**Purpose**

1. To comply with federal and state regulations regarding the need to provide interpreter services and/or communication assistance to our patient population.
2. To protect each patient’s right to participate in healthcare decision making.
3. To advance effective communication, cultural competence, and patient and family-centered care.

**Definition(s)**

* OPI: Over Phone Interpretation
* Language Line University (LLU) Interpreter Skills Test: A comprehensive testing process designed to ascertain an interpreter’s competency.
* Qualified Staff Interpreter: A licensed, staff member who has successfully passed the interpreter competency validation process.
* TDD: Telephonic Devices for the Deaf
* TTY: Teletypewriter
* Interpreting services: A trans-language rendition of a spoken message in which the interpreter comprehends the source language and can speak comprehensively in the target language to convey the meaning intended in the source language. The interpreter knows terminology related to health and behavioral health and provides accurate interpretations by choosing equivalent expressions that convey and best match the meaning in the source language and capture, to the greatest possible extent, all nuances intended in the source message.

**Policy**

1. Keck Hospital of USC and USC Norris Cancer Hospital, hereinafter refer to as the “hospitals” provides necessary interpreter services to our patient population to comply with Section 504 of the 1973 Federal Rehabilitation Act; Title 22, California Code of Regulations, Section 51007, and other federal and state regulations.
2. Interpreter services are available seven days a week, 24 hours per day at no cost to patients or legal representatives.
3. Personnel must consider ongoing, intermittent interpreter services across the continuum of care to ensure that patient needs are met.
4. Personnel assess patient communication needs at point of entry and address them as identified.
5. The hospitals will provide language interpreting options, which include qualified staff interpreters as well as contract interpreting services, in person, via telephone (OPI) or video.
6. The hospitals will provide pre-qualified interpreters to ensure effective situational communication. This policy allows medical staff and allied health members of the medical staff who verbally confirm proficiency in given languages to perform interpretation. This policy includes but is not limited to:
	1. Obtaining patient medical history.
	2. Obtaining informed consent and permission for treatment.
	3. Explaining diagnosis, treatment and prognosis of illness.
	4. Communicating during preparation for surgery and recovery after surgery.
	5. Explaining of first dose medications including dosage, side effects, and rationale for use.
	6. Explaining discharge instructions.
7. Families and/or significant others are **not** considered qualified interpreters.
8. Language interpreters meet qualifications through language proficiency assessment.
9. The Nursing Education Department maintains a list of competency validated staff interpreters and provides it to Clinical Administrative Supervisors (CAS). The listing includes staff name, language(s), department and shift.
10. Translating services provided by qualified staff interpreters are voluntary and will occur during normally scheduled work hours.
11. Personnel will provide hearing-impaired patients an appropriate auxiliary aid, i.e., sign language interpreter, writing materials, telephone amplifier or TDD service.
12. Personnel will make appropriate resources available to visually-impaired patients.
13. Signage includes Braille interpretation as required by the Americans with Disabilities Act.

**Equipment**

* Department telephone **or**
* Dual-handset Language Line Phone – analog **or**
* Digital wireless hand set
* Phone hand set with splitter creating dual handset
* Digital adaptor – converts analog phone to digital
* Telephonic Devices for the Deaf
* Video/audio with approved vendor application
* Other communication aides

**Procedure**

1. Impaired Communication
	1. General considerations
		1. Social Services personnel are available to consult as needed.
		2. Personnel will document all communication impairments and interventions.
	2. Hearing Impaired – ability to hear with telephonic amplification
		1. Personnel will offer a hearing-amplified receiver, which is available from Patient Experience, to patients who are hearing-impaired but are able to hear with telephonic amplification. After business hours, contact the CAS for access to the hearing-amplified receiver.
		2. Provide the patient name, room number, requestor name and date of request.
		3. Remove original phone receiver and label with room number. Replace with hearing amplified receiver.
		4. Document on the Plan of Care that the hearing-amplified receiver is in use and the location of the original phone receiver.
		5. Upon discharge, the RN assigned to the patient is responsible for the hearing amplified receiver’s return to Patient Experience.
	3. Hearing Impaired – ability to communicate via written word
		1. Utilize a clipboard, pencil, and adequate paper kept at the patient’s bedside.
		2. Language boards are available in Nursing Administration to allow the patient to point at symbols for various needs including presence of pain, toileting, and hunger/thirst. These boards are available in the most common languages of our patient population.
		3. Provide additional communication tools as necessary or at the request of the patient.
	4. Hearing impaired – ability to communicate via sign language
		1. To obtain sign language support, utilize a video/audio device with approved vendor application. If additional devices are needed contact Nursing Administration or Patient Experience or;
		2. Request for on-site interpreter (see #3 for instructions). Please note that advance notification is required for an on-site interpreter.
	5. Telephone Communication Device Service for the Deaf (TDD):
		1. If it is necessary to call a hearing impaired patient at home who has TDD, call the California Relay Service at:
			1. Customer Service: (866) 934-4288
			2. TDD User Calls: (866) 660-4288
			3. Voice User Calls: (866) 461-4288
	6. Visually Impaired
		1. Personnel make magnifiers available when appropriate.
		2. Whenever possible, the hospitals will make accommodations for service animals to stay with patients. See Administration Manual, Service Animals policy.
2. Accessing an interpreter for language translation (OPI) – available 24 hours per day, 7 days per week
	1. Inpatient rooms (analog)
		1. Plug phone into phone jack in patient room.
		2. No phone adaptor needed.
	2. For non-inpatient areas and HC1, HC2, HC3, HC4, Norris Cancer Hospital utilize a phone with a speakerphone
	3. Dual Handset Phone – Automated Response
		1. Lift the main handset from the cradle **or** press the speaker phone button.
		2. Dial “9” to connect to outside line, if necessary.
		3. Press Red “Interpreter” Button.
		4. Select language:
			1. Press 1 for Spanish.
			2. Press 2 for all other languages.
			3. System will request language needed.
			4. State the name of the language clearly (e.g., “Armenian” or “Korean”).
			5. Press 1 to confirm language.
			6. Say “Help” if a problem is encountered and the call will be transferred to a representative; or
			7. Press 0 for assistance if you do not know the language needed.
		5. Press Client ID when requested - there will be a short pause.
		6. Enter personal code – department/unit cost center number (four digit number).
		7. The call will be placed on hold while an interpreter is placed onto the call. **Do Not Hang Up.**
		8. Once on the line, brief the interpreter about what you want to accomplish.
		9. If not using speaker phone, give the second handset to the person requiring interpretation.
		10. When the interpretation needs are met tell the interpreter, “End of call.”
	4. Dual Handset – Live Answer Response
		1. Lift the main handset from the cradle **or** press the speaker phone button.
		2. Dial an outside line, if necessary.
		3. Press Live Answer button.
		4. A Language Line Representative will ask:
			1. The language needed.
			2. Client ID: 201173.
			3. Organization Name: USC Hospitals.
			4. Personal Code – unit/department cost center for tracking purposes.
		5. You will be placed on hold briefly while an interpreter is connected to the call. **Do Not Hang Up.**
		6. Once on the line, brief the interpreter about what you want to accomplish.
		7. If not using speaker phone, give the second handset to the person requiring interpretation.
		8. When the interpretation needs are met tell the interpreter, “End of call.”
	5. Standard telephone (includes digital wireless hand set)
		1. Dial 1-866-874-3972.
		2. Follow Live Answer Response instructions as above.
3. Request for on-site interpretation
	1. Call Language Line at (800) 246-2686.
	2. Request line open 0700 – 1700, Monday - Friday, Pacific Standard Time.
	3. Request to include:
		1. Date (includes weekends)
		2. Time
		3. Patient name
		4. Location
		5. Language
		6. Contact person
		7. Purpose
	4. Advance notification of need for on-site interpretation is preferred to ensure availability.
	5. Requests will be filled based on availability.
4. Interpretation Guidelines
	1. Orient and update the interpreter: Introduce yourself and state the goal of the encounter.
	2. Orient the patient: State your name and role; and introduce the interpreter.
	3. Communicate with the patient
		1. Speak directly to the patient, in the first person (e.g., “Where is your pain?”). This helps avoid confusion and shortens the length of the call.
		2. Speak in short sentences and pause at the end of a complete thought.
		3. Everything you and the patient say will be interpreted without addition, omission or revision.
		4. Check with the patient for understanding.
		5. State “End of call” when interpretation needs have been met.

**Documentation**

Personnel will document the following in the patient’s medical record:

1. Assessed impaired communication and intervention(s).
2. Requests for interpretation (live or online).
3. Dates and times of interpreter services utilization.

**Process for Becoming a Qualified Interpreter**

1. The Interpreter Skills Test will determine if the test candidates has the professional skill and expertise needed to adequately serve as an interpreter.
2. The Interpreter Skills Test evaluates the following criteria in assessing an interpreter’s competence:
	1. Language fluency in English and test language;
	2. Interpreting skills;
	3. Interpreting protocols;
	4. Healthcare terminology and professionalism required.
3. Department/unit managers will refer potential staff translators via email to nursesofusc.submit@med.usc.edu. The email should include name of staff member and the test language.
4. Nursing Education Department personnel will coordinate with the employee to confirm an appointment via LLU for competency validation.
5. Appointment availability is dependent on language and LLU staff availability and the work schedule of the employee.
	1. Nursing Education Department personnel will provide employee with the following in advance of the competency validation:
		1. Test taking tips;
		2. Medical scenario sample;
		3. Frequently Asked Questions.
	2. If an appointment is cancelled less than 5 days prior to the appointment, LLU assesses a cancellation fee.
	3. The LLU validator will call the staff at the appointed time at the predetermined phone number.
	4. This phone must be a landline phone with a handset. Exams **CANNOT** be taken on cell or speaker phone.
	5. The phone call must be answered or returned within 15 minutes of the appointed time or the validation will be considered cancelled and LLU will assess the cancellation fee.
	6. Competency validation takes from 30 to 60 minutes.
	7. The employee must agree to a confidentiality statement to not discuss the test with others.
	8. The Nursing Education Department will receive the competency validation results electronically, then contact the individual to communicate pass or fail status.
	9. The Nursing Education Department will email the results and a copy of the passing certificate to the employee and their manager.
	10. The Nursing Education Department will also maintain competency-validated staff names.

**Reference(s)**

* Cal. Code Regs. tit. 22, § 51007
* 29 U.S.C. § 701 et seq. (Section 504, Federal Rehabilitation Act of 1973)
* 45 C.F.R. § 84.52
* The Joint Commission Standards PC.02.01.21; RI.01.01.03
* California Relay Service (CRS) Providers – http//ddtp.cpuc.ca.gov

**Related Policy and Procedure(s)**

* Administration Manual
	+ Service Animals

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