrogate decision-maker shall be presented on all subsets of patient data, which contain these fields of critical patient information, such as the face sheet placed in the patient medical chart.

1002.2 The data shall be recorded with the following three fields:
   - **Limited English Proficient**
     - ☐ Yes
     - ☐ No
   - **Primary Language** (no default to English)
     showing list of languages by degree of utilization in Riverbend City Medical Center (i.e. English, Spanish, Cantonese, Vietnamese, including American Sign Language)
   - **Language for Written Materials** (no default to English)
     showing list of languages by degree of utilization in Riverbend City Medical Center (i.e. English, Spanish, Chinese, Vietnamese, etc.)

1002.3 All three fields must be completed to finish any patient registration process.

1003.0 Procedure for the Inclusion of Patient Primary Language and Documentation of the Provision of Interpreter Services in Patient Medical Records:
1003.1 Each medical record shall show the **primary language spoken** by the patient/surrogate decision-maker.

1003.2 The patient need for interpreter services shall be included in the following areas of documentation:
   a. The nursing assessment for inpatient admissions
   b. The patient record of outpatient encounters

1003.3 The documentation of the provision of interpreter service will be recorded in the patient medical record during the provision of medical and nursing procedures requiring interpreting as set forth in 1000.2.

1004.0 Procedure to Inform Patients of their Right to Have Interpreter Services
1004.1 During the interview as the patient first acquires services at Riverbend City Medical Center, LEP patients shall be informed of their right to have a healthcare interpreter in their language, free of charge, within a reasonable time. If the patient's answer to the question “Do you speak a language other than English at home?” is “yes,” the statement on the provision of interpreting services will be read aloud to the patient (except when it is clear the patient will not be able to understand the English text to follow): “You have a right to an interpreter in your own language who can help you speak with your doctor or other health care provider at no cost to you.”

1004.2 If the patient's answer to the question “Do you speak a language other than English at home?” is “yes,” the statement informing patients of their rights to interpreter services will also be provided to patients in written form in their primary language. This policy shall be translated into all Threshold Languages and all Frequently Utilized Languages of Riverbend City Medical Center and copies distributed to all units where patient contact occurs.

1004.3 Riverbend City Medical Center shall develop, and post in conspicuous locations, notices that advise patients and their families of the availability of interpreters, the procedure for obtaining an interpreter and the telephone numbers where complaints may be filed concerning interpreter service problems, including, but not limited to, a T.D.D. number for the hearing impaired. The notices shall be posted, at a minimum, in the emergency room, the admitting area, the entrance, and in outpatient areas. Notices shall inform patients that interpreter services are available upon request, shall list the languages for which interpreter services are available, shall instruct patients to direct complaints regarding interpreter services to the
state department, and shall provide the local address and telephone number of the state department, including, but not limited to, a T.D.D. number for the hearing impaired. In addition, the statement/notice informing patients of their rights to interpreter services and translated materials must be translated into all Threshold and Frequently Encountered Languages of Riverbend City Medical Center along with other mandated signage.

1005.0 **Procedure for the Acquisition of Interpreter Services:**

1005.1 All hospital personnel seeking the utilization of interpreter services for patients or patient representatives requiring language assistance shall utilize the following procedures:

During regular business hours (Monday – Friday 07:00 AM – 12:00AM), call 627-725-5966 for the acquisition of Riverbend City Medical Center interpreter services, interpreters, bilingual designated staff, contracted interpreting service providers, volunteers etc..

If no interpreter can be provided by Riverbend City Medical Center within 30 minutes, call 627-725-3198 for the hospital contracted language services provider.

After business hours, contact 627-725-3198 for the hospital contracted language service provider.

1005.2 New employees of Riverbend City Medical Center will be trained in the procedure for the acquisition of interpreter services during their employee orientation to Riverbend City Medical Center. Training on this procedure for current Riverbend City Medical Center staff will be incorporated into other ongoing trainings for employees such as diversity trainings, customer service trainings, updates on new regulatory requirements, etc.

1005.3 A laminated card outlining these procedures shall be distributed and posted at all nursing stations and other points of patient contact throughout Riverbend City Medical Center.

1006.0 **Procedure for the Provision of Written Translations:**

1006.1 All departments originating documents in English which require written translation shall submit them in English in their final and approved form to Marlene Schneider mschneider@rcmc.org

1006.2 Written translations of the Vital Documents of Riverbend City Medical Center shall be presented in a bilingual version. The English and the non-English versions shall be visible on the same pages to ensure that hospital staff can understand the content of the document they are distributing to patients.

1006.3 The methodology for the development of written translations of the Vital Documents of Riverbend City Medical Center shall be as follows:

a. The originating document will be translated into the second language.

b. The draft written translation will be reviewed and corrected by a second translator.

c. In the case of legal documents covering matters such as informed consent or culturally sensitive issues, the translated material will be finally reviewed for its accuracy through one of the following mechanisms:

   1. The back translation of the material into English by a third translator (not the reviewing translator) and comparison to original material. The back translation of material from the second language to English shall be evaluated to ensure accuracy of the essential message of the original communication and should not be anticipated to be a word-for-word duplication of the originating English documents.

   **OR**

   2. Review of the completed translation by a team of hospital staff and/or community representatives for accuracy, appropriate literacy level and cultural sensitivity.

1006.4 No written translations from web sites or other institutions will be adapted for Riverbend City Medical Center use unless the above standards for the translation process have been utilized.

1007.0 **Procedure for the Identification and Implementation of Required Bilingual Positions**

1007.1 Specific recruitment plans for Riverbend City Medical Center personnel shall be designed for all Threshold Languages by Riverbend City Medical Center Human Resources Department and, upon the discretion of the hospital, for the Frequently Utilized Languages of Riverbend City Medical Center.

1007.2 Where patient populations reach over 25% from any language other than English, the unit supervisor will submit to the Human Resources department proposals to designate Required-Bilingual Positions in their unit. Where there is a single entry point for patients, that position shall be designated required-bilingual. Where there are multiple positions (such as hospital operators, financial counselors, social workers, etc.), an appropriate proportion of positions shall be required to be bilingual designated.

1007.3 All designated Required-Bilingual Positions shall defer activation of the designation if the incumbent employee is not bilingual in the needed language. The designation shall become active when the non-bilingual employee relinquishes the position. All “difficult to recruit” positions shall be exempt from this requirement. “Difficult to recruit” positions shall be identified by the Human Resources Department.
1007.4 Review of the Required-Bilingual Positions will be conducted in the annual review of Language Access Issues of Riverbend City Medical Center as set forth in section.

1008.0 Procedure for Language Accessible Hospital Signage

1008.1 Hospital signage at Riverbend City Medical Center shall be designed to ensure access to LEP populations most frequently using Riverbend City Medical Center facilities. Should the patient population of Riverbend City Medical Center reach a proportion of 25% from a language group other than English, all hospital signage shall be designed in both English and that language. All signage required by state and federal statutes, regulations and licensing requirements will be translated into all languages other than English when a proportion of 5% of the patient population of Riverbend City Medical Center has that language as their primary language. Additional languages for the translation and wayfinding signage shall be added at the discretion of hospital management.

1008.2 These requirements for translation of hospital signage shall be implemented during the creation of any new signage of Riverbend City Medical Center.

1009.0 Procedure for Adjustment of Hospital Equipment Requirements to Assure Language Access

1009.1 Clinical areas shall be equipped with devices necessary for the routine delivery of remote interpreter services through telephone or videoconferencing. Service areas requiring devices for the delivery of remote interpreter services include (but are not limited to) the following:
   a. All stations of patient registration, financial counseling, and admission
   b. Designated exam rooms and in-patient beds appropriate to the proportion of LEP patients seen
   c. All nursing stations
   d. All telephone based services developed for public access, including hospital operators and appointment scheduling

1009.2 Devices to allow effective access to remote interpreter services may include the following:
   a. Dual handset and/or headset telephones
   b. Speakerphones
   c. Telephones equipped with three-way call capability for telephone-based services
   d. Videoconferencing stations

1009.3 These standards shall be applied to all new outfitting activities involving hospital telecommunication services, including renovations and new facilities construction. New equipment purchases and redesign of existing facilities to meet these standards shall be incorporated into the ongoing hospital capital acquisition processes. Equipment purchases in medical settings that most greatly affect quality of care, patient safety, and improved patient outcomes (for example the emergency room and pharmacy) will be designated for immediate remediation.