

Effective Date: 10/96
Review Dates: 12/99, 10/02, 1/06, 9/12, 1/15, 12/17
Revised Dates: 12/01, 9/13

Approved By:



PRESIDENT & CEO

POLICY/PROCEDURE MANUAL: [NUMBER: 01] ADMINISTRATIVE	
SECTION TITLE:	Patient Rights and Organizational Ethics [Section 0001]
SUBJECT TITLE:	Interpretation Services
SUBJECT NUMBER:	01.0001.016
REFERENCE:	Accreditation Manual for Hospitals

I. PURPOSE

To ensure effective communication takes place between the healthcare provider and the patient, when a language or communication barrier exists, the Hospital will provide a certified interpreter and/or auxiliary aids at no cost to the patient.

II. POLICY

- A. Beverly Hospital believes in providing patients with the best care possible. This includes providing qualified interpreters when the patient is of Limited English Proficiency.
- B. If a patient/visitor or his legal representative cannot communicate because of a language or communication barrier, the Hospital shall arrange for an Interpreter at no cost to the patient.
- C. Employees volunteering to be Medical Interpreters must take a certification test to determine their skill level.

III. PROCEDURE

- A. Beverly Hospital will contract out employee testing to a professional testing service.
- B. The Medical Interpreter test will be offered by Beverly Hospital, to all employees, every two (2) years.
- C. Employees will be asked to re-certify every six (6) years by taking a re-certification test offered by Beverly Hospital.
- D. Medical Interpreters will be placed into one (1) of three (3) skill levels based on the test results:
 - 1. Medically Versed - able to translate medical information.
 - 2. Conversationally Versed - able to translate non-medical conversations.
 - 3. Unable to Translate - skill in either language is not currently at the needed level to be an interpreter.
- E. A list will be created of all medically and conversationally versed Interpreters. This list will be placed on Beverly Information Link (BIL) and updated every six (6) months by Human Resources. This list can also be found in Human Resources, the Nursing Office, and the Medical Staffing Office.
- F. Those staff members needing translation assistance are asked to only use the list of qualified interpreters. If one is not available, staff is asked to use the CyraCom System.
 - 1. The CyraCom System can be found at each nursing unit in the designated area and in Admitting. The system will contain instructions for use.
- G. When a hearing impaired or Limited English Proficient (LEP) person present at the Hospital, communication will occur by any of the following:
 - 1. Sign Language Interpreter. (Refer to Interpreters List.) If Sign Language Interpreters are not available at the Hospital, the staff will call Communications, by dialing (0) and request assistance in reaching Life Signs.
 - 2. Lip reading or written notes may be used where appropriate.
 - a. Telephone Device for the Deaf (TDD) may be used for the hearing impaired. A Telephone Device for the Deaf (TDD) is kept in the Emergency Care Center (ECC) and Admitting. If a Telephone Device for the Deaf (TDD) is needed, call Facilities for the equipment installation.

3. Utilization of friends/relatives that accompany the patient can be used only upon the request of the patient.
 4. All hearing impaired or Limited English Proficient (LEP) patients will be asked their primary method of communication.
- H. Similarly any forms presented by the Hospital Staff to patients must either be written in a language the patient can understand or shall be translated.
- I. The Interpreter's responsibility usually will include translating for the caregiver or Clinician in regard to the patient's problems, for communicating the recommendation of the medical treatment that the patient/visitor or his or her legal representative need to receive before deciding whether to give consent to treat, as well as instruction regarding medical care.
- J. The interpreter will be fluent in English and be certified in the necessary second language. The staff will assure that effective communication takes place between healthcare provider, Interpreter and patient.
- K. If the patient's condition prevents him/her from requesting a form of communication, all auxiliary aids will be utilized until communication is effective.
- L. Documentation of the use of interpreter/signer.
1. When an Interpreter is used, the responsible member of the Health Care Team will document in the patient's record indicating the name of the person who acted as the Interpreter. If a family member or friend is used as an interpreter, the record must show the patient requested him/her to interpret.
 2. If the Telephone Device for the Deaf (TDD) is utilized, this should be noted on the patient's chart.
 3. The patient's primary language is to be noted in the patient's Medical Record.

Approved By: Board of Directors, 12/18/01, 1/24/06, 9/25/12, 9/24/13, 1/27/15, 1/23/18
Medical Executive Committee, 12/6/01, 1/10/06, 9/12/12, 9/11/13, 1/14/15,
1/10/18
Clinical Support MSC, 7/19/12, 9/9/13, 1/6/15, 1/3/18
Clinical Support MFC, 11/17/05, TBD